Report of the consultation process on new legislation to replace the Dentists Act, 1985

An Roinn Sláinte
DEPARTMENT OF HEALTH

Report of the consultation process on new legislation to replace the Dentists Act, 1985

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DTSS	Dental Treatment Service Scheme
HSE	Health Service Executive
HIQA	Health Information and Quality Authority
RCSI	Royal College of Surgeons in Ireland
RPII	Radiological Protection Institute of Ireland
DCRS	Dental Complaints Resolution Service
IDA	Irish Dental Association
FTP	Fitness to practise

Section 1

Introductory Section

Introduction

This is a report of a public consultation process undertaken by the Department of Health in June 2013 to seek the views of the public and key stakeholders on new legislation to replace the Dentists Act 1985. It outlines the views, opinions and recommendations of those who completed questionnaires or made submissions to the Department of Health on the proposed new legislation.

Executive Summary

Consistent with the commitment in the Health Strategy, *Quality and Fairness: A Health System for You* to strengthen and expand the provisions for the statutory registration of health professionals, new legislation updating the regulation of dental health professionals is being proposed.

To this end, the Department of Health launched a seven week public consultation process in June 2013 with a view to obtaining the view of the public and key stakeholders on new legislation to replace the Dentists Act, 1985. Respondents were invited to express their views, interests and concerns on a range of key issues relating to the development of the new legislation. Forty four questions were presented to respondents in the form of a questionnaire, and these were listed under five key headings: The Dental Council; Dentists; Auxiliary Dental Professionals; Dental Practices; and Dental Students/Auxiliary Dental Professional Students.

A total of 125 submissions were received, which included submissions from the main dental organisations/representative bodies, educational institutions, regulatory bodies, the HSE and other Government departments. The majority of submissions were made by dental health professionals.

The following is a summary of respondents' views on the questions asked under each of the five key areas:

The Dental Council

The majority of respondents were in favour of more robust governance provisions for the Dental Council, with 76 percent of respondents supporting this proposal. Five percent were opposed, 10 percent had no strong views and 9 percent gave no response.

On the question of reducing the size of the Council, there was only a slight majority in favour of this proposal (53%). Thirty five percent of respondents were opposed to a reduction, and 12 percent did not respond to the question. Opposition was expressed to a non-dental majority on the Dental Council by a majority of respondents (53%), with 27 percent supportive of the proposal, 11 percent expressing no strong views and 10 percent not responding. In relation to wider representation on the Council, 72 percent of respondents were supportive of this proposal, 10 percent were opposed, 7 percent had no strong views and 10 percent gave no response. When asked about groups other than auxiliary dental professionals, HIQA, the public health dental area, and other regulatory bodies being included on the Council, a 55 percent majority were opposed to this proposal, 27 percent were supportive and 18 percent gave no response.

The question of a staggered term of office received majority support with 67 percent of respondents supporting this proposal. Eleven percent were opposed, a further 11 percent had no strong views, and yet a further 11 percent gave no response.

Significant support (84%) was expressed for the functions of the Council being specified, with only one percent of respondents opposed to the proposal. Four percent had no strong views and 11 percent did not respond to the question.

A strong majority (81%) of respondents were supportive of the new legislation providing for the Dental Council to approve courses and the institutions delivering those courses. Only 4 percent were opposed to the proposal, while 2 percent had no strong views and 13 percent gave no response.

There was a mixed response on the question of fees. While the majority of respondents (40%) agreed with updating the fees provision, a not insignificant 25 percent of respondents were opposed to the proposal. Twenty four percent of respondents had no strong views on this question, and 11 percent gave no response.

Dentists

The majority of respondents (71%) were in favour of the fitness to practice provisions being updated in the new dental legislation, while only eight percent were opposed to this proposal. Thirteen percent had no strong views and nine percent did not answer the question. In response to a question on mediation, again a majority (78%) of respondents felt that the new legislation should provide for the resolution of complaints by mediation. Only 1% of respondents were opposed, with 10 percent expressing no strong views, and 12 percent not responding to the question.

On the question of one register for all dentists, the majority of respondents (71%) were supportive of this proposal. Eight percent were opposed, 10 percent had no strong views, and a further 10 percent gave no response. The majority of respondents supported the continuation of temporary registration of non-EEA dentists (57%), with 13 percent opposed, 16 percent expressing no strong views and 14 percent not responding to the question. Views were mixed on the duration of temporary registration, with three years and one year receiving the strongest support (21% and 19% respectively). Majority support (74%) was expressed that dentists with temporary registration should work under strict supervision. Only 2 percent of respondents were opposed to this proposal, 5 percent had no strong views and 19 percent gave no response.

In relation to Continuing Professional Development, a significant majority (85%) of respondents were of the view that dentists should have to maintain their own professional competence. Two percent of respondents did not agree, a further 2 percent had no strong views, and 11 percent gave no response. On the question of dentists demonstrating competence to the satisfaction of the Council in accordance with a professional competence scheme, 75 percent of respondents were supportive of this proposal, 6 percent were opposed, a further 6 percent had no strong views and 12 percent gave no response. A strong majority of respondents (80%) agreed that the Dental Council should require a dentist who fails to demonstrate competence to attend a course(s) of further education or training or do anything, which in the opinion of the Council is necessary to satisfy it as to the competence of that dentist. Only 2 percent of respondents disagreed with this proposal, 6 percent had no strong views and 13 percent gave no response.

Auxiliary Dental Professionals

On the question of the registration of auxiliary dental professionals, the majority of respondents (61%) considered the level of risk to the public to be lower for some dental auxiliaries. Twenty five percent disagreed, and 14 percent gave no response to this question. Dental nurses and dental technicians were considered to be the lowest level risk, dental hygienists were considered a moderate level risk and orthodontic therapists and clinical dental technicians were thought to pose the highest risk. In relation to establishing voluntary or mandatory registers for all or certain dental auxiliaries, the majority of respondents supported mandatory registration for all

auxiliary dental professionals with dental hygienists (95%), orthodontic therapists (96%) and clinical dental technicians (96%) receiving the most support for this provision. Dental technicians and dental nurses received slightly less, but still significant support at 85 percent and 73 percent respectively. Twenty one percent of respondents considered voluntary registration to be appropriate for dental nurses, and 13 percent considered it appropriate for dental technicians. Much lower percentage support was expressed for voluntary registration of the other auxiliaries. Low support was also expressed for non-regulation of dental auxiliaries, with dental nurses receiving the most support at six percent.

Responding the question on whether auxiliary dental professionals should be subject to Fitness to Practice, 67 percent of respondents were supportive of all auxiliary dental professionals being subject to FTP, 18 percent thought only some auxiliary dental professionals should be subject to FTP, 2 percent thought auxiliary dental professionals should not be subject to FTP, and 12 percent gave no response.

The majority of respondents (77%) thought that the Dental Council should regulate auxiliary dental professionals, with 10 percent of the view that they should be regulated by the Health and Social Care Professionals Council, and 13 percent not responding to the question.

A strong majority of respondents (82%) felt that auxiliary dental professionals should be subject to Continuing Professional Development. Only 3 percent were opposed to this proposal, a further 3 percent had no strong views and 11 percent gave no response.

A mixed response was received on the question of independent practice for auxiliary dental professionals. While a narrow majority (54%) supported the provision, a not insignificant 29 percent were opposed to independent practice. Seven percent had no strong views, and 10 percent gave no response to the question. In looking at a cross section of respondents by occupational profile, it is interesting to note that of the 35 auxiliary dental professional respondents, 83 percent supported this provision. Of the 44 dentist respondents, only 23 percent expressed support, with 64 percent of dentists against independent practice for dental auxiliaries. In terms of which auxiliary dental professionals should have independent practice, the majority of respondents were in favour of independent practice for dental hygienists.

On the question of a statutory committee for auxiliary dental professionals, the majority (70%) of respondents supported such a committee. Seven percent were opposed, 12 percent had no strong views, and a further 12 percent gave no response.

Dental Practices

Respondents were asked to identify the risks to the public of unregulated dental practices/premises. The highest risk identified by respondents was cross infection control, followed by health and safety, and radiation (see Table 6, page 63 for the full list of risks identified).

Asked if the new legislation should contain provisions for the regulation of dental practices/premises, 78 percent of respondents were in agreement, 10 percent were opposed, and 11 percent gave no response. Seventy two percent of respondents thought the Dental Council should regulate dental practices/premises, while 12 percent thought they should be regulated by another body. Sixteen percent did not respond to the question. On the question of who should hold inspection powers, 64 percent of respondents were in favour of the Dental Council being responsible for inspections, while 20 percent thought that these powers should be held by another body, and 16 percent gave no response.

There was a mixed response on whether the legislative prohibition on the incorporation of dental practices should be removed. While 43 percent of respondents supported the removal, and just under half that number were opposed (21%), a considerable percentage (36%) were indifferent to the proposal expressing no view either way or not responding to the question.

Respondents were asked their views on the legislation providing for the appointment of a Principal Dentist in each dental practice. The majority of respondents (52%) supported the proposal, with 16 percent expressing opposition. Again a sizeable percentage of respondents (32%) were indifferent to the proposal, expressing no view either way or not responding to the question. A similar response rate was recorded for the question on the appointment of Registered Owner Representatives for each owner/company, with 49 percent supporting the proposal, 16 percent opposing it, 17 percent with no strong views and 18 percent providing no response. Asked if the legislation should provide that the Registered Owner Representative must be a dentist, 54 percent of respondents were supportive, 17 percent were opposed, 12 percent had no strong views and 17 percent gave no response. The majority of respondents considered lack of accountability and low standards of practise/patient safety to be the main risks if the legislation does not provide for the registration of a Principal Dentist or a Registered Owner Representative (see Tables 9 and 10, pages 76 and 77).

A majority of respondents (56%) supported the restrictions placed on dentists regarding advertising being lifted. Twenty two percent were opposed, 12 percent had no strong views, and 10 percent did not provide a response. Asked if the Dental Council should be given the power to make rules regarding advertising, a strong majority (72%) supported this proposal. Eleven percent disagreed, 5 percent had no strong views and 12 percent did not respond to the question.

Dental Students/Auxiliary Dental Professional Students

In response to the question on establishing a separate register for dental students, majority support (48%) was expressed by respondents. Eighteen percent of respondents were opposed, 20% percent expressed no strong views and 13 percent did not provide a response.

On the question of the legislation providing for a supervision/training period following first time registration, 63 percent of respondents were in favour of this proposal. Eighteen percent were opposed, 8 percent held no strong views and 10 percent did not respond to the question. The majority of respondents (52%) thought that such a scheme of supervision/training should apply to all first time registrants, including those from other countries. Ten percent of respondents disagreed and 38 percent did not provide a response. Asked how long the supervision period should be, the majority of respondents thought it should be one year (see table 11, page 86). Majority support (58%) was expressed for the scheme to provide for supervision and training, while 12 percent thought it should provide for supervision only and 2 percent thought it should provide for training only. Twenty nine percent of respondents did not provide a response to this question.

Other Issues

Respondents were given the opportunity to express views about issues which they felt had not been raised in the questionnaire. The only issue raised which had not been included in the questionnaire was one of indemnity insurance. One respondent suggested that the new Dental Act make indemnity insurance mandatory for the entire dental team.

Background

The Dentists Act, 1985 currently legislates for the regulation of dentists in Ireland. The Act provides for the establishment of the Dental Council, which is the regulatory body for the dental profession, and which is charged with promoting high standards of professional education and professional conduct among dentists. It also provides for the registration of dentists, including dental specialists, education and training requirements, fitness to practise procedures, restrictions on the practise of dentistry, and the creation of auxiliary dental professions.

Consistent with the commitment in the Health Strategy, Quality and Fairness: A Health System for You to strengthen and expand the provisions for the statutory registration of health professionals, new legislation updating the regulation of dental health professionals is being proposed.

The proposed new legislation will form part of a suite of legislative instruments to ensure greater accountability of all professions within the healthcare service. The need for clear and comprehensive regulatory governance in all healthcare professions, which has already been achieved in the Health and Social Care Professionals Act, 2005; the Medical Practitioners Act, 2007; the Pharmacy Act, 2007; and the Nurses and Midwives Act, 2011 will also be provided for in new legislation regulating the dental profession. The protection of the public is the main objective of the new legislation.

Overview of the public consultation process

The Department of Health launched a seven week public consultation process on 10th June 2013, which closed on 26th July 2013. The objective of the consultation was to obtain the views of the public and key stakeholders on new legislation to replace the Dentists Act, 1985. The outcome of the consultation will inform the policy position taken when drafting the Heads of Bill. This will also inform the undertaking of a Regulatory Impact Analysis which will be carried out by the Department of Health.

The public consultation was advertised in national newspapers on 10th June 2013, and on both the Department of Health and the Dental Council's websites for the full duration of the consultation period. The Department of Health wrote to 49 key stakeholder about the public consultation. These included:

- The Dental Council
- Other regulatory bodies
- Education groups/bodies
- Dental/auxiliary dental professional representative bodies
- Dental organisations and boards
- Non-dental organisations with an interest in the consultation
- Relevant Government departments
- The HSE
- Patient groups

Respondents were invited to express their views, interests and concerns on key issues relating to the development of the new legislation through the completion of a questionnaire. A consultation document was made available and this document provided guidelines and general information for respondents, a broad outline of key issues for consideration, and links to additional sources of information relevant to the public consultation. Both documents were available in Irish and English language formats.

The questionnaire and consultation document were accessible for the duration of the public consultation on the internet through a dedicated link on the Department of Health's website. The link was also advertised on all documentation relating to the public consultation, as well as in the newspaper advertisements. Hard copy questionnaires were also available to download, or could be posted upon request, and supplementary submissions were also accepted. Views sought were not confined solely to the issues contained in the questionnaire, and respondents were invited to raise any issue which they considered relevant to the new legislation.

Overview of the submissions received

A total of 125 submissions were received, 22 percent [27] of which were from corporate respondents and 78 percent [98] were from personal respondents. Ninety six percent [120] of respondents completed the questionnaire online or submitted hard copy questionnaires, with four percent [5] of respondents communicating their views by letter, email or formal submission. Seven percent [9] of respondents who had completed the questionnaire also submitted separate submissions/information. The majority of respondents completed the questionnaire in its entirety with a small number answering just the questions they felt relevant to their own situation/experience. Sixty-seven percent [84] of respondents added further views in the space provided on the questionnaire.

Submissions were received from the majority of major stakeholders including the main dental organisations/representative bodies, educational institutions, regulatory bodies, the HSE and other Government departments. The majority of submissions came from dentists (35 percent [44]) who were making submissions in a personal capacity. Twenty eight percent [35] of submissions were made by auxiliary dental professionals, of which dental hygienists were the most significant contributor (71 percent [25]). Pharmacy and education professionals also made personal submissions, as well as service users/members of the public and students of dentistry. The tables below show the breakdown of submissions by professional/organisational category.

Table 1: Breakdown of personal respondents

Respondent type	No.
Clinical dental technicians	2
Dental hygienists	25
Dental nurses	8
Dentists	44
Other	4
Pharmacist	1
Service users/members of the public	4
Students of dentistry	2
Teaching professionals	2
Respondents who did not specify	6

Table 2: Breakdown of corporate respondents

Respondent type	No.
Education sector	4
Government Departments	2
Health service organisation	1
Other	6
Regulatory bodies	4
Representative bodies	10

There was overall support for new dental legislation with varying degrees of support for and opposition to the proposals presented in the questionnaire.

Methodology

The questionnaire was divided into four parts, of which Part 4 on Key Issues was the main part of the consultation:

- Sections 1 and 2 sought background information on those making submissions in order to have a clear picture of the individuals/organisations contributing and to enable statistically meaningful analysis of those who participated. Section 3 sought information on how people heard about the consultation process, the purpose of which was to assess the effectiveness of the different communication methods used in advertising the process.

- Section 4 presented 44 questions on a range of key issues which the Department of Health had identified for consideration in the development of the new legislation. These questions, which addressed a wide range of issues, came under five main headings:

    1. The Dental Council
    2. Dentists
    3. Auxiliary Dental Professionals
    4. Dental Practices
    5. Dental Students/Auxiliary Dental Professional Students

A combination of both quantitative and qualitative data analysis was used to examine the questionnaires/submissions. The multiple choice data from the questionnaires was entered into a database and statistical analysis was run to determine overall responses and trends. However, respondents were also given the opportunity to expand on their responses in the questionnaire or to make separate submissions. These further views and written submissions were examined separately and collectively within the context of the questions posed. This provided greater depth and richness to the statistical findings.

Section 2

Detailed Analysis of Key Issues

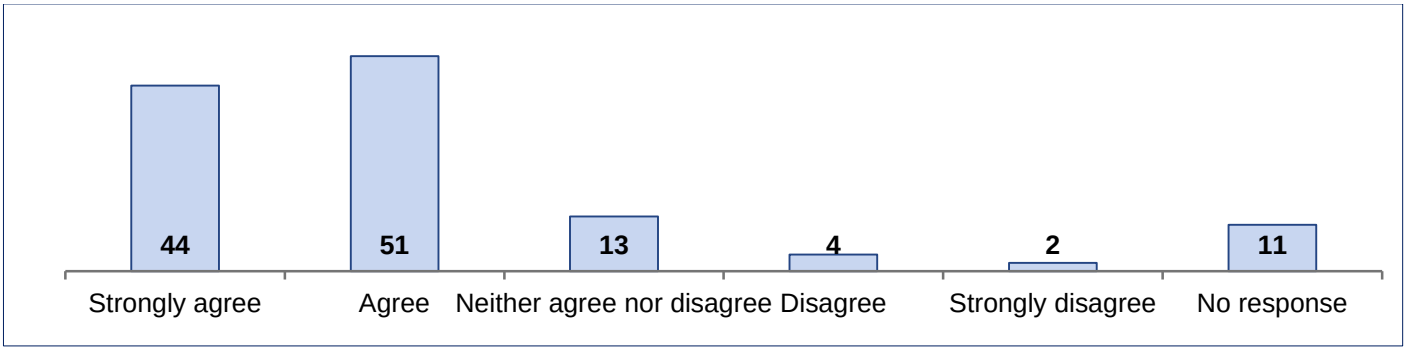
ISSUE: Governance

Question: Do you agree with more robust governance provisions?

Statistics

Forty one percent [51] and 35 percent [44] of respondents agreed or strongly agreed with more robust governance provisions. Three percent [4] and 2 percent [2] of respondents disagreed or strongly disagreed, and 10 percent [13] neither agreed nor disagreed with the proposal. Nine percent [11] did not respond to the question.

Chart 1: Do you agree with more robust governance provisions?



Note: Chart figures represent numbers of respondents. Numbers in all tables/charts have been rounded up where applicable.

Summary

Supportive – 76%
Opposed – 5%
No strong views – 10%
No response – 9%

Respondents' views

Sixteen respondents provided further views on this question. The broad support evident from the statistics for more robust governance provisions in the new dental legislation was also reflected in the further views expressed by respondents.

A number of respondents expressed views that the governance provisions contained in legislation governing other health professions should be reflected in the new dental Act. Respondents felt that this was necessary to uphold the integrity of the profession and to protect patients. Several respondents echoed similar views that enhanced governance arrangements were necessary to ensure accountability, transparency and consistency and to give confidence to both the profession and to the public. However the view was also expressed that a robust corporate governance framework is already in place within the Dental Council, and that this complies with the Code of Practise for the Governance of State Bodies.

You Said...

- "The IDNA agree that governance provisions should meet similar standards already in place within the Medical Practitioners Act, 2007 & the Nurses and Midwives Act, 2011."

The Irish Dental Nurses Association

Irish Faculty of Primary Dental Care

- "Enhanced governance arrangements are necessary to ensure accountability and transparency."

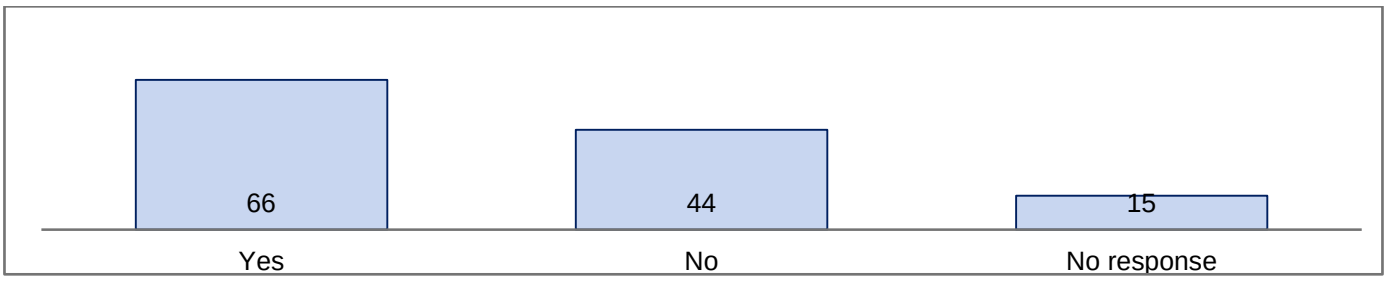
ISSUE: Membership of the Dental Council – board size

Question: Do you agree that the size of the board be reduced?

Statistics

Fifty three percent [66] of respondents agreed that the size of the board of the Dental Council should be reduced. Thirty five percent [44] disagreed, and 12 percent [15] did not respond to the question.

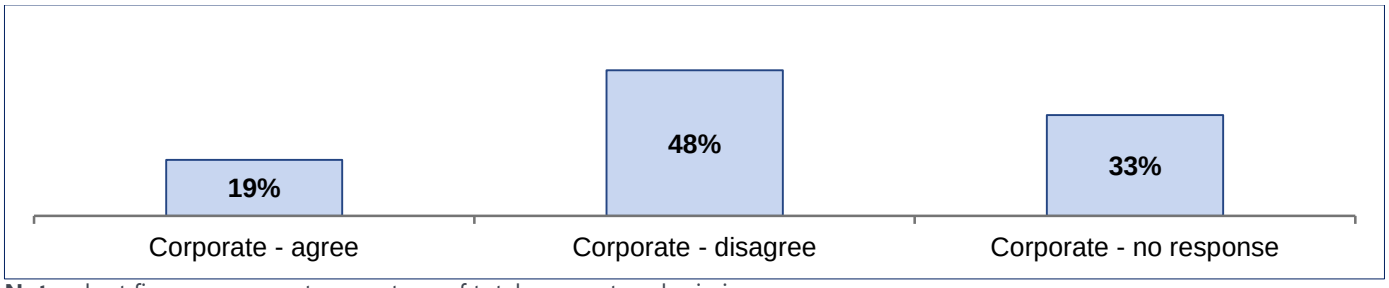
Chart 2: Do you agree that the size of the board be reduced?



Note: chart figures represent numbers of respondents

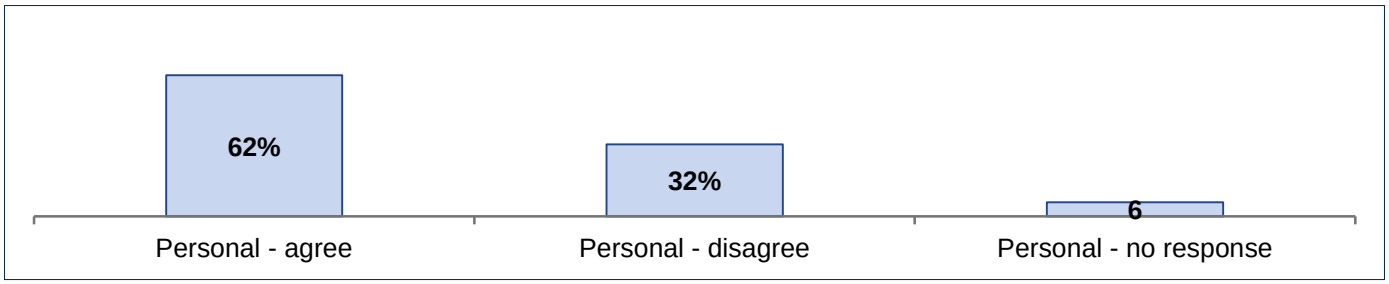
In breaking down the statistics further, there was some divergence between the views of corporate respondents and those of personal respondents on this issue. Of the corporate submissions received *(total no. corporates = 27)*, 48 percent [13] were against the size of the board being reduced and 19 percent [5] were in favour of a reduction. Of the personal submissions received *(total no. personal = 98)* 62 percent [61] were in favour of a reduction, with 32 percent [31] against.

Chart 3: Breakdown of corporate views on board size



Note: chart figures represent percentage of total corporate submissions

Chart 4: Breakdown of personal views on board size



Note: chart figures represent percentage of total personal submissions

Summary

Yes, the board size should be reduced – 53%
No, the board size should not be reduced – 35%
No response – 12%

Respondents' views

Thirty five respondents provided further views on this question.

The majority of those who favoured a reduction thought the board size should range between 10 to 15 members. A small number of respondents referred to potential issues in obtaining a quorum for meetings if the board size was reduced. It was felt this could become particularly problematic if board members were required to sit on disciplinary committees, and were precluded from any decision making at board level at a later stage in matters already considered by them. The issue of appropriate skills mix and experience on the board was raised by a number of respondents. A small number expressed views that the size of the board should be adequate to ensure sufficient expertise and representativeness. One respondent felt that the board should consist of professionals with a background in areas such as law and public health. Another respondent suggested it include a multi-disciplinary team with skills, competence and knowledge relevant to dentistry, while another expressed the view that the decision on board size is directly related to the decision on non-dental/professional balance. It was

pointed out that the skills mix balance becomes more difficult when the board is reduced, and it was also suggested that a smaller board could reduce representation across interest groups thereby creating difficulties in maintaining a non-dental/dental balance.

A view was expressed that a reduced board does not necessarily make the board more efficient and that diversification is more important than size. Access to county based board members was also raised as a potential issue should the board be reduced. In the context of proposed mandatory registration for auxiliary professions, one respondent felt the numbers should remain similar to existing levels, but that there should be provision for the establishment of an executive committee which would meet more frequently and have an oversight role in terms of the daily business of the Council. In this scenario, it was proposed that the full board would meet less frequently and focus on policy issues.

A small number of respondents expressed views that the size of the board of the Dental Council should be aligned with the boards of the other professional regulatory bodies. One respondent suggested the Medical Council, An Bord Altranais agus Cnaimhseachais and CORU could provide guidance as to an appropriate board representation mix.

Questions were raised by a small number of respondents about what they felt were conflicting proposals in the questionnaire, i.e. how wider representation (Q 4.1.4) could be achieved with a smaller board. One respondent said that the current board size of 19 and its composition in terms of skills mix and experience is appropriate.

- "I would only suggest that reducing the size should be considered if all relevant stakeholders are represented on a reduced board structure. At present specialist societies have no or little representation."

Irish Endodontic Society

A dental hygienist

- "I would suggest that diversification is more important than a number and that all views and opinions and interests of relevant parties be represented."

ISSUE: Membership of the Dental Council – non dental majority

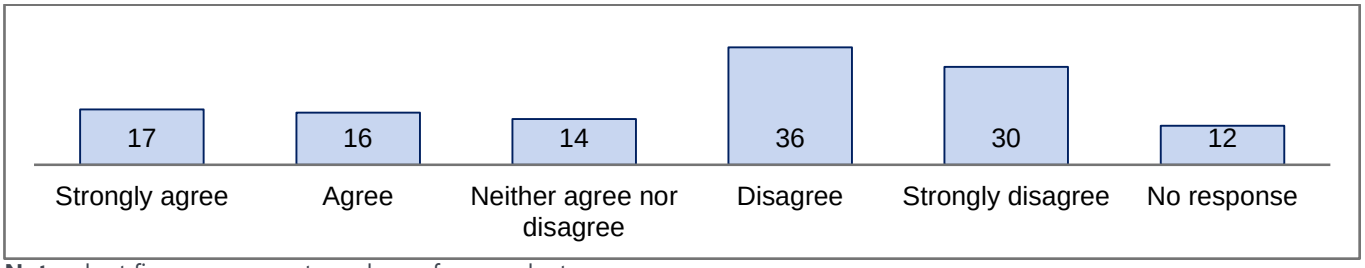
Question: Do you think that provision should be made for a non-dental majority on the Dental Council?

Statistics

Twenty nine percent [36] and 24 percent [30] of respondents disagreed or strongly disagreed that a provision be made in the new legislation for a non-dental majority on the Dental Council. Fourteen percent [17] and 13

percent [16] of respondents strongly agreed or agreed, and 11 percent [14] neither agreed nor disagreed with the proposal. Ten percent [12] did not respond to the question.

Chart 5: Do you agree that provision should be made for a non-dental majority on the Dental Council?



Note: chart figures represent numbers of respondents

Of those who disagreed or strongly disagreed (no = 66), 55 percent [36] were dentists and 20 percent [13] were auxiliary dental professionals. Of those who agreed or strongly agreed (no = 33), 15 percent [5] were dentists and 42 percent [14] were auxiliary dental professionals.

Summary

Opposed – 53%
Supportive –27%
No strong views – 11%
No response – 10%

Respondents' views

Forty one respondents provided further views on this question. While it was acknowledged by some that non-dental representation was necessary on the board, a large number of respondents who provided further views felt the Dental Council should have strong dental representation, and expressed concern that non-dental persons do not have the necessary expertise/experience of dentistry required to make appropriate judgments. One respondent expressed the view that the nuances and subtleties of dentistry and the ethical and professional standards expected of dental practitioners cannot be fully understood by non dental persons.

While not in equal measure to the opposing views, strong support was expressed for an equal number of dental health professionals and non-dental persons on the board. A similar level of support was also echoed for non-dental majority membership of the board of the Dental Council. There was also strong support expressed for the membership of the Dental Council to reflect the full dental team.

Representation from the business, community and patient/consumer sectors was seen as important in terms of gaining and maintaining public confidence and trust in the regulatory role of the Dental Council, eliminating any potential conflict of interest issues between regulation for public protection and furthering the interests of the profession. Representation from general practise, specialist practise and dental educators was suggested in terms of the Dental Council discharging its functions in the areas of registration, education, fitness to practise, developing codes of practise and guidance documents and matters generally concerning the practise of dentistry. Representation in the areas of law and public administration was also suggested.

You Said...

- "As can be seen from the GDC in the UK, a poor understanding of clinical issues leads to oversights of issues of importance. Clinical experience and knowledge is essential in determining what action is necessary in cases where standards deviate from normal practice, knowledge which is not possessed by many non dental individuals."

A dentist

The Pharmaceutical Society of Ireland

- "The PSI is of the view that a lay majority should be provided for on the Dental Council. The PSI has a lay majority on its Council with eleven non-pharmacists and ten pharmacists. A lay majority permits the views of public interest nominees and other professionals to assist the regulation of healthcare professionals within the broader remit of public safety and professional accountability. This will also bring the Dental Council in line with other regulators who currently regulate healthcare professionals in the interest of public safety and patient protection with lay majorities on Boards/Councils."

ISSUE: Wider representation

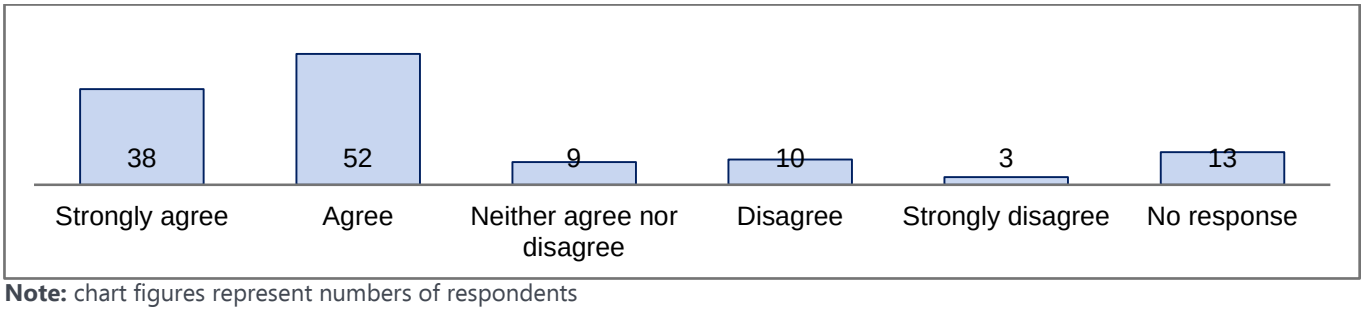
Question: Do you think the composition of the Dental Council should be amended to have wider representation?

Question: Should groups other than auxiliary dental professionals, HIQA, the public health dental area, and other regulatory bodies be included?

Statistics

Forty two percent [52] and 30 percent [38] of respondents agreed or strongly agreed with wider representation on the Dental Council. Eight percent [10] and two percent [3] of respondents disagreed or strongly disagreed, and seven percent [9] neither agreed nor disagreed with the proposal. Ten percent [13] did not respond to the question.

Chart 6: Do you agree that the composition of the Dental Council should be amended to have wider representation?



Note: chart figures represent numbers of respondents

Summary

Supportive – 72%
Opposed – 10%
No strong views – 7%
No response – 10%

Respondents' views

Seventeen respondents provided further views on this question.

Of particular concern to a large number of these respondents was the inclusion of auxiliary dental professions on the board, and dental hygienists were singled out by many for inclusion. One respondent expressed the view that membership of the Dental Council by auxiliary dental professionals should be linked to mandatory registration for those professions.

One respondent suggested that there be a greater weighting of dentists on the board in recognition of their clinical responsibility. A number of respondents expressed support for wider representation on the Board from specialist practise. However, a question was raised about the Dental Council's capacity to have representation from each class of auxiliary dental profession and each division of the specialist register, particularly in light of the proposal to reduce the size of the board. A suggestion was made that auxiliary dental professionals be elected from an electorate of registered auxiliaries, and that one representative from the divisions of the specialist register also be elected.

The inclusion of other regulators, which would provide opportunities for shared learning and experience was also suggested by one respondent. It was felt that this would be a positive move in terms of fitness to practise issues, with a more uniform approach and consistency in decision-making across regulators. A counter view to this was expressed however, with one respondent suggesting that the inclusion of one regulator on the board of another could be perceived as a conflict of interest.

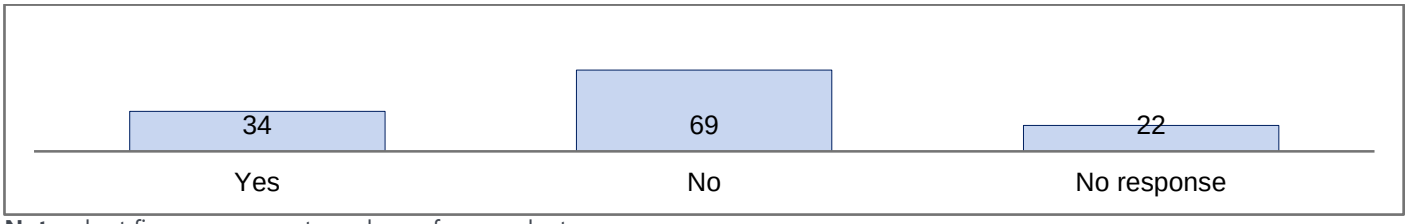
In view of difficulties attracting dentists in private practise to volunteer for nomination to the board of the Dental Council, one respondent suggested that a portion of the registration fee should be set aside specifically to offer an appropriate amount of monetary compensation to those dentists in private practise who uniquely face significant cuts in income while retaining fixed costs by their participation on the board for a five year term of office. In addition the payment of an allowance to the President of the board in recognition of the time and responsibilities associated with this post was also suggested.

Question: Should groups other than auxiliary dental professionals, HIQA, the public health dental area, and other regulatory bodies be included?

Statistics

Fifty five percent [69] of respondents disagreed with wider representation to include groups other than dental auxiliary professionals, HIQA, the public health dental area and other regulatory bodies. Twenty seven percent [34] agreed with the proposal and 18 percent [22] did not respond to the question.

Chart 7: Should groups other than auxiliary dental professionals, HIQA, the public health dental area, and other regulatory bodies be included?



Note: chart figures represent numbers of respondents

Summary

No, groups other than auxiliary dental professionals, HIQA, the public health dental area, and other regulatory bodies should not be included – 55%
Yes, other groups should be included – 27%
No response – 18%

Respondents' views

Twenty six respondents provided further views on this question.

While majority opposition was expressed to the proposal, those who were in favour, suggested broadening the board composition to include the following:

- Individuals with experience in regulation and compliance.
- National User Service Forum
- Public interest nominees
- Service users
- Special interest professional organisations
- The Competition Authority
- The Department of Social Protection
- The Irish Medicines Board
- Training grades/dental students

Wider representation from specialist practise on the Education and Training Committee of the Dental Council was also suggested, to include representatives from the two specialist divisions and other post graduate areas such as special care dentistry, prosthodontics etc.

You Said...

The Royal College of Surgeons in Ireland

- "The Faculty supports the inclusion of auxiliary dental professionals and other relevant regulatory bodies."

A service user/member of the public

- "Bringing in on a statutory basis other representatives dilutes the functions of the Council. Its objectives should be clear and unambiguous and not susceptible to the interests of other parties."

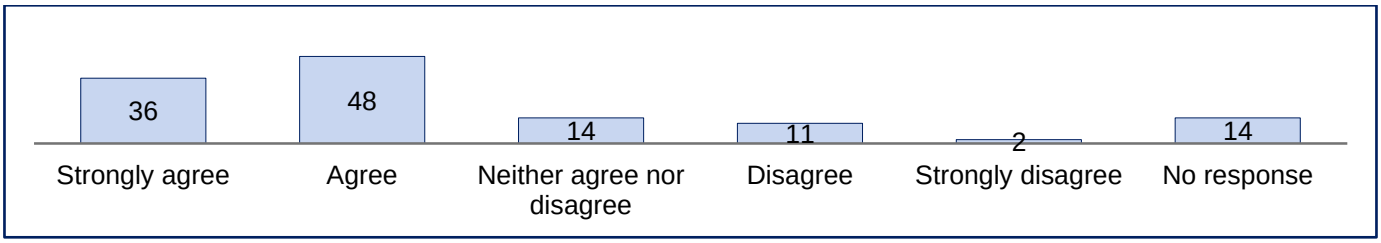
ISSUE: Staggered term of office

Question: Do you agree with a staggered term of office?

Statistics

Thirty eight percent [48] and 29 percent [36] of respondents agreed or strongly agreed with a staggered term of office for board members of the Dental Council. Nine percent [11] and 2 percent [2] disagreed or strongly disagreed, and 11 percent [14] neither agreed nor disagreed with the proposal. A further 11 percent [14] did not respond to the question.

Chart 8: Do you agree with a staggered term of office?



Note: chart figures represent numbers of respondents

Summary

Supportive – 67%
Opposed – 11%
No strong views – 11%
No response – 11%

Respondents' views

Twenty respondents provided further views on this question. A large number of respondents who expressed further views were in favour of a staggered board in terms of retention of corporate memory and continuity of the work of the board. It was also suggested that the introduction of new and innovative ideas through new board members would keep the Council fresh and dynamic. One respondent suggested that the rotation be equitable to all specialties and professions, with attention to the Board's overall composition.

Opposition to a staggered board was also raised by a small number of respondents, with concern expressed that a staggered term could lead to a disjointed Council. A view was also expressed that the benefits of a concurrent five year term greatly outweigh the benefits of having a staggered term of office. In relation to corporate memory, it was suggested that such memory is collectively retained by the board and by officials of the Dental Council, and through the proper retention of records.

You Said...

•"Gradual change favours the retention of corporate memories and knowledge. It encourages the retention of wise heads."

A service user/member of the public

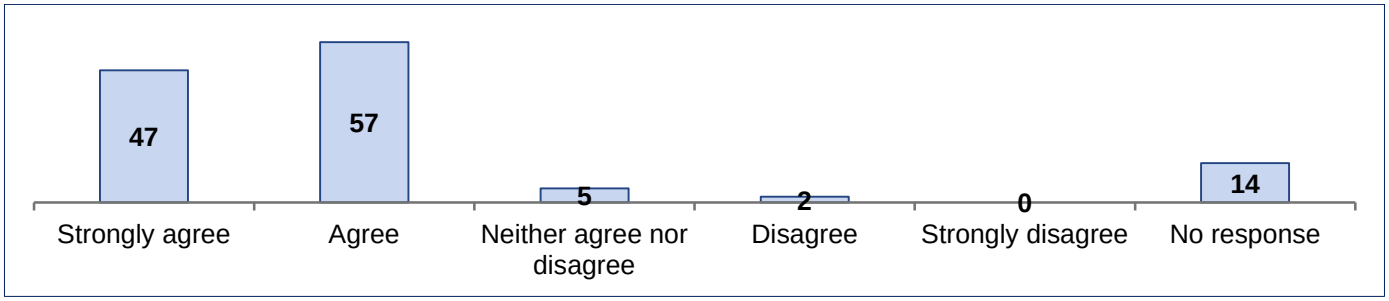
ISSUE: Functions of the Council

Question: Do you agree with functions being specified?

Statistics

Forty six percent [57] and 38 percent [47] of respondents agreed or strongly agreed with the functions of the Council being specified. One percent [2] disagreed with the proposal. Four percent [5] neither agreed nor disagreed and 11 percent [14] did not respond to the question.

Chart 9: Do you agree with functions being specified?



Note: chart figures represent numbers of respondents

Summary

Supportive – 84%
Opposed – 1%
No strong views – 4%
No response – 11%

Respondents' views

Nineteen respondents provided further views on this question.

It was suggested that the functions being clearly specified was important to ensure accountability by the Dental Council, and also to ensure that the functions were relevant and in keeping with the principles of better regulation. A small number of respondents suggested that specifying the role of the Council would provide greater transparency to the profession and to the public. One respondent felt that specifying the functions would provide a clearer understanding of the role of the Council and another felt it would prevent role confusion with other bodies/organisations.

It was proposed by one respondent that there should be flexibility in the new legislation to allow for the introduction of new roles by the Dental Council to respond to contextual changes as they emerge. The merits of the Dental Council being able to delegate functions was also highlighted.

Recognition of the role of the Dental Council to act as the competent authority for the mutual recognition of qualifications was called for by another respondent, as well as consideration of the implications for the Council of the provisions of new and forthcoming EU directives regarding the recognition of professional qualifications and the application of patients' rights in cross-border healthcare.

Some respondents were also of the view that the Dental Council's functions should specifically include:

- enforcement powers in relation to the prosecution of illegal practitioners;
- setting ethical standards in dental practise;
- issuing advice to the public, including in the provision of care and treatment outside the jurisdiction where care and treatment is advertised and arranged in Ireland, but provided abroad;
- the provision and assessment of guidelines in relation to professional competence and qualification/training suitable for specialist qualification.

In opposing the proposal, one respondent expressed the view that such a provision is unnecessary, as the Dental Council has responsibility for all functions assigned to it under the Act, with implicit responsibility as a regulator to act in the public interest.

- "Very important that functions are clearly specified to prevent role confusion with other bodies/organisations and to prevent role creep over time."

A public health official

The Competition Authority

- "The functions of the Dental Council should be clearly set out in legislation. This will allow for increased openness and transparency and ensure that both the public and practitioners are aware of the Council's duties. It would also ensure that the Dental Council will be accountable in a fair way if questions were to arise about its performance. The proposed new legislation should make sure that the Council's functions are relevant and in line with the principles of better regulation, and can adjust and respond to emerging challenges."

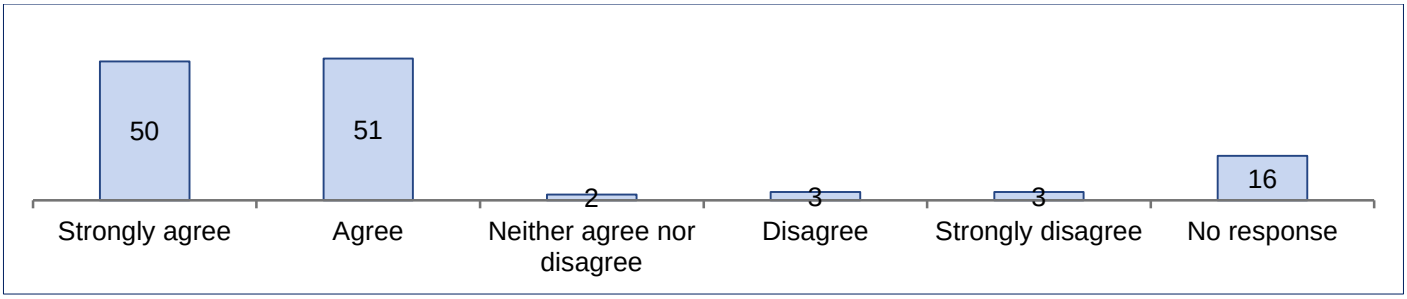
ISSUE: Education and training

Question: Do you agree that the new legislation should provide for the Dental Council to approve courses and the institutions delivering those courses?

Statistics

Forty one percent [51] and 40 percent [50] of respondents agreed or strongly agreed that the Dental Council should approve courses and the institutions delivering those courses. Two percent [3] and a further two percent [3] of respondents disagreed or strongly disagreed with the proposal. Two percent [2] neither agreed nor disagreed and 13 percent [16] did not respond to the question.

Chart 10: Do you agree that the new legislation should provide for the Dental Council to approve courses and the institutions delivering those courses?



Note: chart figures represent numbers of respondents

Summary

Supportive – 81%
Opposed – 4%
No strong views – 2%
No response – 13%

Respondents' views

Twenty one respondents provided further views to this question. Of those who did, all were generally supportive of the proposal. One respondent expressed the view that the power to approve both the programmes of training and the institutions delivering undergraduate and post graduate education and training (including in primary dental care) is a key element of regulation. A small number of respondents were of the view that the approval by the Dental Council of courses and the institutions delivering those courses would provide a quality assurance mark, offering greater assurances to the public in terms of programme quality and the quality of the institutions delivering programmes. Quality assurance, it was suggested, was also important in terms of trainees themselves receiving qualifications with international recognition.

One respondent proposed that all dental healthcare professional undergraduate and post-graduate training programmes should meet the minimum standards of the code of conduct and scope of practise for the relevant profession as laid down by the Dental Council, and that accreditation should be for a specified fixed period of

time. A suggestion was made that the Council should be required to publish both the criteria and the procedures for interested institutions to become approved bodies for the delivery of programmes. It was further suggested that these criteria be fair, reasonable, transparent and non-discriminatory.

In terms of approval of post graduate education, a view was expressed that the Dental Council may find itself overwhelmed by a vast number of applications for approval should they be required to approve all CPD courses, which may be unmanageable, and would run contrary to the principles of Right Touch Regulation.

Regarding post graduate education, a suggestion was made that the dental profession should decide on what courses are appropriate in each discipline in terms of Dental Council approval. Support was expressed by one respondent for recognition of a post-graduate educational career pathway in primary dental care which would lead to the specialty of general dental practise. It was felt that this would give practitioners who choose this pathway parity with their general medical practitioner colleagues. With regard to specialist training, a view was expressed that control and governance be independent and be adequately funded. One respondent recommended that there should be three statutory committees of the Dental Council focusing on specialist training and ongoing education and training; ongoing training and education in primary dental care; and auxiliary dental professionals.

In terms of funding, one respondent suggested that appropriate funding be diverted from education bodies and the HSE to the Dental Council for the purpose of approving training courses. One respondent suggested that the Council approve courses, but that the quality controlling of courses should be undertaken by a professional body such as a university or the RCSI. Another respondent suggested that an independent body with wide representation across the dental spectrum oversee postgraduate training in dentistry in Ireland, and that this body be recognised by the Dental Council.

- "It's important that dentists and the public have a quality assurance mark that education courses are appropriate and of high quality."

A dentist

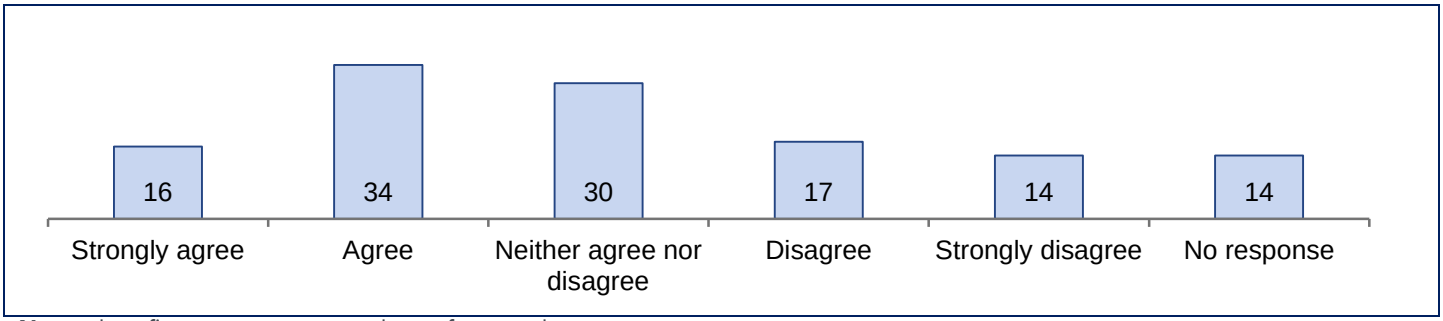
ISSUE: Fees

Question: Do you agree with updating the fees provision?

Statistics

Twenty seven percent [34] and 13 percent [16] of respondent agreed or strongly agreed with updating the fees provision. Fourteen percent [17] and 11 percent [14] of respondents disagreed or strongly disagreed, and 24 percent [30] neither agreed nor disagreed with the proposal. Eleven percent [14] did not respond to the question.

Chart 11: Do you agree with updating the fees provision?



Note: chart figures represent numbers of respondents

Summary

Supportive – 40%
Opposed – 25%
No strong views – 24%
No response – 11%

Respondents' views

Twenty one respondents provided further views on this question.

While the further views expressed mostly supported the proposal, respondents did raise various issues around increasing fees. One respondent said that the market advantages which approval of such programmes confer on an academic institution merits a minimum cost recovery fee for the activities and expertise involved in such approval by the Dental Council. However another felt that fees should not be a deterrent but should be set at a level which encourages applications for approval of education programmes. This was particularly relevant for smaller providers of education and training. A counter view was expressed that the cost of accrediting dental programmes should be borne by the profession through the annual retention fee, rather than by levying the education institutes. This was on the basis that a regulator is responsible for ensuring appropriate standards of practise, education and conduct in order to maintain public confidence in the profession, and it follows that where a profession is self-regulated or co-regulated, it is appropriate for registrants to bear the regulation costs. However, in terms of individual dentists and those newly qualified, a small number of respondents felt that increased fees should not place an excessive burden on these professionals, in particular dentists in private practise whose margins are already experiencing pressure. In this context, the high insurance costs, which dental professionals in Ireland face was highlighted. It was suggested by one respondent that registration fees should reflect remuneration levels, and should take into consideration professionals working part-time, those on maternity leave and on sabbaticals/career breaks.

A view was expressed that the Dental Council should be permitted to charge varying fees, depending on which division a dentist is registered. On the issue of the payment of dual fees, one respondent said that if practitioners are paying dual fees, then Registers should be separate, while another felt the payment of dual fees should not be required at all.

Regarding setting fee levels for large dental chains, it was suggested that consideration be given to introducing a supplementary registration fee to such chains where significant numbers of dentists are employed in recognition of the additional workload demands in registering such entities.

Opposing the proposal, one respondent expressed concern in relation to the introduction of fees at a time when funding to the higher education sector has and is being significantly reduced.

- "The Dental Council fees are already expensive enough and increasing the fees will only increase financial pressure on dentists. Our insurance is the highest in Europe and higher than America."

A dentist

A dental hygienist

- "The collection of fees should be for registration only and not for other purposes."

Dentists

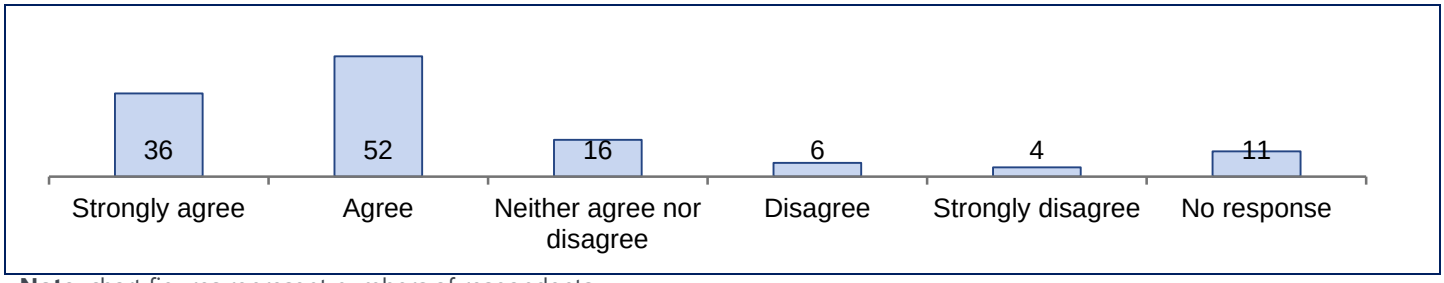
ISSUE: Fitness to Practice (FTP)

Question: Do you agree with updating the FTP provisions?

Statistics

Forty two percent [52] and 29 percent [36] of respondents agreed or strongly agreed with updating the fitness to practise provisions. Five percent [6] and three percent [4] of respondents disagreed or strongly disagreed, and 13 percent [16] neither agreed nor disagreed with the proposal. Nine percent [11] did not respond to the question.

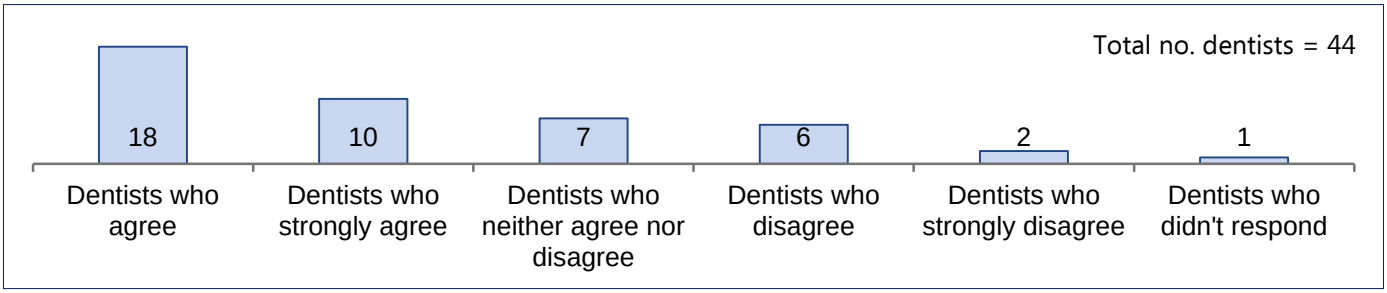
Chart 12: Do you agree with updating the FTP provisions?



Note: chart figures represent numbers of respondents

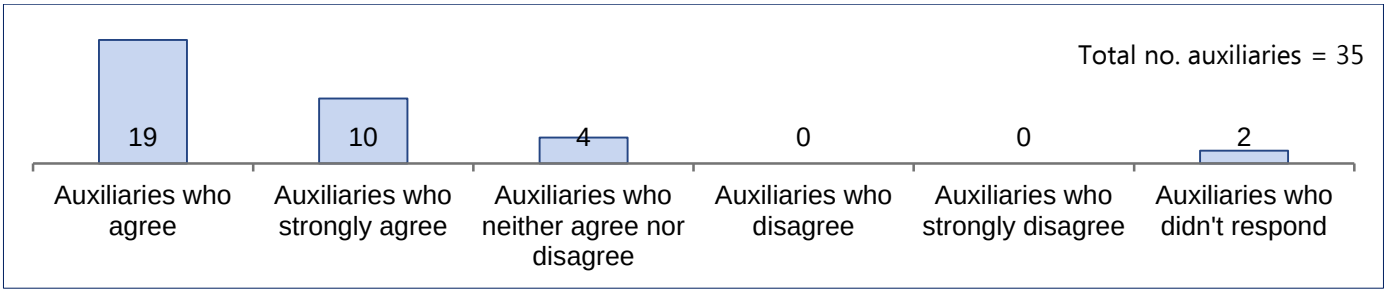
In breaking down the statistics further, 64 percent [28] of all dentists *(total no. dentists = 44)*; 83 percent [29] of all auxiliary dental professionals *(total no. auxiliaries = 35)*; and 67 percent [18] of all corporate respondents *(total no. corporates = 27)* agreed or strongly agreed with updating the FTP provisions. Of the categories of respondents mention above, dentists were the only respondents who disagreed or strongly disagreed with updating FTP provisions, with 18 percent [8] of all dentist respondents against the proposal. One student of dentistry and one member of the public also disagreed with the proposal.

Chart 13: Breakdown of dentists' responses to updating FTP provisions



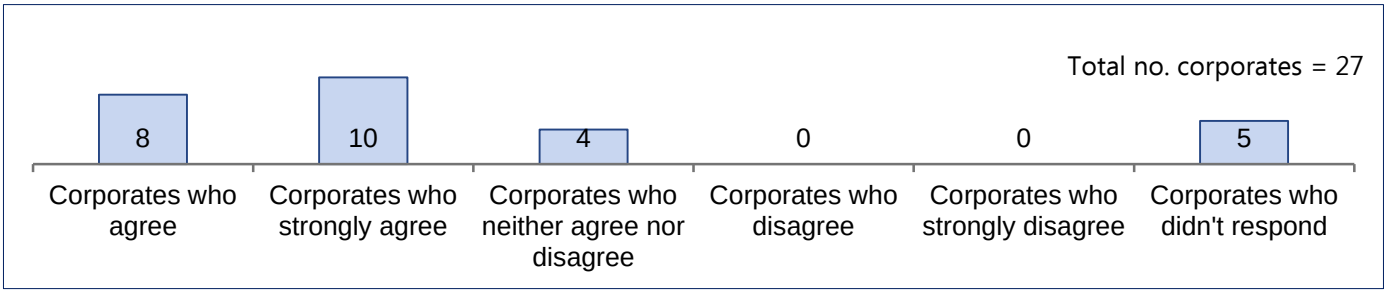
Note: chart figures represent numbers of respondents

Chart 14: Breakdown of auxiliary dental professionals' responses to updating FTP provisions



Note: chart figures represent numbers of respondents

Chart 15: Breakdown of corporate responses to updating FTP provisions



Note: chart figures represent numbers of respondents

Summary

Supportive – 71%
Opposed – 8%
No strong views –13%
No response – 9%

Respondents' views

Twenty one respondents provided further views to this question. While generally respondents supported updating the FTP provisions in the new Dental Act, a range of related issues were raised.

There were mixed views about whether the FTP provisions which apply in the Medical Practitioners Act and Nurses and Midwives Act should be replicated in the new dental legislation. A small number of respondents called for the retention of Section V of the existing Dentists Act with amendments, in preference to introducing

the very detailed provisions of the Medical Practitioners or the Nurses and Midwives Acts. It was considered by one of these respondents that detailed procedural provisions are unnecessary in the new legislation as statutory bodies have a constitutional obligation to observe fair procedures. Concern was expressed by a number of respondents about the publicity around public fitness to practise hearings under the Medical Practitioners Act, where the identity of a practitioner is disclosed prior to any finding of guilt. It was felt that the media attention given at the opening of public hearings against doctors, but not followed through to case conclusions, often resulted in irreparable reputational damage in cases where doctors were cleared of charges. In this regard, it was suggested that in developing the new dental legislation, consideration be given to protecting the private lives of defendants by enabling identification of practitioners only when charges have been upheld.

Other respondents felt that the FTP provisions in the new legislation should be aligned with FTP provisions in legislation regulating other health professionals. In particular it was felt that the grounds for complaint and the list of sanctions be expanded and be given more clarity in the new legislation. Professional misconduct was specifically mentioned in terms of a ground for complaint that is vague and undefined in the current legislation. It was also suggested by one respondent that, as is provided for in the Medical Practitioners Act, provision should be made in the new legislation that a registrant consent to censure and undertake remedial action. In addition, this provision should also allow a dentist to consent to the attachment of conditions to their registration.

In relation to sanctions it was suggested by one respondent that the current provision which allows the Dental Council to advise, admonish, censure and attach conditions following an inquiry, even if there is no finding of professional misconduct, be retained. This respondent also proposed that the new legislation contain a provision to allow the Dental Council to advise a registrant with regard to their conduct following consideration by the PPC, even if there is no *prima facia* evidence of professional misconduct.

Dealing with specific sanctions it was suggested by one respondent that where a practitioner is temporarily removed from the Register, consideration should be given to the duration of this removal and the fact that time away from practise may result in the practitioner becoming deskilled, and as a result losing their ability to practise. Another respondent felt that the current imposition of a fine does not fit with modern regulation and may mislead patients into thinking they will obtain money from a complaint to the Dental Council.

A number of respondents supported the creation of a Preliminary Proceedings Committee (PPC), separate from the FTP committee, with one respondent expressing the view that there should be no requirement for the board of the Council to ratify FTP decisions. Support for a provision which would allow complaints to be referred by the PPC to mediation where no prima facia case exists was expressed by one respondent, as well as a provision allowing the PPC to refer unfitness to practise matters to a Health Committee. In this regard it was proposed that the FTP committee should also have powers to deal with unfitness to practise issues because health issues may only become apparent when complaints are received on other grounds.

Attention was drawn to the fact that FTP provisions in other legislation regulating health professions have resulted in increased FTP hearings. It was suggested that if similar provisions are included in the new dental legislation, having sufficient dental and non dental representatives on the Dental Council to be available to participate in an increased number of hearings would be important. One respondent expressed the view that that the FTP Committee be comprised mostly of dental professionals. Another respondent suggested that an independent body should have responsibility for the FTP function, in conjunction with the Dental Council in terms of information provision. Other suggestions made by respondents included setting out the role and duties of legal assessors in the new legislation because of the widespread engagement of these professionals by regulatory bodies; an obligation on the Dental Council to inform the HSE of outcomes of all FTP proceedings; and the carrying out of a review of FTP procedures across all regulatory bodies with a view to informing the FTP functions of the Dental Council.

You Said...

- "Any FTP preliminary hearings should be protected from media reporting until proceedings are concluded."

A dentist

HIQA

- "The 'fitness to practice' procedures should be updated in line with those in place for other professions which to date appear to work well."

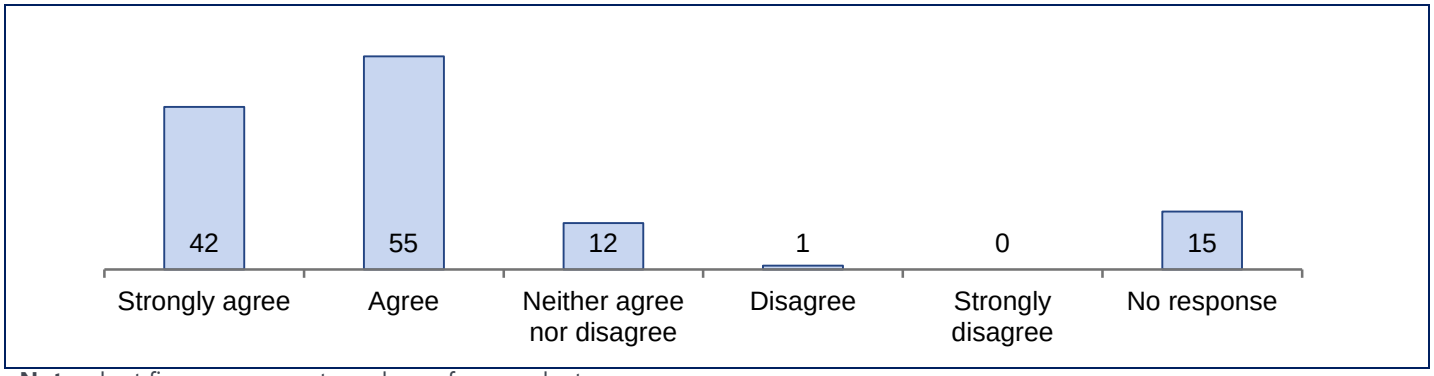
ISSUE: Mediation

Question: Do you think the new legislation should provide for resolution of complaints by mediation?

Statistics

Forty four percent [55] and 34 percent [42] of respondents agreed or strongly agreed with providing for the resolution of complaints by mediation. One percent [1] of respondents disagreed with the proposal, and 10 percent [12] neither agreed nor disagreed. Twelve percent [15] did not respond to the question.

Chart 16: Do you think the new legislation should provide for the resolution of complaints by mediation?



Note: chart figures represent numbers of respondents

Summary

Supportive – 78%
Opposed – 1%
No strong views – 10%
No response – 12%

Respondents' views

Sixteen respondents provided further views to this question.

The support for this provision evident in the statistics was also reflected in the further views expressed by respondents. Some respondents felt that mediation could offer an alternative dispute resolution mechanism that was more cost effective and preferable to a full FTP process, where appropriate. With patients often being satisfied with an acknowledgement of what has gone wrong and an apology, it was suggested that mediation could be a useful tool in mitigating further legal action to obtain the same results. A number of respondents questioned the exclusion of financial compensation from the mediation process, and felt that where appropriate, financial compensation should be provided for. In this regard, it was noted that financial compensation is already an element of the Dental Complaints Resolution Service (DCRS) which is operated by the Irish Dental Association. One respondent suggested that the Act should allow for fees to be refunded to patients as part of the mediation process.

It was suggested that the new legislation should allow the Dental Council to make rules to operationalise how complaints are handled, including referring them to mediation if appropriate. One respondent suggested the mediation process be a separate process from the Dental Council's FTP function. Other respondents supported the role of the DCRS, suggesting it was the appropriate mediation vehicle, and that the development of another separate mediation service operating in tandem was unnecessary. Another respondent suggested mediation should be the function of indemnity groups with advice from the Dental Council on regulatory matters.

The differences in the statutory provisions relating to mediation in the various Acts regulating health and social care professionals, medical practitioners, nurses and midwives and pharmacists were noted by one respondent. In this regard, the need for consideration of the format mediation will take in the new legislation was highlighted.

- "Anything which removes primary legal involvement from the process is a good thing."

A dentist

HIQA

- "Very often people who experience an adverse incident while receiving care or treatment require acknowledgement of what has gone wrong and an apology. Mediation may help facilitate such discussions and may in turn impact on the numbers who take legal action in order to obtain such information."

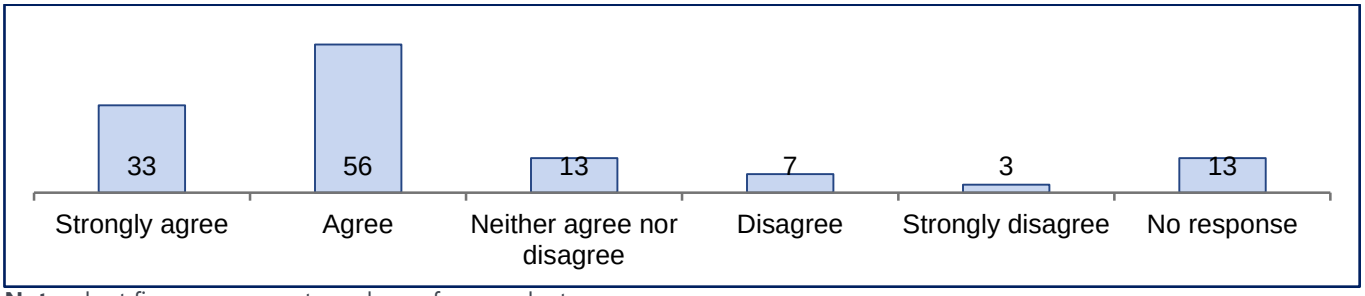
ISSUE: Registration of dentists

Question: Do you agree with one register for all dentists?

Statistics

Forty five percent [56] and 26 percent [33] of respondents agreed or strongly agreed with one register for all dentists. Six percent [7] and 2 percent [3] of respondents disagreed or strongly disagreed and 10 percent [13] neither agreed nor disagreed with the proposal. Ten percent [13] did not respond to the question.

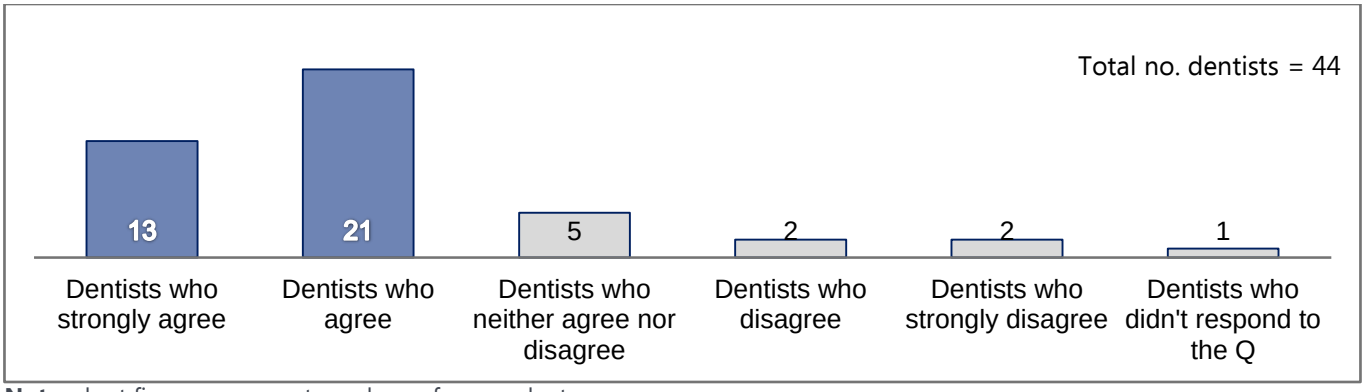
Chart 17: Do you agree with one register for all dentists?



Note: chart figures represent numbers of respondents

In breaking down the statistics further, 77 percent [34] of all dentists *(total no. dentists = 44)* agreed or strongly agreed with one register for all dentists.

Chart 18: Breakdown showing dentists' views in relation to one Register for all dentists



Note: chart figures represent numbers of respondents

Summary

Supportive – 71%
Opposed – 8%
No strong views – 10%
No response – 10%

Respondents' views

Twenty seven respondents provided further views on this question. Again the strong support evident in the statistics was also reflected in the further views expressed, with respondents raising a range of different issues associated with a single register.

Support was expressed for one register for all dentists, but with divisions and sub divisions for a broadened range of dental specialties. The two-fold benefit of this was considered to be greater public transparency in identifying practitioners with specialist competence, and the recognition on the register of those dentists who had undergone specialist training beyond oral surgery and orthodontics. It was also suggested that divisions for temporary registrants and visiting EEA/EU dentists should be provided for on the register. A small number of respondents agreed that there should be one register for all dentists, but held that for clarity to both patients and dentists, a separate Register should be established for specialists. Separate registers for auxiliary dental workers and students was also proposed by one respondent.

It was suggested that provisions be included in the new legislation to allow the Dental Council to make rules to operationalise the establishment of the various divisions of the register, as well as rules to enable it to attach conditions at the point of registration. One respondent proposed that the register be available online and that the listing of a practitioner's name therein should act as an assurance to those accessing it that the practitioner in question meets appropriate standards of competence, performance, behavior and conduct.

On the issue of dental specialties, the view was expressed that the legislation should allow for additional specialties to be introduced by the Dental Council in the future. However a number of respondents called for the legislation to make specific provisions for the development of new dental specialties in areas such as endodontology, pediatric dentistry, restorative dentistry, periodontics, prosthodontics, oral medicine, oral radiology, dental public health, special care dentistry and oral pathology. A proposal that specialties should only be recognised within fields which require unique knowledge and skills beyond those possessed by dental graduates, and which assume a specified period of post graduate training or experience was also made. The respondent making this proposal also stressed that, in other jurisdictions, general dental practitioners who possess the necessary skills, expertise and experience are recognised as entitled to provide aspects of care which are provided by specialists.

Contrasting views were expressed about grandfathering schemes. One respondent felt that it was important that dentists with existing specialist training are recognised and included on the register via a grandfathering scheme, while another felt that this could prove to be litigious and also that those who are grandfathered do not need a specialist list as a recent graduate might.

The issue of non-practising dentists being allowed to remain on the register was raised by a small number of respondents, who suggested that these professionals should be permitted to remain on the register at a discounted fee. Another suggestion was to license practising dentists only, but have both practicing and non-practising dentists on the register.

You Said...

- "The public must be able to easily and clearly determine whether or not a dentist is a specialist - this is becoming increasingly difficult due to the rapidly expanding variety of qualifications and pseudo-qualifications currently available. A single register, with clear divisions for GDPs, Specialists (with further subdivisions for the recognised specialties) and perhaps trainees would be beneficial in this regard."

A dentist

A dental hygienist

- "I feel that the qualifications for Specialist Dentists should be recognised and respected by the Dental Council and the role and additional qualifications be clearly defined for the public so that they understand that a Specialist dentist has trained for an additional 3 years."

ISSUE: Temporary registration

Question: Do you agree that provision should continue for temporary registration of non-EEA dentists?

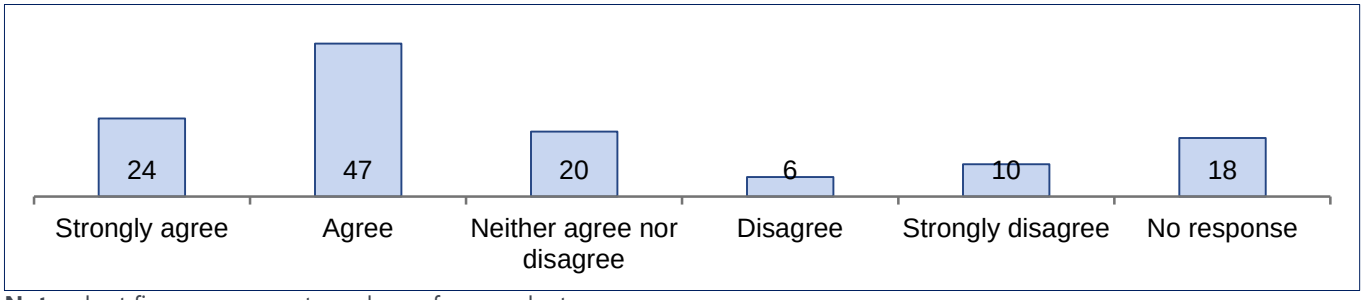
Question: If so, for what duration should this registration period extend?

Question: Do you agree that dentists with temporary registration should work under strict supervision?

Statistics

Thirty eight percent [47] and 19 percent [24] of respondents agreed or strongly agreed that provision should continue for the temporary registration of non-EEA dentists? Five percent [6] and eight percent [10] of respondents disagreed or strongly disagreed and sixteen percent [20] neither agreed nor disagreed with the proposal. Fourteen percent [18] did not respond to the question.

Chart 19: Do you agree that provision should continue for temporary registration of non-EEA dentists?



Note: chart figures represent numbers of respondents

Summary

Supportive – 57%
Opposed – 13%
No strong views – 16%
No response – 14%

Respondents' views

Nineteen respondents provided further views on this question.

In supporting the proposal, one respondent considered temporary registration to be an important facility in manpower planning for hospitals. Another said that as many temporary registrants proceed to full registration and undertake specialist training, this provides an important source of income for dental schools. Temporary registration was also considered helpful for non-EEA clinicians working for short periods in Ireland for the purposes of gaining additional education and training. A view was expressed that provision be made for the temporary registration of renowned international expert clinicians providing training and education on a short-term basis in Ireland.

Some respondents supported the provision, but held that certain conditions/restrictions should apply. These included:

- Applicants satisfying English language competency requirements.
- Registration being confined to approved training posts with a restriction on registrants taking up posts in general practise.
- Applicants fulfilling certain criteria re. qualifications and competence which would make them eligible for full registration.
- Registration being for the sole purpose of education, with a view to the registrant attaining eligibility for full registration.
- Registration of non-EEA dentists being proportionate so as to ensure standards of patient safety, but not to act as a barrier to entry once qualifications and competence were determined.

A small number of respondents who opposed the proposal expressed concern about qualifications from non-EEA countries not being of a comparable standard to those attained in EEA countries. In this context it was considered important that patient perceptions which are associated with a dentist obtaining registration from the Dental Council, such as compliance with statutory provisions regarding conduct, competence, standards and ethical behavior, should not be compromised by the temporary registration of non-EEA dentists who do not hold approved qualifications. A small number of respondents were of the view that temporary registration could be abused by corporate dental chains. One respondent expressed concern that it was easier for non-EEA dentists to leave the jurisdiction if they were the subject of a complaint by the Dental Council.

- "I think it should be for educational purposes only but that through education the person may become eligible to be registered."

A dentist

The Dental Council

- "The Council strongly agrees with the provision to allow the Council temporarily register non EEA dentists. The Council understands that this is an important facility in manpower planning in hospital settings."

Question: If so, for what duration should this registration period extend?

Statistics

Twenty one percent [26] of respondents considered three years to be the appropriate duration for temporary registration. Nineteen percent [24] felt it should be one year, and 12 percent [15] thought it should be less than one year. Seven percent [9] said registration should extend to five years, while a further seven percent [9] thought it should be two years. Two percent [3] considered four years to be the appropriate duration, with only one percent [1] supporting the extension of temporary registration beyond five years. Thirty percent [38] of respondents did not respond to the question.

Table 3: Duration which respondents considered temporary registration should extend

Period	Responses
Less than 1 year	15
1 year	24
2 years	9
3 years	26
4 years	3
5 years	9
More than 5 years	1
No response	38

Note: Some respondents who disagreed with the continuation of temporary registration in the previous question, did provide a view on the duration they thought temporary registration should extend.

Summary

Temporary registration should be for:

3 years – 21%
1 year – 19%
Less than 1 year – 12%
5 years – 7%
2 years – 7%
4 years – 2%
5 years+ – 1%
No response – 30%

Respondents' views

Six respondents expressed further views on this question. Of those who provided further views, half felt that the duration of temporary registration should coincide with the training length. It was considered that most qualifications are obtainable within three years, and extending the registration beyond three years posed a risk of registration stretching into service provision or higher training. While three years was suggested by the majority of respondents who completed the questionnaire, one respondent made the point that there may be times when it is necessary to extend this by six to twelve months. This respondent suggested that the new legislation not set a cumulative total period for temporary registration, but that the Dental Council should make rules to establish a maximum duration for such registration. One respondent questioned the need to change the current duration for temporary registration in the context that the current arrangements worked well.

It was proposed by one respondent that temporary registration come under annual review. The point was made that dentists are currently required to re-register annually, and the same rules should apply to registrants with temporary registration. It was suggested that provisions be made for short-term registration, i.e. six months.

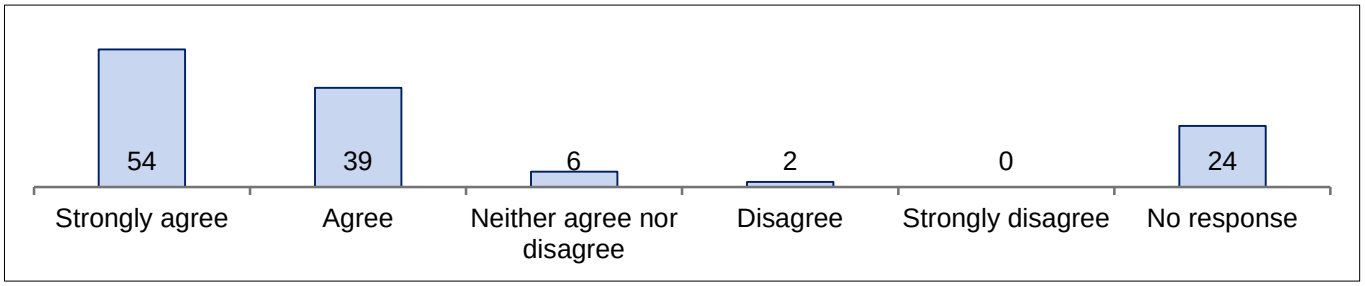
> •"3 years is sufficient for a specialist registration programme or its equivalent. It's also long enough for someone to apply for and pass the Dental Council's examination for registration if they actually want to be registered and would otherwise be entitled to it. If someone is training for longer than that, it's stretching into service provision, or higher training, which is not really aimed at non-EEA dentists."
>
> **A dentist**

Question: Do you agree that dentists with temporary registration should work under strict supervision?

Statistics

Forty three percent [54] and 31 percent [39] of respondents strongly agreed or agreed that dentists with temporary registration should work under strict supervision. Two percent [2] of respondents disagreed and five percent [6] neither agreed nor disagreed with the proposal. Nineteen percent [24] did not respond to the question.

Chart 20: Do you agree that dentists with temporary registration should work under strict supervision?



Note: chart figures represent numbers of respondents

Summary

Supportive – 74%
Opposed – 2%
No strong views – 5%
No response – 19%

Respondents' views

Six respondents provided further views on this question.

One respondent felt that access to temporary registration should be limited to those working in a hospital setting under the supervision of a consultant. Another held the view that temporary registration should only allow for practise under supervision within a dental school setting, and that restrictions on teaching in an undergraduate setting should also apply to those on the temporary register until such time as they attain the necessary qualifications.

One respondent said that the discretion of the supervising consultant should be practically applied on a case by case basis in determining if temporary registrants can work unsupervised and without risk to patients. A factor in making this determination is the standard of qualification a registrant has attained, given that non EEA countries may not have the same academic standards as those in the EU. Experience was also suggested as a consideration.

You Said...

> • "We agree these dentists should work under strict supervision."
>
> **Dental Protection Ltd**

ISSUE: Continuing Professional Development (CPD) for dentists

Question: Do you agree that dentists should have to maintain their own professional competence?

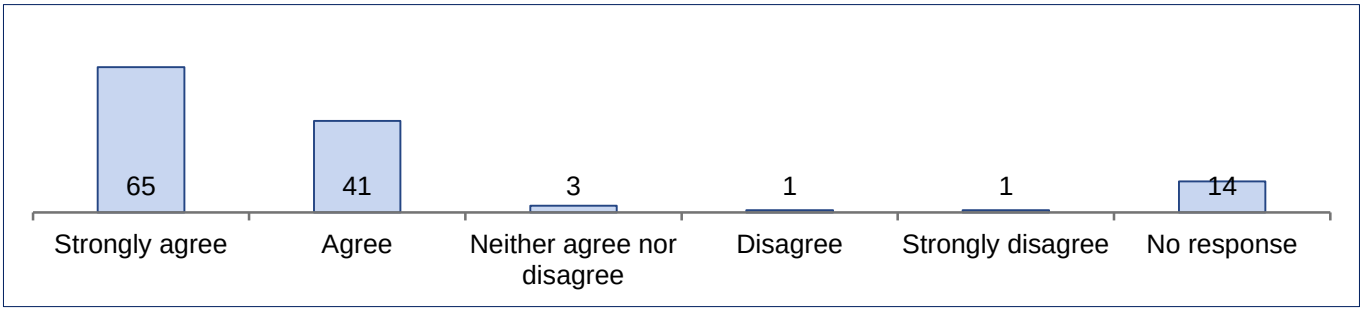
Question: Do you agree that dentists should be required to demonstrate competence to the satisfaction of the Council in accordance with a professional competence scheme?

Question: Do you agree that the Dental Council should require a dentist who fails to demonstrate competence to attend a course(s) of further education or training or do anything, which in the opinion of the Council is necessary to satisfy it as to the competence of that dentist?

Statistics

Fifty two percent [65] and 33 percent [41] of respondents strongly agreed or agreed that dentists should have to maintain their own professional competence. One percent [1] disagreed and a further one percent [1] strongly disagreed with this proposal. Two percent [3] of respondents neither agreed nor disagreed, and 11 percent [14] did not respond to the question.

Chart 21: Do you agree that dentists should have to maintain their own professional competence?



Note: chart figures represent numbers of respondents

Summary

Supportive – 85%
Opposed – 2%
No strong views – 2%
No response – 11%

Respondents' views

Ten respondents provided further views on this question. The strong support for this proposal evident in the statistics was also echoed in the further views expressed among respondents.

In supporting the proposal, it was suggested that such a provision would be in line with legislation governing other healthcare professionals. One respondent conveyed their sense of the responsibility and privilege held by healthcare professionals where patient safety and healthcare is entrusted to them. Implicit with this trust is accountability to the public and a duty as a practitioner to ensure and maintain professional competence, particularly with the constantly changing and rapidly advancing nature of knowledge and its application in practise. It was felt that legislating for mandatory CPD would increase public confidence by ensuring that dentists are keeping up to date with their knowledge and constantly striving to maintain and improve standards of excellence within their profession. A suggestion was made that CPD not be limited to dentists, but be implemented across the whole dental team.

A number of respondents stressed the need to ensure CPD courses are accessible and affordable, particularly in the current economic climate. The importance of training expenses for private practitioners to be tax deductible was emphasised by one respondent, however it was felt that those working in the public sector were disadvantaged in this regard. The issue of study leave to attend CPD courses was raised by another respondent, who called for the HSE to re-establish its leave provision for training. The view was also expressed that there should be specific areas of core competency in terms of CPD, regardless of a practitioner's specialty.

The Pharmacy Act was cited as an example where employers, pharmacy owners and superintendent pharmacists are responsible for ensuring the professional competence of their staff. This, it was said, has had implications for the design and establishment of a CPD system for pharmacists, which ensures that staff for which these employers are responsible engage in the CPD system, with the necessary supports and controls in place to enable this.

- "This needs to be implemented across the whole profession and needs courses to be accessible and affordable. CPD should be a compulsory requirement for all dental health professionals and courses should be readily available to all."

A dental nurse

A dentist

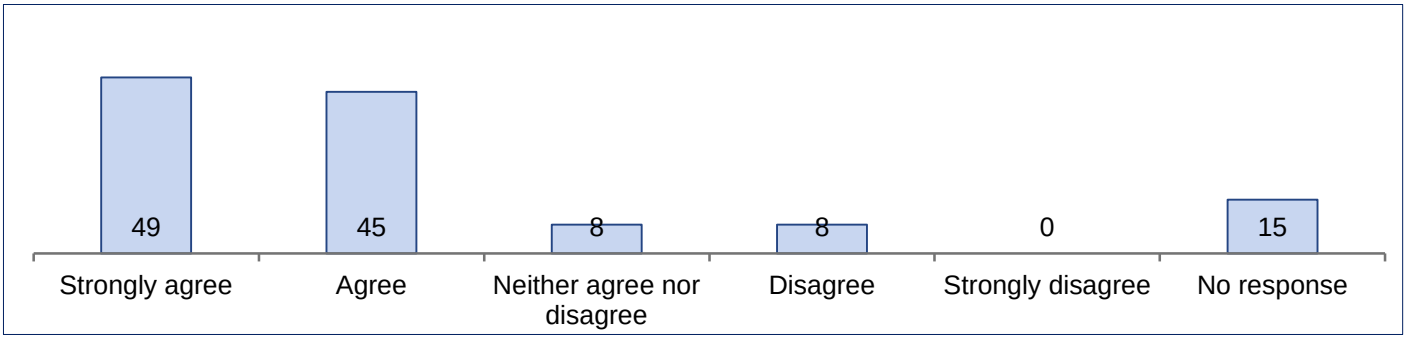
- "There should be specific areas of core competency regardless of specialty. An orthodontist doesn't really need to stay up to date with endodontics if they don't do endodontics, but they DO need to stay up to date with competencies in radiology, medical conditions and emergencies, cross infection control, professional ethics etc."

Question: Do you agree that dentists should be required to demonstrate competence to the satisfaction of the Council in accordance with a professional competence scheme?

Statistics

Thirty nine percent [49] and 36 percent [45] of respondents strongly agreed or agreed that dentists should be required to demonstrate competence to the satisfaction of the Council in accordance with a professional competence scheme. Six percent [8] disagreed and a further six percent [8] neither agreed nor disagreed with this provision. Twelve percent [15] did not respond to the question.

Chart 22: Do you agree that dentists should be required to demonstrate competence to the satisfaction of the Council in accordance with a professional competence scheme?



Note: chart figures represent numbers of respondents

Summary

Supportive – 75%
Opposed – 6%
No strong views – 6%
No response – 12%

Respondents' views

Five respondents provided further views on this question.

The importance of mandatory CPD was emphasised by one respondent in terms of safeguarding standards and reducing clinical risks. Another suggested that such a scheme should require dentists to present a minimum number of verifiable CPD points annually. Clarification was sought about the competence scheme and how it would work.

A suggestion was made that the legislation be flexible enough to allow competence to be defined for different fields of dentistry. It was also suggested that practitioners have CPD responsibility appropriate to their scope of practise. Areas proposed for mandatory CPD included decontamination, sterilisation, radiation training and medical emergencies.

You Said...

- "The legislation must be flexible enough to allow "competence" to be defined for different fields of dentistry: For example, non-clinical practitioners who are dentists but work in the area of research or non-clinical dental public health."

A personal respondent

Irish Faculty of Primary Dental Care

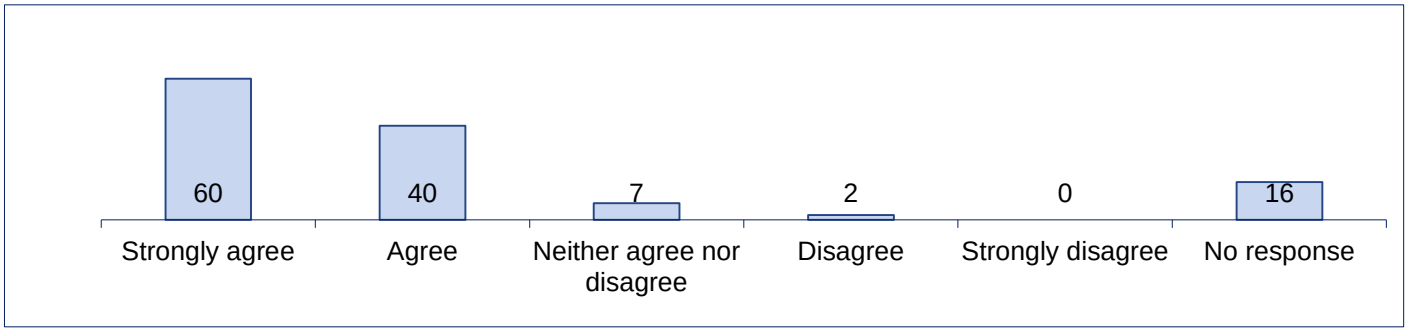
- "Each dentist should be required to produce evidence of a minimum number of verifiable CPD points per year."

Question: Do you agree that the Dental Council should require a dentist who fails to demonstrate competence to attend a course(s) of further education or training or do anything, which in the opinion of the Council is necessary to satisfy it as to the competence of that dentist?

Statistics

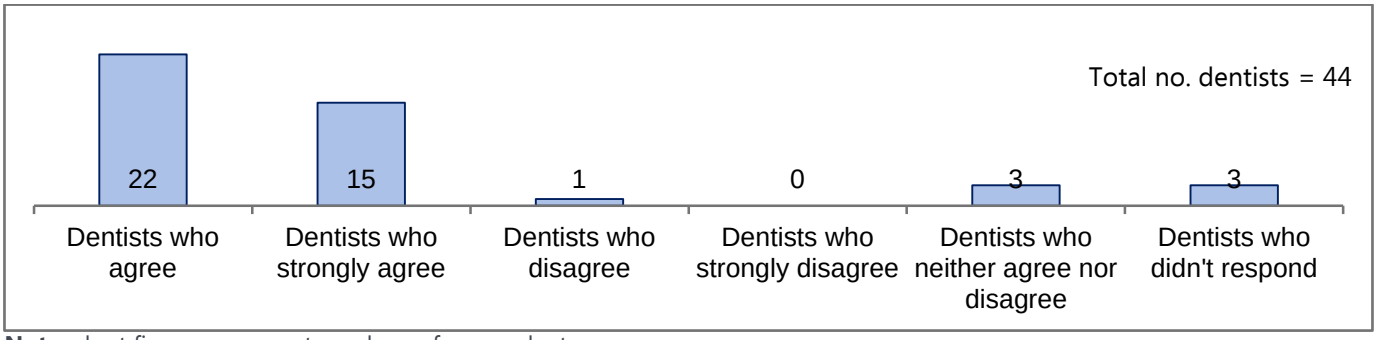
Forty eight percent [60] and 32 percent [40] of respondents strongly agreed or agreed that the Dental Council should require a dentist who fails to demonstrate competence to attend a course(s) of further education or training or do anything, which in the opinion of the Council is necessary to satisfy it as to the competence of that dentist. Two percent [2] disagreed and six percent [7] neither agreed nor disagreed with this provision. Thirteen percent [16] did not respond to the question.

Chart 23: Do you agree that the Dental Council should require a dentist who fails to demonstrate competence to attend a course(s) of further education or training or do anything, which in the opinion of the Council is necessary to satisfy it as to the competence of that dentist?



Note: chart figures represent numbers of respondents

Chart 24: Dentists' views on satisfying the Dentist Council about their competence?



Note: chart figures represent numbers of respondents

Summary

Supportive – 80%*
Opposed – 2%
No strong views – 6%
No response – 13%

** Of this 80 percent [100], 37 percent [37] were dentists. This represented 84 percent of all dentist respondents.*

Respondents' views

Four respondents provided further views on this question. One respondent suggested that the detailed provisions and procedures relating to dentists' compliance with a CPD scheme should be devised by the Dental Council following consultation with relevant stakeholders rather than being prescribed by legislation. Support was expressed by one respondent for a replication of the provisions in the Medical Practitioners Act which obliges the HSE and other employers to facilitate the maintenance of CPD, as well as obliging the HSE to also facilitate CPD for independent contractors engaged to provide care and treatment to eligible patients. This respondent also expressed support for the provisions in the Medical Practitioners Act which address dental education and training to be reflected with suitable modifications in the new legislation. Another respondent suggested the CPD scheme should have a practical rather than theoretic focus, with consideration of the day to day realities of practise. A concern was expressed about the cost of CPD courses in Ireland and the possibility of the Dental Council prescribing Irish only courses for CPD training, thereby limiting practitioners' choice in terms of value for money.

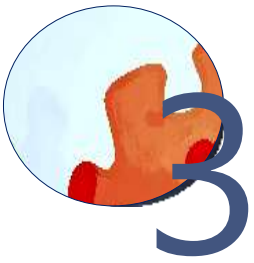
You Said...

- "Any professional competence scheme should be reasonably designed and practical and take into consideration the day to day realities of practice rather than be dominated by theoretical ideals which while desirable may not be realistically attainable."

A dentist

A dentist

- "I agree with competence, but in Ireland the cost of doing courses is three times the amount that it is in the UK. I worry that if the Dental Council will be responsible for approving courses, you will only approve Irish ones that are enormously more expensive than the UK counterpart."



Auxiliary Dental Professionals

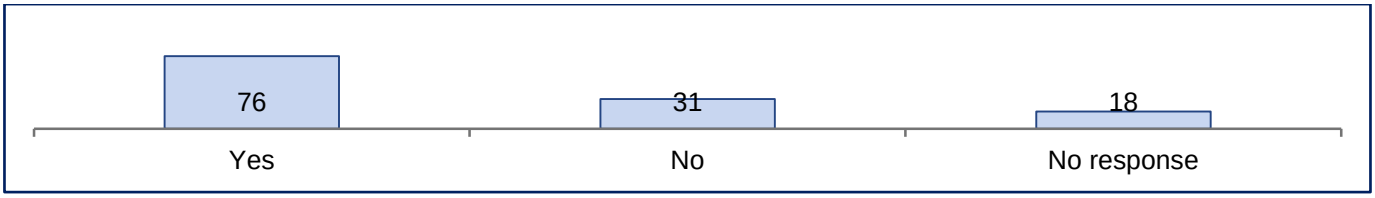
ISSUE: Registration

- **Question:** Do you consider the level of risk to the public is lower for some dental auxiliaries?
- **Question:** If yes, for which class of auxiliary?
- **Question:** Should voluntary or mandatory registers be established for all or certain dental auxiliaries?
- **Question:** Should auxiliary dental professionals be subject to fitness to practise?
- **Question:** Who should regulate auxiliary dental professionals?

Statistics

Sixty one percent [76] of respondents considered that the level of risk to the public is lower for some dental auxiliaries. However six percent [8] of these respondents did not indicate which class of auxiliary the risk was lower for. Twenty five percent [31] disagreed, and 14 percent [18] did not respond to the question.

Chart 25: Do you consider the level of risk to the public is lower for some dental auxiliaries?



Note: chart figures represent numbers of respondents

Summary

Yes, the level of risk to the public is lower for some dental auxiliaries – 61%
No, the level of risk is not lower – 25%
No response – 14%

Question: If yes, for which class of auxiliary?

Table 4: Breakdown of respondents' views on risk level for individual classes of dental auxiliaries

Auxiliaries	Responses
Dental nurse	54
Dental technician	43
Dental hygienist	32
Orthodontic therapist	26
Clinical dental technician	25

Summary

The majority of respondents considered the risk to the public to be lower for some auxiliary dental professionals. Those who posed the lowest risk according to respondents were dental nurses and dental technicians with dental hygienists and orthodontic therapists considered to be a moderate risk. Clinical dental technicians were considered to be the highest risk. A significant minority of respondents considered the risks not to be any lower for auxiliary dental professionals.

Low level risk
Dental nurse
Dental technicians
Moderate level risk
Dental hygienists
High level risk
Orthodontic therapists
Clinical dental technicians

Respondents' views

Three respondents provided further views on this question. Two of the three respondents who provided further views made the point that clinical dental technicians are independent workers not auxiliary workers. The third respondent said that when they are acting within their scope of practise, the risk is lower for dental nurses and dental technicians.

You Said...

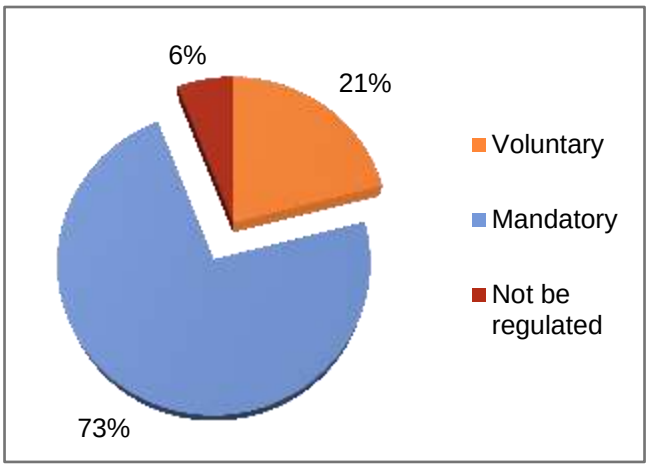
- "Where they are acting within their scope of practice, the risk to the public is lower for dental nurses and dental technicians."

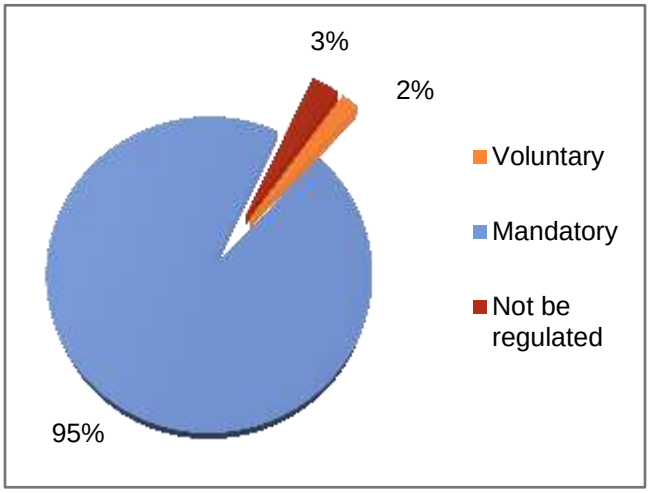
The Irish Dental Association

Question: Should voluntry or mandatory registers be established for all or certain dental auxiliaries?

Statistics

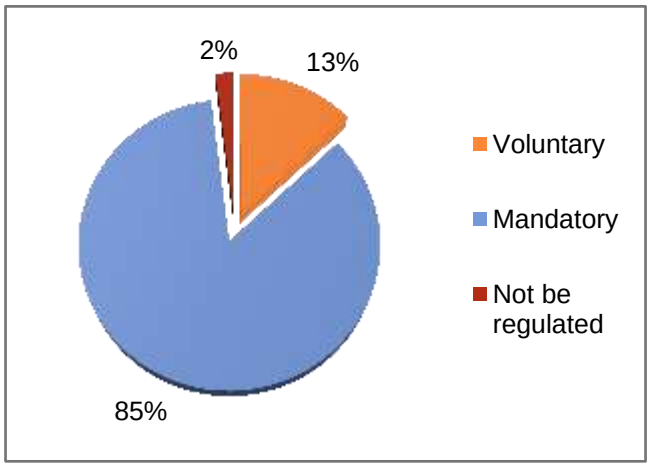
Dental nurses: A total of 108 respondents replied to this question. Of these 21 percent [23] thought that dental nurses should be voluntarily registered. Seventy three percent [79] thought registration should be mandatory and six percent [6] thought dental nurses should not be regulated.

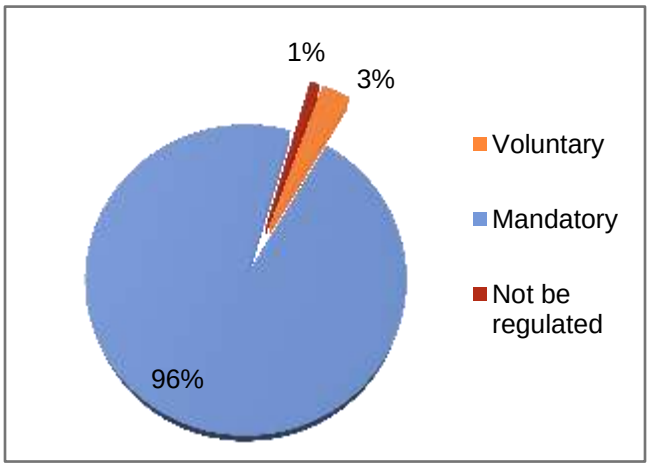




Dental hygienists: A total of 109 respondents replied to this question. Of these two percent [2] thought that dental hygienists should be voluntarily registered. Ninety five percent [104] thought registration should be mandatory and three percent [3] thought dental hygienists should not be regulated.

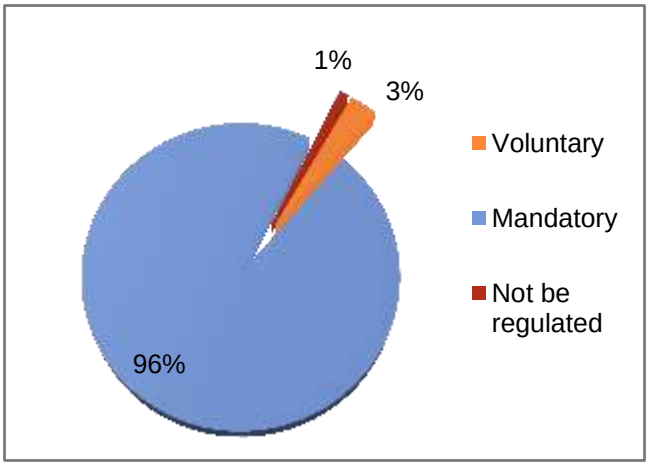
Dental technicians: A total of 107 respondents replied to this question. Of these, 13 percent [14] thought that dental technicians should be voluntarily registered. Eighty five percent [91] thought registration should be mandatory and two percent [2] thought dental technicians should not be regulated





Clinical dental technicians: A total of 107 respondents replied to this question. Of these three percent [3] thought clinical dental technicians should be voluntarily registered. Ninety six percent [103] thought registration should be mandatory and one percent [1] thought clinical dental technicians should not be regulated.

Orthodontic therapists: A total of 108 respondents replied to this question. Of these, three percent [3] thought orthodontic therapists should be voluntarily registered. Ninety six percent [104] thought registration should be mandatory and one percent [1] thought orthodontic therapists should not be regulated.



Mandatory Registration

In response to the question on the mandatory registration of auxiliary dental professionals, a large number of respondents were in favour of this provision for some or all auxiliary dental professionals. Dental hygienists, clinical dental technicians and orthodontic therapists were the dental professionals which received almost equal support from respondents for this provision (95 percent, 96 percent and 96 percent respectively). Strong support was also expressed for the mandatory registration of dental technicians and dental nurses (85 percent and 73 percent respectively).

Voluntary Registration

In response to the question on the voluntary registration of auxiliary dental professionals, dental nurses were the class of auxiliary which received the most support in terms of this provision (21 percent). Only a small number of respondents were in favour of voluntary registration of the other auxiliary dental professionals, with dental technicians receiving 13 percent support, and clinical dental technicians and orthodontic therapists each receiving 3 percent support. Two percent of respondents who replied to this question thought dental hygienists should be voluntarily registered.

Non Regulation

In response to the question on the non regulation of auxiliary dental professionals, support was low for all classes of auxiliary dental professionals. Again, dental nurses received the most support in terms of this provision (six percent). Dental hygienists received three percent support, dental technicians received two percent support, and clinical dental technicians and orthodontic therapists each received just one percent support.

Note: The response rate to each of the five auxiliary professions differed slightly, with 108 responses in respect of dental nurses and orthodontic therapists; 109 in respect of dental hygienists; and 107 in respect of dental technicians and clinical dental technicians.

Summary

The majority of respondents supported mandatory registration for all auxiliary dental professionals with dental hygienists (95%), orthodontic therapists (96%) and clinical dental technicians (96%) receiving the most support for this provision. Dental technicians and dental nurses received slightly less, but still significant support at 85 percent and 73 percent respectively. Twenty one percent of respondents considered voluntary registration to be appropriate for dental nurses, and 13 percent considered it appropriate for dental technicians. Much lower percentage support was expressed for voluntary registration of the other auxiliaries. Low support was also expressed for non-regulation of dental auxiliaries, with dental nurses receiving the most support at six percent.

Mandatory Registration

- Dental hygienists
- Orthodontic therapists
- Clinical dental technicians
- Dental technicians
- Dental nurses

Respondents' views

Nine respondents provided further views on this question. The strong support which the statistics show for all classes of auxiliary dental professionals to be registered on a mandatory basis was also echoed in the further views expressed by respondents.

Patient safety was a recurring concern of respondents who supported the mandatory registration of auxiliary dental professionals. One respondent suggested that dental professionals for whom a scope of practise is defined and independent practise is prescribed should be regulated from a public protection and patient safety perspective. Another felt that all auxiliaries who work with the public and have the potential to cause harm, intentional or unintentional, should be regulated. The view of another respondent was that the same procedures/range of sanctions as applies to dentists should apply to auxiliary dental professionals, especially as these professionals carry out treatments and it is appropriate that they are accountable from both an ethical conduct and clinical perspective. It was pointed out that currently dental hygienists can administer local anesthetic, suitably qualified dental nurses can take radiographs, and orthodontic therapists may fit and adjust removable orthodontic appliances. As the scope of practise of auxiliaries continues to expand to include more elements of treatment, accountability was considered by this respondent to be particularly important. In relation to the description of registration, it was suggested by one respondent that the term 'mandatory' be replace with 'statutory' in keeping with the terminology used in Northern Ireland and the UK.

One respondent singled out dental nurses for specific attention regarding registration. They considered the fact that this class of auxiliary worker can hold a position with a practice without qualifications or training to be a

particular public safety risk. On the other hand, another respondent suggested that careful consideration needs to be given to not compromising the livelihoods of experienced auxiliary dental professionals who may not have formal qualifications. Regarding the access route for registration of dental nurses, another respondent suggested the introduction of an entry examination for all those wishing to register with the Dental Council, including those currently unqualified and/or on the voluntary register. This respondent also suggested that because of the time lapse since the last 'grandfathering' arrangement in 2003 where the Dental Council established a Voluntary Register to facilitate entry onto the register of dental nurses who have significant experience but no formal training or qualifications, a further interim arrangement should be put in place. In relation to the regulation of dental nurses, another respondent suggested that the Dental Council seek information from regulators in other jurisdictions to determine the benefits and effectiveness of registering these professionals.

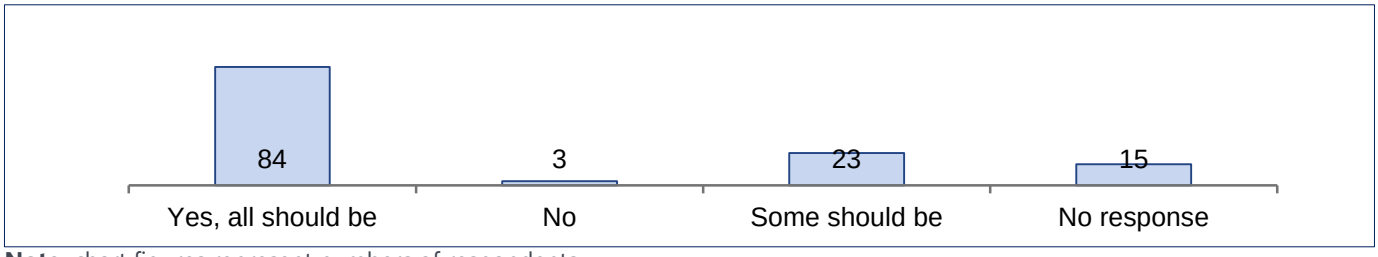
One respondent suggested that dental technicians should be regulated, and expressed concern that currently these professionals interact with the public, contrary to their scope of practise. The view was also expressed that regulation should be in line with other professions and in keeping with international standards.

Question: Should auxiliary dental professionals be subject to fitness to practise?

Statistics

Sixty seven percent [84] of respondents agreed that all auxiliary dental professionals should be subject to fitness to practise. Eighteen percent [23] felt that some auxiliary dental professionals should be subject to fitness to practise, while two percent [3] thought that these professionals should not be subject to fitness to practise. Twelve percent [15] did not respond to the question.

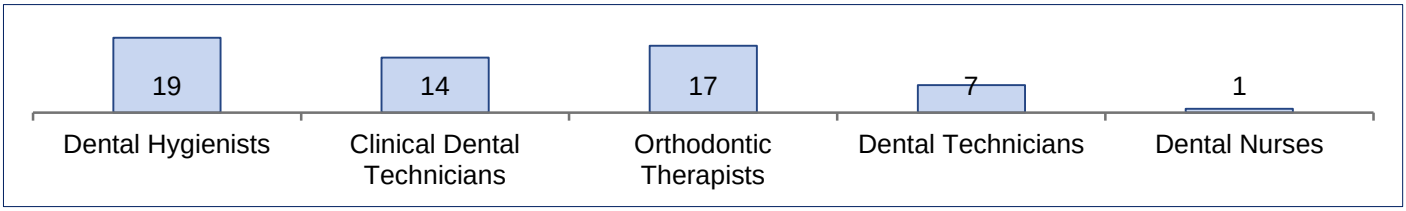
Chart 26: Views of respondents on auxiliary dental professionals being subject to fitness to practise



Note: chart figures represent numbers of respondents

Where respondents expressed the view that only some auxiliaries should be subject to FTP, they were asked to specify which auxiliary, with multiple options being available to them. The chart below reflects respondents' responses to this question. These responses should be considered together with the 'Yes, all should be' responses (in chart 27) where 67 percent [84] of respondents agreed that all auxiliary dental professionals should be subject to fitness to practise. Note that while 18 percent [23] respondents selected 'some should be' in response to this question, the higher numbers in the chart below shows that these respondents identified multiple auxiliaries as those who should be subject to FTP.

Chart 27: Views of respondents on which auxiliary dental professionals should be subject to FTP, if of the view that only some should be subject to FTP



Note: chart figures represent numbers of respondents

Summary

Yes, all auxiliary dental professionals should be subject to FTP – 67%
Some should be –18%
No, none should be – 2%
No response – 12%

Respondents' views

Five respondents provided further views on this question. Again the strong support for all or some classes of auxiliary dental professionals being subject to FTP evident in the statistics was also voiced by respondents in the further views expressed.

A concern was raised that the costs associated with regulating auxiliaries should not be subsidised by registered dentists, but should be borne on a proportionate basis by each auxiliary dental professional grouping. It was considered important by one respondent that auxiliary dental professionals are accountable for their actions, while another suggested that explicit guidance on the scope of practise for auxiliary dental professionals be developed and published.

You Said...

- "Explicit guidance on the scope of practice for auxiliary dental professionals should be developed and published for these groups, and individuals who practice outside of their scope of practice should be subject to FTP proceedings, as should the dentist(s) responsible for their practice. where applicable."

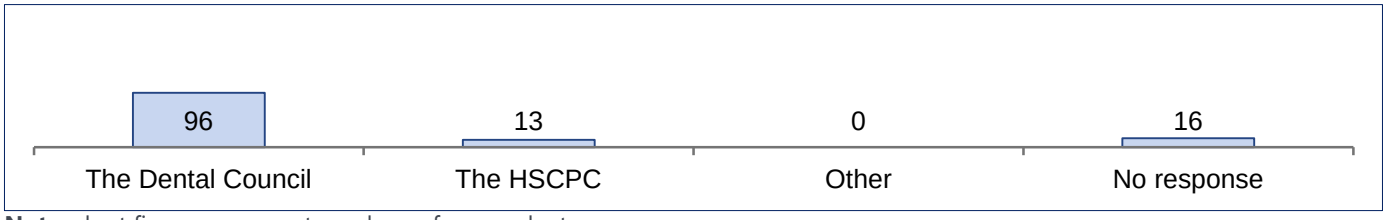
A dentist

Question: Who should regulate auxiliary dental professionals?

Statistics

Seventy seven percent [96] of respondents expressed the view that the Dental Council should regulate auxiliary dental professionals, while 10 percent [13] thought they should be regulated by the Health and Social Care Professionals Council. Thirteen percent [16] of respondents did not respond to the question.

Chart 28: Who should regulate auxiliary dental professionals?



Note: chart figures represent numbers of respondents

Summary

The Dental Council should regulate auxiliary dental professionals – 77%
The HSCPC should regulate auxiliary dental professionals – 10%
No response – 13%

Respondents' views

Ten respondents provided further views on this question.

Some respondents expressed the view that having separate regulators for dentists and auxiliary dental professionals would only create difficulties. Regulation by the Dental Council, it was suggested, would ensure a consistency in professional standards, and would also ensure that the education delivered to auxiliary dental professionals is consistent to and complements the training for dentists. It would also ensure consistency in the administration of sanctions following FTP proceedings. While supporting the Dental Council as regulator of auxiliary dental professionals, one respondent expressed the view that this should be conditional on these professionals being represented on the board of the Dental Council.

One respondent suggested that the term 'auxiliary dental professional' be replaced with the term 'dental healthcare professional', which would provide standardisation to all classes of auxiliary workers. It was suggested this would also enable use of common language recognised by all dental professionals in Ireland and the UK.

You Said...

- "It is important to maintain one set of standards in a profession regardless of the level of skill or speciality. Two Councils is bound to lead to complex difficulties."

A service user/member of the public

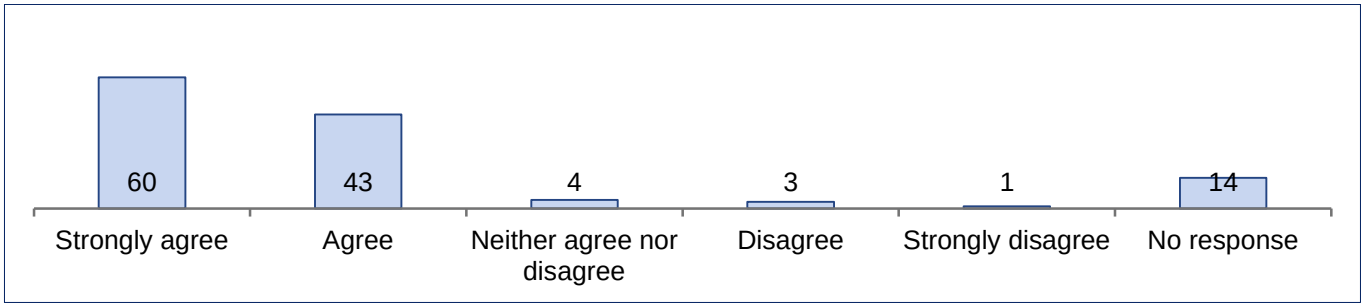
ISSUE: Continuing Professional Development (CPD)

Question: Do you agree that auxiliary dental professionals should be subject to CPD?

Statistics

Forty eight percent [60] and 34 percent [43] of respondents strongly agreed or agreed that auxiliary dental professionals should be subject to CPD. Two percent [3] disagreed and one percent [1] strongly disagreed with this provision. Three percent neither agreed nor disagreed and 11 percent [14] did not respond to the question.

Chart 29: Do you agree that auxiliary dental professionals should be subject to CPD?



Note: chart figures represent numbers of respondents

Summary

Supportive – 82%
Opposed – 3%
No strong views – 3%
No response – 11%

Respondents' views

Sixteen respondents provided further views on this question, and the strong support for this proposal evident in the statistics, was also borne out in these further views.

The importance from a patient safety perspective of professionals maintaining their competence in a field in which methods of treatment are subject to change was highlighted. One respondent emphasised that areas such as infection control, health and safety and radiation protection should be included in compulsory CPD. CPR/basic life support was also considered important in terms of practitioners' up to date competencies. One respondent suggested that each auxiliary should be required to produce evidence of a minimum number of verifiable CPD hours per year. The need to ensure that CPD meets international quality standards was also seen as important. It was also suggested by a small number of respondents that the level of CPD required for auxiliary dental professionals should be lower than for dentists due to the narrower field and lower risks involved. Another suggestion that CPD subjects should be relevant to the position held by the dental professional was also made.

A reference was made to the impact of CPD on dental healthcare professionals in the UK since the introduction of a statutory register in that jurisdiction. The respondent in question suggested that unrealistic CPD requirements in the UK proved difficult to achieve, particularly for a predominately female discipline, where professionals may opt for shorter working hours associated with achieving work life balance. A concern was also expressed that if the requirements for CPD were to restrain new auxiliary dental professionals in their practise, this could give rise to competition concerns.

The question of CPD funding was raised by one respondent, who felt that auxiliary dental professionals, like dentists, should pay for their own CPD courses. Another respondent felt that there was a serious lack of CPD courses available to professionals in Ireland, and that there is a need for the implementation of accessible and affordable courses across the whole profession. It was felt by another respondent that there was a risk of CPD becoming an industry in itself, at high cost, but with little benefits to patients or the profession.

- "It is essential that any dental health care provider have CPD. It is a scientific field in which methods of treatment change, patient safety and delivery of care must be the number one priority - cross infection control is essential as is CPR. If a dentist, dental hygienist, clinical technician, orthodontic therapist or dental nurse is not up to date with basic care then there is potential for a patient to come to harm."

A dental hygienist

Irish Dental Hygienists Association

- "Continuing professional development (CPD) along with indemnity insurance for the dental team should be mandatory in the new dental act."

ISSUE: Independent Practice for Auxiliary Dental Professionals

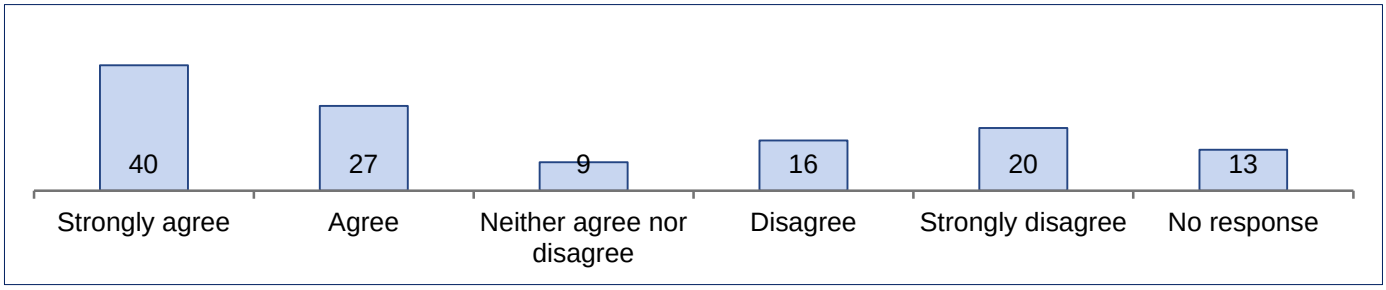
Question: Do you agree that the public should have independent access to some classes of auxiliary dental professionals?

Question: Which classes of auxiliary dental professionals should have independent practise?

Statistics

Thirty two percent [40] and 22 percent [27] of respondents strongly agreed or agreed that the public should have independent access to some classes of auxiliary dental professionals. Sixteen percent [20] strongly disagreed and 13 percent [16] disagreed with this proposal. Seven percent [9] neither agreed nor disagreed and 10 percent [13] did not respond to the question.

Chart 30: Do you agree that the public should have independent access to some classes of auxiliary dental professionals?

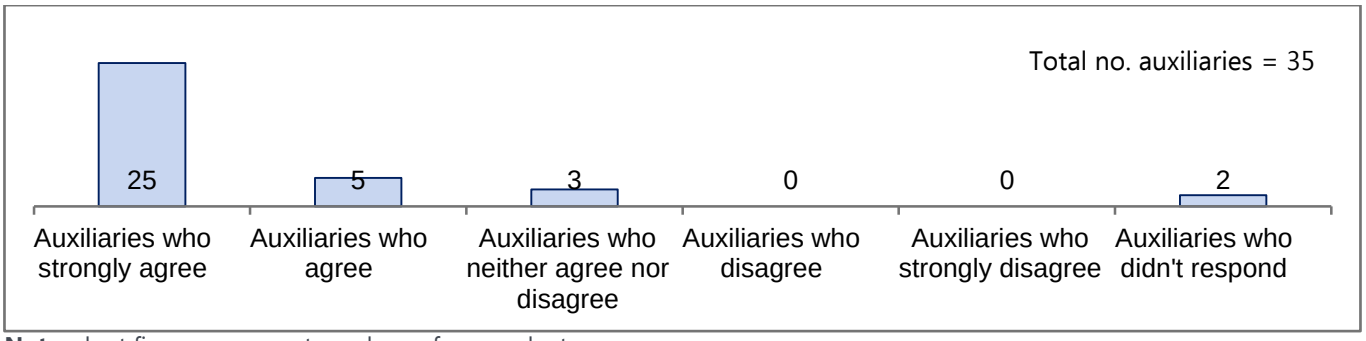


Note: chart figures represent numbers of respondents

Auxiliary dental professionals' views on independent access

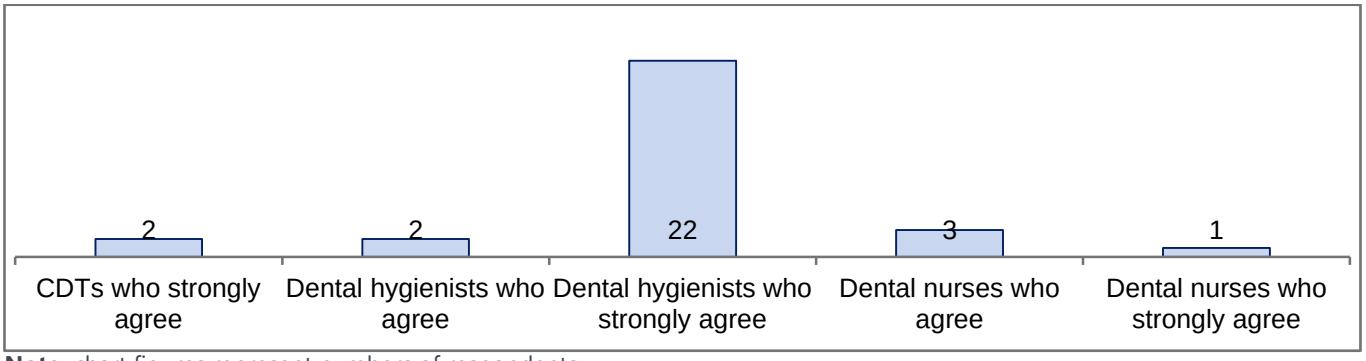
In breaking down the statistics further, 69 percent [24] and 14 percent [5] of all auxiliary dental professionals *(total no. auxiliaries = 35)* strongly agreed or agreed with independent access. Nine percent [3] neither agreed nor disagreed with the proposal and six percent [2] did not respond to the question. Of the auxiliary dental professionals who agreed or strongly agreed with independent practise, dental hygienists were the largest supporters (see Chart 32).

Chart 31: Auxiliary dental professionals' views on independent practise?



Note: chart figures represent numbers of respondents

Chart 32: Auxiliary dental professionals who agreed/strongly agreed with independent practise?

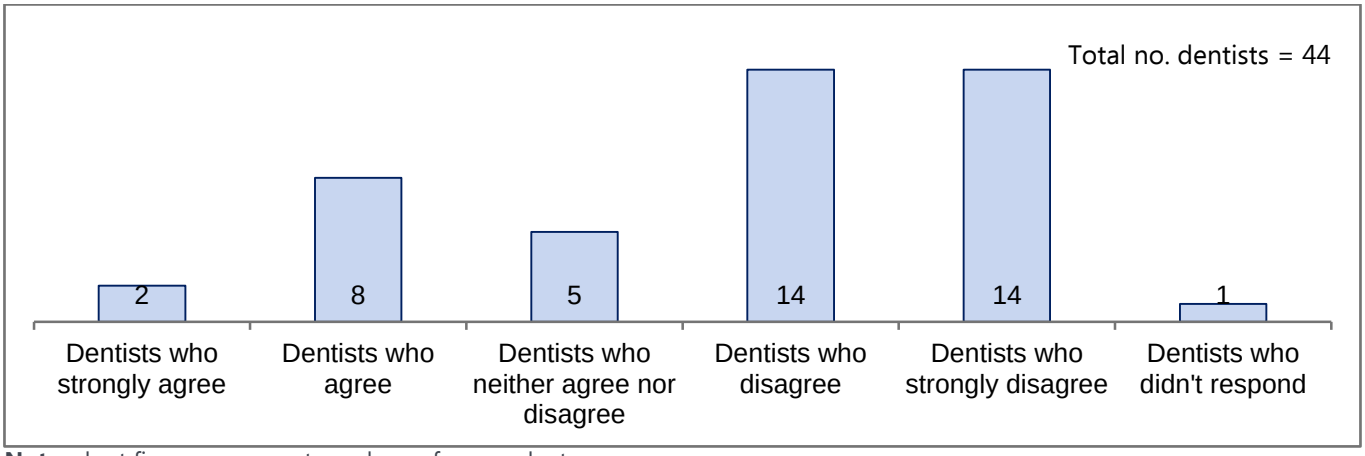


Note: chart figures represent numbers of respondents

Dentists' views on independent access

Five percent [2] and 18 percent [8] of all dentists *(total no. dentists = 44)* strongly agreed or agreed with independent access. Thirty two percent [14] disagreed and a further 32 percent [14] strongly disagreed with the proposal. Eleven percent [5] neither agreed nor disagreed, and two percent [1] did not respond to the question.

Chart 33: Dentists' views on independent practise



Note: chart figures represent numbers of respondents

Summary

Supportive – 54%
Opposed – 29%
No strong views – 7%
No response – 10%

Respondents' views

Twenty six respondents provided further views on this question, which was paired with the question on which class of auxiliary dental professional should have independent practise?

Of respondents who commented further, those in favour of independent practise for auxiliary dental professionals marginally out-numbered those against independent practices, with strong views expressed on both sides.

A significant number of respondents singled out dental hygienists for independent practise. In support of this, some respondents referred to the recent introduction in the UK/Northern Ireland of independent practise for dental hygienists. One respondent emphasised the importance of dental auxiliaries in the North and South of Ireland operating under similar regulations, especially in border counties where patients can opt for treatment in either jurisdiction. Another respondent spoke of their experience working in jurisdictions where direct access applies, indicating that where appropriate governance provisions are in place, direct access can work safely and effectively.

A view was expressed that the majority of dental hygienists who support independent access would still wish to work in a general practise setting within a dental team should independent access be introduced. Another respondent suggested that few, if any, independent dental hygienists practices would be established if independent practise was introduced. This respondent also suggested that independent practise by dental

hygienists would deliver significant benefits to an already stretched public dental system as these professionals would be able to provide care for older people and incapacitated patients within the community without these patient requiring a consultation with a dentist.

One respondent said that the new legislation should give the Dental Council the power to make rules to operationalise independent practise for auxiliary dental professionals as it deems appropriate, while another said that the Dental Council should determine the categories of auxiliary dental professionals which should have independent practise. It was considered that independent practise would make practitioners clinically accountable for their initial examination and diagnosis.

Some respondents said that the introduction of direct access would necessitate a clearly defined and expanded scope of practise for auxiliary dental professionals. A small number also felt that practitioners with independent practise should be registered with the Dental Council, and be subject to conduct, behavior, competence and other requirements associated with such registration. One respondent said that independent practise should only be permitted if CPD competency tests are carried out by the Dental Council on a regular basis, while another emphasised the importance of training and oversight of auxiliaries in terms of patient safety in the context of independent practise.

A suggestion was made that two new oral healthcare professions be created – advanced dental hygienists and clinical dental technicians. The respondent who made this suggestion said that this would lead to improved consumer access to quality dental services, improved oral healthcare in Ireland, and greater competition.

Of respondents who were opposed to independent practise for auxiliary dental professionals, several expressed concerns about patient safety. Specific concerns related to the lack of training of auxiliaries and their ability to make accurate patient diagnosis. One respondent felt that while auxiliary dental professionals play an important role in the holistic delivery of dental care, independent practise as against working within a dental team, may not be in keeping with safeguarding the health of all patients. A number of respondents said that auxiliary dental professionals should work under the prescription of a dentist, while one suggested that clinical auxiliaries should work under the prescription of a registered specialist in a particular field. In relation to dental hygienists, one respondent felt that these dental professionals should be able to take independent referrals, but that this should be within a practice context working under a Principal Dentist, and with priority given to patients of the practice. It was suggested by one respondent that a distinction needs to be drawn between direct access within a practice led by a dentist, and independent practise. This respondent was opposed to direct access in independent practise, and felt that this should only be considered where regular patient examinations were provided by a dentist.

In relation to independent practise in other jurisdictions, one respondent pointed out that no research has been published to evaluate the impact of direct access or independent practise in these jurisdictions.
Indicating that the prevalence of independent practise is more unusual than direct access, this respondent also suggested that direct access remains very much the exception and has either been introduced in very recent times or in jurisdictions which have far more advanced systems of oral healthcare than Ireland has. Concern was expressed by one respondent at the possibility that the new legislation might apply different regulatory standards to different cohorts of patients and asked for clarification on whether the proposal on independent access related to the care groups mentioned in the question or the population as a whole.

- "I agree provided that the training and oversight of such auxiliaries takes account of the fact that they will be operating independently and that no increased risk will result for the patients."

A dentist

Question: Which class of auxiliary dental professional should have independent practise?

Respondents' views

The majority of respondents supported independent practise for dental hygienists, with clinical dental technicians and dental technicians also receiving strong support. Dental nurses and orthodontic therapists received the least amount of support in terms of independent practise. Table 5 shows the breakdown of respondents' views to the question. Respondents had the option of selecting more than one class of auxiliary, which is reflected below.

Table 5: Breakdown of respondents' views on which class of auxiliary dental professional should have independent practise?

Auxiliaries	Responses
Clinical dental technician*	41
Dental hygienist	60
Dental nurse	3
Dental technician	23
Orthodontic therapist	3

Note: chart figures represent numbers of respondents

*The question on independent practise does not apply to clinical dental technicians (as per section 54, subsection 3 of the Dentist Act, 1985), but was included for completeness with regard to referencing auxiliary dental professions.

- "Dental Hygienists are competent professionals in their field and should be allowed to practice independently."

A teaching professional

HIQA

- "Public should only have access to independent practice if the professions involved are registered with professional body (The Dental Council)."

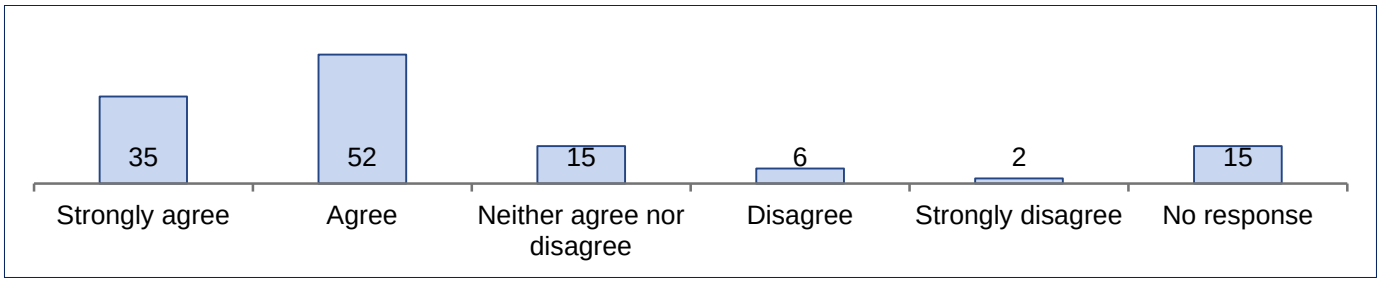
ISSUE: Auxiliary Dental Professionals Committee

Question: Do you agree that there should be a statutory committee for auxiliary dental professionals?

Statistics

Forty two percent [52] and 28 percent [35] of respondents agreed or strongly agreed that there should be a statutory committee for auxiliary dental professionals. Five percent [6] disagreed and two percent [2] strongly disagreed with this provision. Twelve percent [15] neither agreed nor disagreed, and a further 12 percent [15] did not respond to the question.

Chart 34: Do you agree that there should be a statutory committee for auxiliary dental professionals?



Note: chart figures represent numbers of respondents

Summary

Supportive – 70%
Opposed – 7%
No strong views – 12%
No response – 12%

Respondents' views

Twelve respondents provided further views on this question. Of these, the majority agreed or conditionally agreed that there should be a statutory committee for auxiliary dental professionals, with only respondent expressing opposition.

It was suggested that the establishment of such a committee would help to provide a focus on the auxiliary members within the dental team and enhance the service they provide. One respondent supported the retention of the existing statutory Auxiliary Dental Workers Committee, emphasising that this committee serves an important function within the Dental Council and generally considers matters such as the scope of practise for auxiliary dental professionals, matters concerning education, training and registration, as well as developing codes of ethics and professional behaviour. This respondent was of the view that each class of auxiliary should continue to elect at least one representative to the Auxiliary Dental Workers Committee, and that there be representation from general practise and special practise dentistry.

Other individual respondents, while agreeing with the establishment of a statutory committee, also contended that:

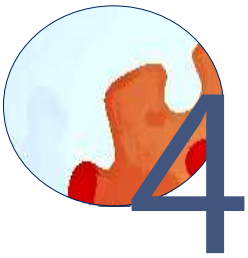
- its establishment should be contingent on a further regulation provision within the new legislation with regard to auxiliary dental professionals;
- a single committee rather than a committee for each different auxiliary class be established;
- all auxiliary dental professionals should be represented on the full Dental Council in the first instance and in particular dental hygienists;
- it may be more realistic for educational matters to be overseen as part of an education committee of the Dental Council, given the team approach to oral/dental care;
- there be two additional statutory committees of the Dental Council, one for specialist training and ongoing education and training and one for ongoing training and education in primary dental care.

One respondent suggested that if the provisions on wider representation and non-dental majority on the board of the Dental Council are introduced, then there may not be a need to establish a new separate statutory committee for auxiliary dental professionals. They said however that if such a committee was to be established, the composition should have independent representation and not be dominated by dentists or other healthcare professionals to avoid any perceived conflict.

Opposing the establishment of a separate statutory committee, one respondent maintained that the principles of good regulation should be the same for all dental registrants, with the same standards and principles being applied. They contended therefore that a separate statutory committee would not be appropriate.

- "The PSI is of the view that such a Committee should be established if there is further regulation provided for in the new legislation with regard to auxiliary dental professionals."

The Pharmecutical Society of Ireland



Dental Practices

ISSUE: Registration/regulation of dental practices

Question: What do you consider to be the risks to the public in relation to unregulated dental practices/premises?

Question: Should the new legislation contain provisions for the regulation of dental practices/premises?

Question: If so, should they be regulated by the Dental Council or by another body?

Question: Should the Dental Council hold inspection powers, or should they be held by another body?

Respondents' views

This was presented as an open question, so respondents had the opportunity to identify multiple risks, as appropriate. Fifty respondents responded to this question, many of whom did identify multiple risks.

The risk which the majority of respondents considered to be higher with unregulated dental practices/premises was cross infection control. Health and safety and radiation risks were also of considerable concern to respondents, and risks also included poor standards of care, poor sterilization practises and dental professionals working outside of their scope of practise. Staffing issues, poor record keeping and unregistered dental practitioners were also risks raised by several respondents. Inappropriate storage of materials and medicines, financial probity and the management of complaints were at the lower end of the risk scale. Table 6 shows the breakdown of respondents' views to the question.

Table 6: What respondent considered to be the risks of unregulated dental practices/premises

Risks	Responses
Cross infection control	31
Health and safety	17
Radiation risks	12
Poor standards of care	8
Poor sterilisation practises	7
Dental professionals working outside their scope of practise	6
Staffing issues*	5
Poor record keeping	5
Unregistered practitioners	5
Inappropriate storage of materials and medicines	1
Financial probity	1
Management of complaints	1

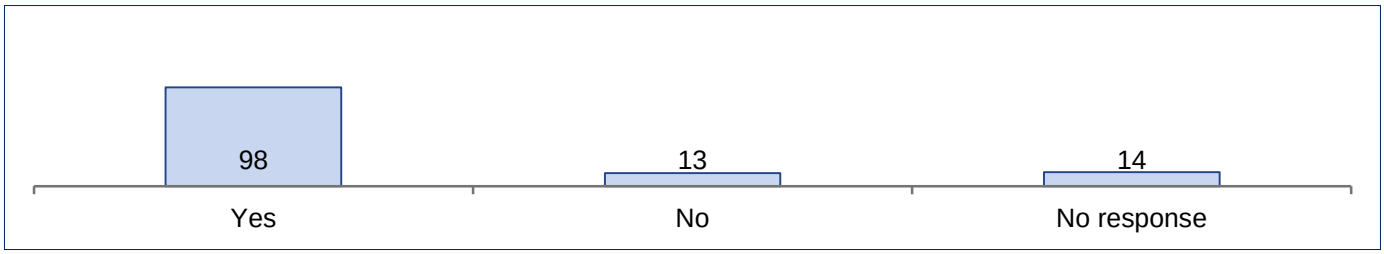
*Lack of continuity of care where staff turnover is high; Lack of CPD; abusive practises; failure to make referrals to appropriate other services.

Question: Should the new legislation contain provisions for the regulation of dental practices/premises?

Statistics

Seventy eight percent [98] of respondents agreed that the new legislation should contain provisions for the regulation of dental practices/premises. Ten percent [13] disagreed, and 11 percent [14] did not respond to the question.

Chart 35: Should the new legislation contain provisions for the regulation of dental practices/premises?



Note: chart figures represent numbers of respondents

Summary

Yes, the legislation should contain provisions for the regulation of dental practices/premises – 78%
No, the legislation should not provide for this – 10%
No response – 11%

Respondents' views

Nine respondents provided further views on this question.

There was broad support for this provision from respondents who commented further on this question. A small number of respondents referred to the Pharmacy Act, and the inspection provisions contained therein, which one respondent suggested were easily adaptable for the inspection of dental premises. There was a suggestion that all practices, including those operating within public bodies such as the HSE must be subject to inspection. A small number of respondents supported the maintenance of high professional standards, patient safety, and safe working environments for employees of practices, and considered the inspection of premises to be an important safeguard in ensuring these standards are maintained.

The suggestion was made that registration should be linked to compliance with stated regulations/standards, and that these regulations/standards should set out the requirements in respect of staff, premises, equipment and the procedures to be discharged by the practice owners and/or Principal Dentist. Additionally the regulations/standards should set out the requirements in relation to the sourcing and storage of medicines as well as the maintenance of records. This respondent suggested that applications should be premises specific and should be subject to inspection prior to registration, which should be renewed at specified intervals. They felt that notified and un-notified inspections would ensure the compliance with regulations and be the catalyst for the imposition of sanctions if required. These sanctions, it was suggested, should range from warnings, with time

limits for compliance, up to suspension, and/or withdrawal of registration and/or criminal prosecution as necessary. They also suggested that in the interest of patient safety, the inspection system should provide for the use of enforcement orders to suspend practise and remedy defects. Specific enforcement orders, dependent on the magnitude and severity of the behavior, should apply to practices displaying continuous disregard for inspection outcomes.

The difficulties in addressing matters of public interest and safety in larger practices, particularly where practices or chains of practices are owned and managed by non registrant dentists was raised by another respondent. As the solution to these difficulties, this respondent suggested the registration and inspection of dental practices which would set enforceable minimum standards that could be verified. Another respondent said the premises in which dentistry or dental hygiene treatment is practised should be subject to regulation. They maintained that any person, partnership or body corporate controlling a clinical dental technician premises or an independent dental hygienist premises should have responsibility for registering the premises on a register to be maintained by the Dental Council.

Referring to the potential extra expense to the practise of dentistry should regulation of practices/premises be introduced, one respondent said that the lack of regulation thus far has not led to any noticeable real risks to patients. They suggested that the cost of this additional regulation would ultimately be passed onto patients, resulting in a decline in attendance with an ensuing lowering of oral health standards in the community.

One respondent felt that the enforcement of certain changes on practices, such as making buildings accessible for people with disabilities, may be impossible or uneconomic to implement. Issues such as planning processes, listed buildings, fire regulations and architectural constraints would all need to be considered in this context.

- "The provisions of the Pharmacy Act provide a template that is easily adaptable for dental practice. It is important that the inspecting body has a clear understanding of the workings of dental practices. All practices, including those operating within public bodies such as the HSE must be subject to inspection."

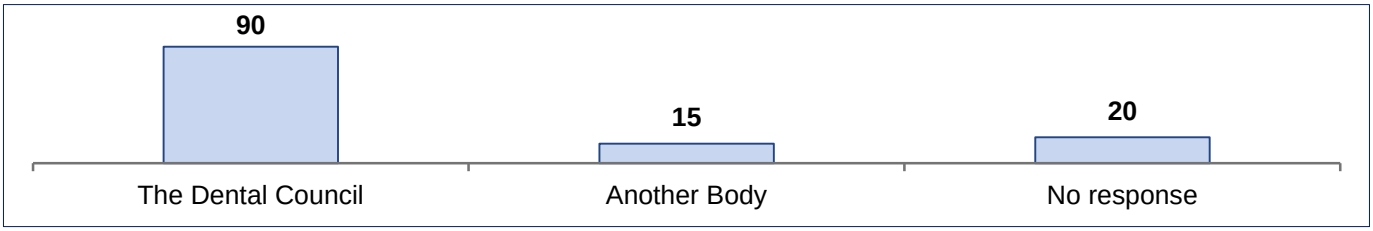
A dentist

Question: If so, should they be regulated by the Dental Council or by another body?

Statistics

Seventy two percent [90] of respondents were in favour of dental practices/premises being regulated by the Dental Council. Twelve percent [15] thought they should be regulated by another body and 16 percent [20] did not respond to the question.

Chart 36: If so, should they be regulated by the Dental Council or another body?



Note1: chart figures represent numbers of respondents
Note2: one hundred and five respondents answered this question, even though only 98 respondents agreed that the new legislation should contain provisions for the regulation of dental practices/premises (in the previous question).

Where respondents indicated that dental practices/premises should be regulated by another body, they were asked to indicate which body. Seven of the relevant respondents replied to this question. The responses are contained in Table 7.

Table 7: Other bodies which respondents considered should regulate dental practices/premises

Other bodies	Responses
HIQA	3
Independent body/independent health inspectors	2
Independent health inspectors	1
Health Service/Chief Dental Officer	1

Summary

The Dental Council should regulate dental practices/premises – 72%
Another body should regulate dental practices/premises – 12%
No response – 16%

Respondents' views

Fifteen respondents provided further views on this question. These views were mixed with some supportive of regulatory powers residing with the Dental Council, and other making suggestions, posing questions or expressing concerns about various aspects of such a provision.

One respondent said that the Dental Council is best positioned to oversee the registration and inspection process because of its experience regulating dental practitioners. This respondent also maintained that having both regulatory functions under the direction of one organisation was necessary in terms of the expeditious handling of serious breaches of regulations concerning dental premises which in turn uncover matters which may form grounds of complaint against individual dental healthcare professionals. While this respondent proposed that a registration fee and an ongoing renewal fee should be charged in relation to the registration of dental practices, they maintained it would be more cost effective to have the regulatory functions in respect of practitioners and premises under the one entity. Another respondent felt that if this proposal was introduced, fees should not be charged for the service unless the practice was operated by a non dentist. While another expressed strong reservations about the introduction of fees for the registration of practices. This respondent suggested that the Dental Council should be given the authority to regulate practices and apply a fee to practices for visits/inspections, but that there should not be a blanket fee applied to all practices for regulation.

Another respondent said that the Dental Council should hold the regulatory role, but that collaboration by the Council with more experienced bodies initially could prove useful in terms of informing practice and procedures. Another questioned whether the Dental Council would have the necessary infrastructure and experience to develop and implement a system of practice registration and inspection. This respondent raised the issue of a possible conflict of interest were the Dental Council to be the regulator. They also maintained that if such a provision were to be introduced, there should be no duplication of regulation and no over regulation. Another respondent, while expressing opposition to the regulation of dental practices/premises, supported the inspection of same to ensure the maintenance of standards.

Other responses provided to this question were more specific to the inspection of practices/premises, and these views are reflected in that section of the report.

- "If this becomes mandatory, the Dental Council should be the regulatory body."

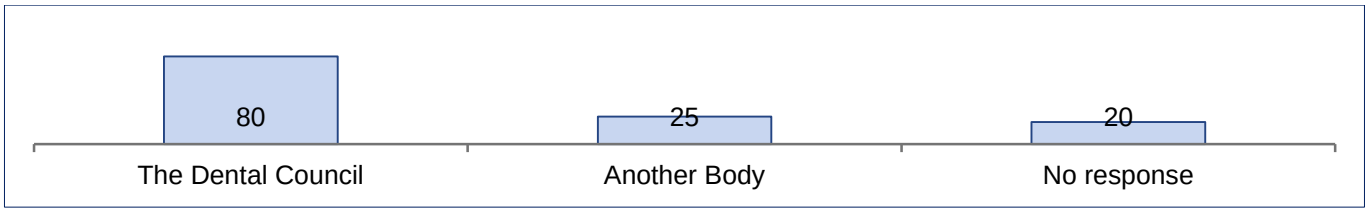
The Royal College of Surgeons in Ireland

Question: Should the Dental Council hold inspection powers, or should they be held by another body?

Statistics

Sixty four percent [80] of respondents were in favour of the Dental Council holding inspection powers. This was eight percent less than those who favoured the Dental Council regulating dental practices/premises. Twenty percent [25] of respondents supported another body holding inspection powers. Sixteen percent [20] did not respond to the question.

Chart 37: Should the Dental Council hold inspection powers, or should they be held by another body?



Note: chart figures represent numbers of respondents

Where respondents indicated that dental practices/premises should be inspected by another body, they were asked to indicate which body. Just under half [12] of the relevant respondents replied to this question. In

comparing responses to this question to responses to the question about who should regulate practices/premises, twice as many respondents [6] felt that the inspection of practices/premises should be undertaken by HIQA. The responses are contained in Table 8.

Table 8: Other bodies which respondents considered should inspect dental practices/premises

Other bodies	Responses
HIQA	6
Independent body	2
The Department of Health	2
Independent health inspectors	1
Health Service/Chief Dental Officer	1

Summary

Inspection power should be held by the Dental Council – 64%
Inspection powers should be held by another body – 20%
No response – 16%

Respondents' views

Twenty six respondents provided further views on this question. Several respondents who provided further views supported the Dental Council holding inspection powers in relation to the inspection of dental practices/premises, with a small number raising questions, expressing reservations, or disagreeing with the Dental Council undertaking this role.

One respondent said that the new Dental Act should give the Dental Council the authority to visit dental practices to carry out routine/random inspections and to investigate incidents or complaints received. A small number called for the legislation to provide for the appointment of statutory inspectors/warranted officers who should be afforded the necessary inspection powers. One respondent suggested that the existing Dental Inspectorate which exists within the health service and which has experience of practice inspections be used for the inspection of dental practices/premises. Another referred to the fact that a number of agencies in the State already have a regulatory remit and competence in the inspection of premises, and suggested one of these agencies might be more appropriate than the Dental Council to adopt an inspection role. Another said that the new legislation should provide for the Dental Council to undertake inspections on behalf of or along with other regulatory bodies if requested, and also that it publish its inspection reports. One respondent felt that inspections should be led by dentally qualified persons, with practices being given prior notice of routine inspections, and another felt that the inspecting body should have a clear understanding of the workings of a dental practice.

A small number of respondents raised concerns about whether the Dental Council would have sufficient experience and resources available to inspect dental practices/premises. Some suggested that the most cost efficient and effective way of undertaking this role would be for the Dental Council to outsource/delegate aspects of inspections to other organisations. Another respondent spoke of the benefits of the Dental Council working in association with other bodies experienced in carrying out inspections, such as HIQA. A suggestion was made that the HSE should also be given formal statutory based powers to inspect practices as part of the DTSS contract award and on-going monitoring process.

One respondent suggested that the practise in the retail pharmacy sector under the Pharmacy Act should be considered when developing an inspection process for dental practices/premises. They also suggested that the development of an inspection process should take into account the fact that other regulators have a role to play in relation to the regulation of dental practices/premises, particularly in relation to radiation safety. Another respondent said that provisions similar to those of both the Pharmacy Act (sections 18 and 66-71) and the Food Safety Authority of Ireland Act (sections 52 and 53) be contained in the new dental legislation.

> • "The Dental Council, if properly constituted, should have more pertinent experience available to it to inform inspection. Although I do not agree with the regulation of dental practices/premises I see nothing wrong with inspection of dental practices/premises to ensure reasonable standards are being observed."
>
> **A dentist**

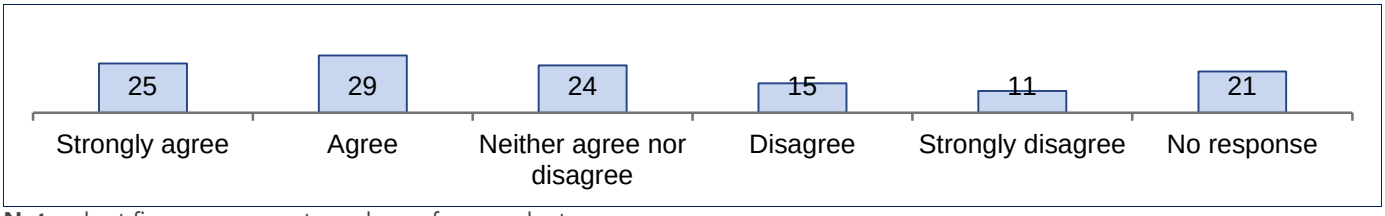
ISSUE: Legislative prohibition on the incorporation of dental practices

Question: Should the legislation remove the prohibition on the incorporation of dental practices?

Statistics

Twenty three percent [29] and 20 percent [25] of respondents agreed or strongly agreed that the prohibition on the incorporation of dental practices should be removed in the new legislation. Twelve percent [15] disagreed and nine percent [11] strongly disagreed with the proposal. Nineteen percent [24] neither agreed nor disagreed, and 17 percent [21] did not respond to the question.

Chart38: Should the legislation remove the prohibition on the incorporation of dental practices?



Note: chart figures represent numbers of respondents

Summary

Supportive – 43%
Opposed – 21%
No strong views – 19%
No response – 17%

Respondents' views

Twenty three respondents provided further views on this question. These views were mixed, with the majority supporting the provision subject to certain conditions.

In relation to regulation, one respondent was of the view that if both practitioners and practices are regulated, the prohibition on incorporation would be unnecessary, so long as practitioners remain accountable to the Dental Council. Several other respondents echoed similar views.

This issue of corporate versus clinical accountability was referred to by several respondents. Clarity in terms of the role of the corporate entity in relation to patient care and indemnity versus the role of the individual dentist was seen as important in this regard. There was a mix of views on whether responsibility for treatments should be held by directors of corporate entities, or by the dental practitioner administering treatment, with a slightly higher proportion favouring the latter. One respondent said if the prohibition was lifted, then a robust method of regulation must be put in place to ensure that owners of practices can be held to account for the dentistry practice, while another said it would introduce appropriate accountability which should in turn reassure the public that appropriate governance is in place.

One respondent felt that inspection and enforcement powers by the Dental Council would be important if the prohibition on the incorporation of dental practices was removed. Another was of the view that the new Act should empower the Dental Council to apply sanctions appropriate to the regulation of dental practices and corporate dentistry, including the power to temporarily close dental premises, to attach conditions to the ongoing registration of dental premises and to erase (permanently shut down) dental premises from the register of practices. This respondent was also of the view that the Act should contain an additional provision giving the Dental Council the right to apply significant and punitive fines on entities registering dental premises. Another respondent echoed similar views, and also felt that the Dental Council should be empowered to bring criminal charges against corporate bodies and its officers and its Principal Dentist for breaches of legislative provisions which constitute offences. This respondent said that careful consideration would need to be given to the controls needed to regulate corporate entities, as the traditional fitness to practise controls which apply to individual practitioners, could not be appropriately applied to corporate bodies.

A small number of respondents referred to a more favourable legal and taxation environment for dental practices should the prohibition be removed, while an equal number of respondents felt that removing the prohibition would create an uneven playing pitch between sole traders and corporate bodies, the former not being in a position to compete financially against the latter.

It was pointed out that different regulators have different regulatory responsibilities in relation to dental practices. One respondent said that the removal of the prohibition would address any conflicts which may arise between regulators, particularly when different qualifying criteria are applied in terms of recognition. An example offered in this regard was the granting of licences for custody and use of dental X-ray equipment by the RPII to corporate bodies which the Dental Council may not recognise.

A view was expressed that corporate dental bodies are likely to be more successful in attracting previously non-attending patients, thereby contributing to better oral health of the population. One respondent felt that there would be many consumer benefits with the emergence of corporate dental groups, such as choice, convenience, lower prices, and better dental equipment used in the treatment of patients. They maintained that corporate dental groups will also be able to benefit from the economies and efficiencies derived from shared costs and greater buying power. Another view expressed was that the incorporation of dental practices removes the personal contact between dentist and patient.

In relation to patients' right of complaint, a view was expressed that dental enterprises should not be permitted to hide behind corporate masks. This respondent felt that where the controlling interest in a dental corporate is held by a non-dentist, there must be specific provision in the legislation for the resolution of complaints by the enterprise beyond the traditional redress available in the dentist/patient relationship, to be availed of where the dentist ceases employment with the practice and where such complaint has not been the subject of response by the treating dentist. Another respondent spoke of possible liability difficulties in relation to corporate dentistry impacting on patients' ability to seek redress.

One respondent felt that the majority of the directors of corporate bodies entitled to carry on the business of dentistry should be registered dentists, and all operational staff should be either registered dentists or auxiliary dental professionals. The names and addresses of such directors and staff should, this respondent felt, be notified annually by the corporate body to the Dental Council. Another respondent supported the employment of non-dentists to oversee the administration of the business aspects of practice, which they maintain will allow dentists concentrate on their clinical work, while another expressed the view that corporate dental practices should not be managed by non-dentists. A view was expressed that corporate dental bodies create more career choice for dentists, with flexibility between establishing their own practice, or working as a full or part-time employee.

In opposing the proposal to remove the prohibition on the incorporation of dental practices, one respondent said that community law permits the exclusive ownership of dental practices by dentists. Referring to pharmacy businesses, this respondent said Member States do not fail to fulfil their obligations under EU legislation by keeping in force legislation which restricts the right to operate a private retail pharmacy to natural persons who have graduated in pharmacy and to operating companies and firms composed exclusively of members who are pharmacists so long as the restrictions can be justified by the protection of the public health *(Case C-531/06 Commission of the European Communities v Italian Republic* http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:62006J0531:EN:HTML). The judgment provides that non-pharmacists, by definition lack training, experience and responsibility equivalent to those of pharmacists and consequently do not provide the same safeguards as pharmacists. In light of this judgment, this respondent felt that very careful consideration should be given to opening up ownership to non-dentists, as once the opening is created it would be difficult to close.

- "It is important to protect single-handed practices which exists throughout the country from the onslaught of a bigger corporate body. Financially smaller practices cannot compete against these corporate national companies."

Irish Society of Periodontology

A personal respondent

- "This change would allow dental practices to operate under a more tax-efficient and legally preferable structure. The feedback from other jurisdictions and other professions indicates no reduction in the quality of services provided."

ISSUE: Appointment of Principal Dentists and Registered Owner Representatives

Question: Should the legislation provide for the appointment of a Principal Dentist in each practice?

Question: Should the legislation provide for the appointment of a Registered Owner Representative for each owner/company?

Question: Should the legislation provide that the Registered Owner Representative must be a dentist?

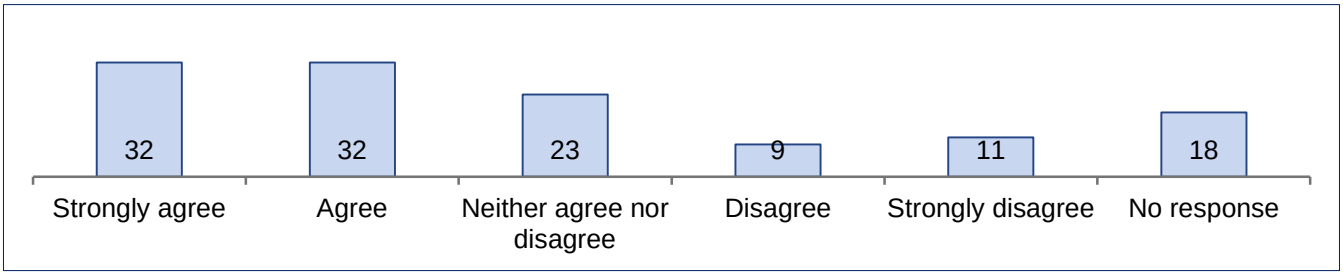
Question: What is the risk to the public if the legislation does not provide for registraton of a Principal Dentist?

What is the risk to the public if the legislation does not provide for registration of a Registered Owner Representative?

Statistics

Twenty six percent [32] and a further 26 percent [32] of respondents agreed or strongly agreed that the legislation should provide for the appointment of a Principal Dentist in each practice. Seven percent [9] disagreed and nine percent [11] strongly disagreed with the proposal. Eighteen percent [23] neither agreed nor disagreed and 14 percent [18] did not respond to the question.

Chart 39: Should the legislation provide for the appointment of a Principal Dentist in each practice?



Note: chart figures represent numbers of respondents

Summary

Supportive – 52%
Opposed – 16%
No strong views – 18%
No response – 14%

Respondents' views

Twelve respondents provided further views on this question, and while highlighting various issues/concerns which they felt were relevant to the proposal, the majority were generally supportive.

While supporting the principle of allocating corporate responsibility to an individual, several respondents did question why this individual had to be a dentist. One respondent pointed out that clinical dental technicians currently practise independently of dentists and the Dental Council supports to concept of independent practise for dental hygienists. This respondent proposed that if the Principal Dentist provision is included in the new legislation, it should allow for the principal in a practice to be a registrant from the relevant register with the necessary clinical experience. Another respondent suggested that the term principal dental professional be used in place of Principal Dentist.

The issue of clinical responsibility was raised by a small number of respondents. One respondent felt that while it was important to ensure appropriate corporate responsibility, individual registrants' must remain responsible for their own work. Another said that in the area of radiation protection, 'principal dentists' are already assigned responsibility for overall radiation protection, and this has not resulted in any abdication of individual dentist's responsibilities in this area. The importance of delineating the roles and responsibilities of the Principal Dentist and the Registered Owner Representative was considered important by another respondent.

One respondent suggested that the proposed legislation to introduce a system to appoint Principal Dentists in a practice should be proportionate to protection of patient safety and should not act as an undue barrier to opening new dental practices or expanding existing ones.

Expressing opposition to the proposal, another respondent felt that the introduction of Principal Dentists would only serve to confuse both patients and dentists about who has responsibility for treatments carried out. This respondent said that associate dentists currently work in practices where there is a principal/owner, and this system works well.

- "It is important to ensure that whilst there is an appropriate degree of corporate responsibility, this does not remove the individual registrant's professional responsibility."

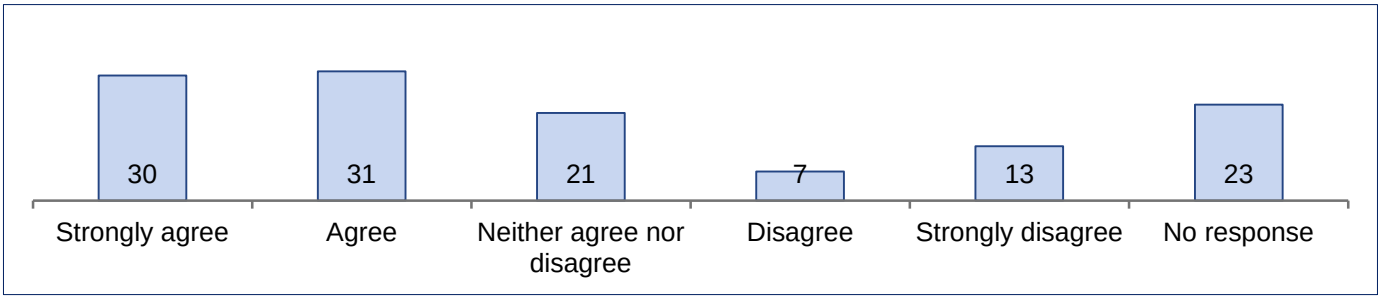
Dental Protection Ltd

Question: Should the legislation provide for the appointment of a Registered Owner Representative for each owner/company?

Statistics

Twenty five percent [31] and 24 percent [30] of respondents agreed or strongly agreed that the legislation should provide for the appointment of a Registered Owner Representative for each owner/company. Six percent [7] disagreed and 10 percent [13] strongly disagreed with the proposal. Seventeen percent [21] neither agreed nor disagreed and 18 percent [23] did not respond to the question.

Chart 40: Should the legislation provide for the appointment of a Registered Owner Representative in each practice?



Note: chart figures represent numbers of respondents

Summary

Supportive – 49%
Opposed – 16%
No strong views – 17%
No response – 18%

Respondents' views

Two respondents provided further views on this question, and those who did, repeated similar sentiments to the views expressed regarding the appointment of Principal Dentists.

You Said...

> •"Patient centred care requires adherence and knowledge of rationale for codes of practice and regulations."
>
> **Prosthodontic Society of Ireland**

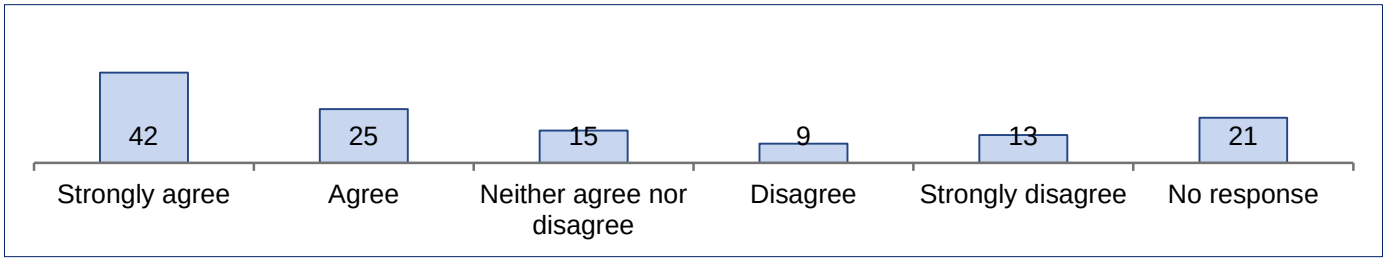
Question: Should the legislation provide that the Registered Owner Representative must be a dentist?

Statistics

Twenty percent [25] and 34 percent [42] of respondents agreed or strongly agreed that the legislation should provide that the Registered Owner Representative must be a dentist. Seven percent [9] disagreed and 10 percent

[13] strongly disagreed with the proposal. Twelve percent [15] neither agreed nor disagreed and 17 percent [21] did not respond to the question.

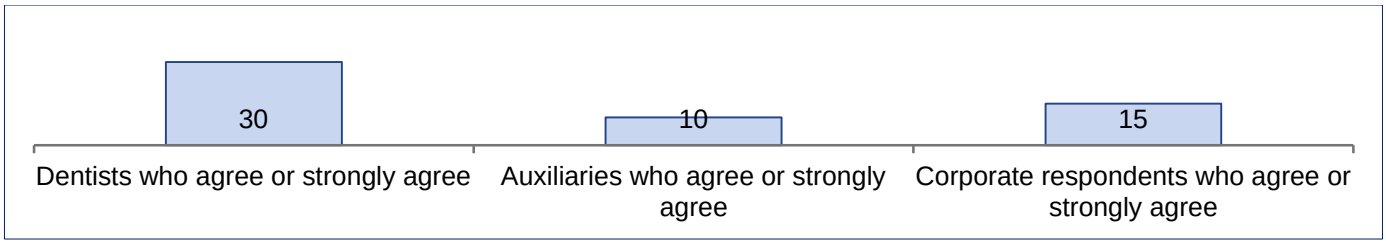
Chart 41: Should the legislation provide that the Registered Owner Representative must be a dentist?



Note: chart figures represent numbers of respondents

In breaking down the statistics further, 68 percent [30] of all dentist respondents (*total no. dentists = 44)*; agreed or strongly agreed that the Registered Owner Representative must be a dentist. Twenty nine percent [10] of all auxiliary dental professional respondents *(total no. auxiliaries = 35)*; and 56 percent [15] of all corporate respondents *(total no. corporates = 27)* also agreed or strongly agreed with the proposal.

Chart 42: Breakdown of respondents who agree or strongly agree that the Registered Owner Representative must be a dentist?



Note: chart figures represent numbers of respondents

Summary

Supportive – 54%
Opposed – 17%
No strong views – 12%
No response – 17%

Respondents' views

Three respondents provided further views on this question. Of these, one supported the provision, and one expressed the view that ownership of a practice by a non-dentist is satisfactory provided dentists giving treatment continue to be responsible for their own work. This respondent also expressed the view there should be provision for other dental professionals to be named as the Registered Owner Representative. A third respondent expressed the view that an additional requirement be placed on entities registering more than one dental premises to nominate a Registered Owner Representative (or dental superintendent). This respondent proposed that this person would be responsible for compliance with legislation/regulations across all registered dental premises controlled by the registering entity, and considered it clinically important that this person be a dentist, as they would be managing the Principal Dentists across the dental premises.

Question: What is the risk to the public if the legislation does not provide for registration of a Principal Dentist?

Respondents' views

This was presented as an open question, so respondents had the opportunity to identify multiple risks, as appropriate. While seven respondents felt there were no risks, twenty nine respondents identified particular risks which they felt were relevant if the legislation does not provide for the registration of a Principal Dentist.

The top risks identified were lack of accountability and low standard of practise affecting patient safety. Knowledge and training in the field of dentistry were also identified as considerable risks, as was corporate dental chains placing financial gain over patient safety. Those who felt the lack of provision for the registration of Principal Dentists did not pose any risk, indicated that this was on condition that practitioners were registered with the Dental Council, remain accountable for their work, and work under clear governance structures within the corporate body. Table 9 shows a breakdown of respondents' views to the question.

Table 9: What respondents considered to be the risks if the legislation does not provide for registration of a Principal Dentist

Risks	Responses
Lack of accountability	9
Low standards of practise/patient safety	9
Knowledge/training	7
Financial gain over patient safety	4
No risks	7

Question: What is the risk to the public if the legislation does not provide for registration of a Registered Owner Representative?

Respondents' views

This was presented as an open question, so respondents had the opportunity to identify multiple risks, as appropriate. While two respondents felt there were no risks, twenty nine respondents identified particular risks which they felt were relevant if the legislation does not provide for the registration of a Registered Owner Representative.

The top risk identified by respondents who provided views on this question was lack of accountability. Low standards of practise affecting patient safety was also identified as a high risk, with risks associated with lack of governance and compliance also identified by several respondents. Other risks included corporate dental chains placing financial gain over patient safety and lack of knowledge and training. Those who felt that there were no risks associated with the lack of provision for the registration of a Registered Owner Representative, indicated that this was on condition that adequate standards are in place and practitioners take responsibility for their own treatment. Table 10 shows a breakdown of respondents' views to the question.

Table 10: What respondents considered to be the risks if the legislation does not provide for registration of a Registered Owner Representative

Risks	Responses
Lack of accountability	9
Low standards of practise/patient safety	7
Governance/non-compliance issues	6
Financial gain over patient safety	4
Knowledge/training	3
No risks	2

- "I think the risk to the public is far more significant in the case where a chain might own several practices where the owner may not be a dentist. In this situation, I think a registered owner representative who is also a dentist is essential."

A dentist

A dental nurse

- "The risk of lack of knowledge of accountability would be present. Therefore a risk to the patient."

ISSUE: Advertising

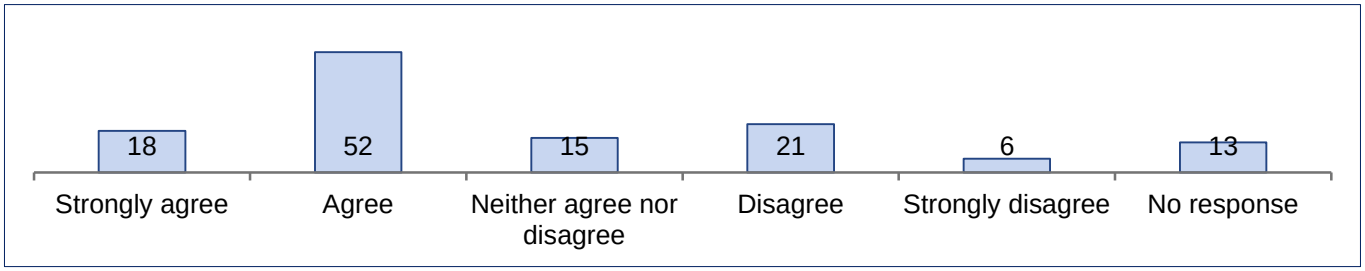
Question: Should the restrictions placed on dentists regarding advertising be lifted?

Question: Should the Dental Council be given the power to make rules regarding advertising?

Statistics

Forty two percent [52] and 14 percent [18] of respondents ag reed or strongly agreed that the restrictions placed on dentists regarding advertising be lifted. Seventeen percent [21] disagreed and five percent [6] strongly disagreed with this provision. Twelve percent [15] neither agreed nor disagreed, and 10 percent [13] did not respond to the question.

Chart 43: Should the restrictions placed on dentists regarding advertising be lifted?



Note: chart figures represent numbers of respondents

Summary

Supportive – 56%
Opposed – 22%
No strong views – 12%
No response – 10%

Respondents' Views

Twelve respondents provided further views on this question. These views were mixed, and while with the majority supported the proposal to lift the advertising restrictions, several respondents did not.

A small number of respondents pointed out that dental advertising is already common place, and felt that this was a positive thing which promoted more informed choice, competition and ultimately lower prices. The importance of compliance with appropriate guidelines on advertising was seen by a few respondents as being directly correlated to the restrictions being lifted. One of these respondents suggested that compliance be monitored by the random review of advertisements in various media, and the investigation of complaints received in relation to advertisements.

Respondents who opposed the lifting of advertising restrictions were concerned about issues such a misrepresentation and bringing the profession into disrepute. One respondent felt the legislation should enable the Dental Council to identify, regulate and sanction those who engage in false or misleading advertising, and this should apply to both registrants and corporate bodies. Of particular concern to this respondent were claims made regarding the use of particular techniques or equipment and claims which implicitly impugn colleagues, or which suggest a pre-eminence in areas of practise which cannot be substantiated. The *Principles of Ethics and Code of Professional Opinion* of the American Dental Association were suggested by this respondent for consideration in developing the new legislation and addressing issues relating to advertising.

While not supporting or opposing the proposal, one respondent did express concern about advertising which offers aspects of treatment, such as an X-ray examination as part of an initial consultation. The use of X-rays as a promotion tool prior to a patient being examined and prior to the need for such a procedure being clinically determined was a patient safety matter, and should not be permitted.

Another respondent pointed out that currently there are no legislative restrictions on dentists advertising. Many dentists advertise their services, and there is no prohibition on them doing so. This respondent referred to the standards for the profession which are set out in the Dental Council's *Code of Practise pertaining to Public Relations and Communications.*

You Said...

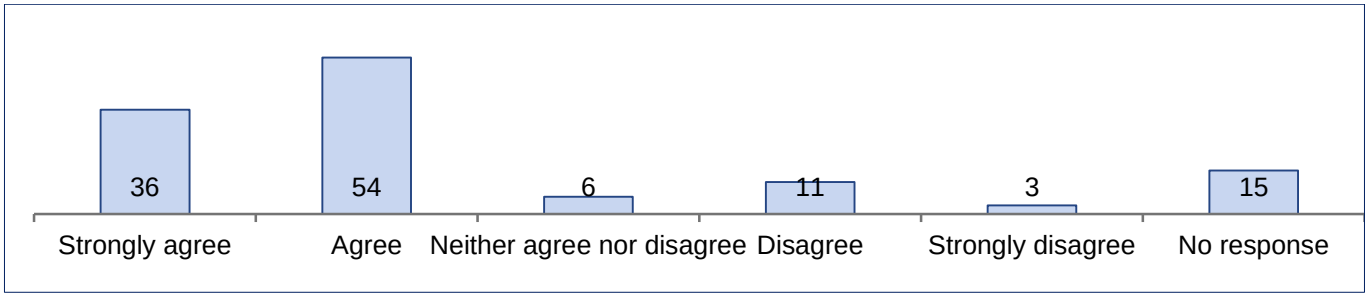
> • "Better choice, more competition, but need appropriate standards applied to maintain quality."
>
> **A personal respondent**

Question: Should the Dental Council be given the power to make rules regarding advertising?

Statistics

Forty three percent [54] and 29 percent [36] of respondents agreed or strongly agreed that the Dental Council should be given the power to make rules regarding advertising. Nine percent [11] disagreed and two percent [3] strongly disagreed with this provision. Five percent [6] neither agreed nor disagreed, and 12 percent [15] did not respond to the question.

Chart 44: Should the Dental Council be given the power to make rules regarding advertising?



Note: chart figures represent numbers of respondents

Summary

Supportive – 72%
Opposed – 11%
No strong views – 5%
No response – 12%

Respondents' views

Nine respondents provided further views on this question. The majority support for this provision in the statistics was also evident in these further views.

In supporting the provision, several respondents expressed views on how the Dental Council should exercise its power in this regard. A small number felt that the Dental Council should enforce their Code of Practise more vigorously, with a suggestion that where advertisements do not meet the Code of Practise, sanctions should be imposed. One respondent said that the Dental Council needs to set some limits to prevent larger practices with more revenue capturing greater market share. It was felt that this may lead to a reduction in smaller practices with lack of provision of dental services in smaller towns. A small number of respondents considered that rules should only be made within the confines of professional accountability and codes of practise. One respondent pointed to the difficulties which the Dental Council may encounter in policing advertising standards, particularly in the current internet age, where dentists can effectively operate 'their own TV channels'.

One respondent, in opposing the proposal, was of the view that advertising negatively affects the standards within which the profession is held.

- "Given the current economic climate I would think that in the interest of the public, dental prices should be displayed/advertised to allow for competition. I think in the short term as this will be a new departure for practices, the Dental Council should have oversight."

Letterkenny Institute of Technology

5 Dental Students/ Auxiliary Dental Professional Students

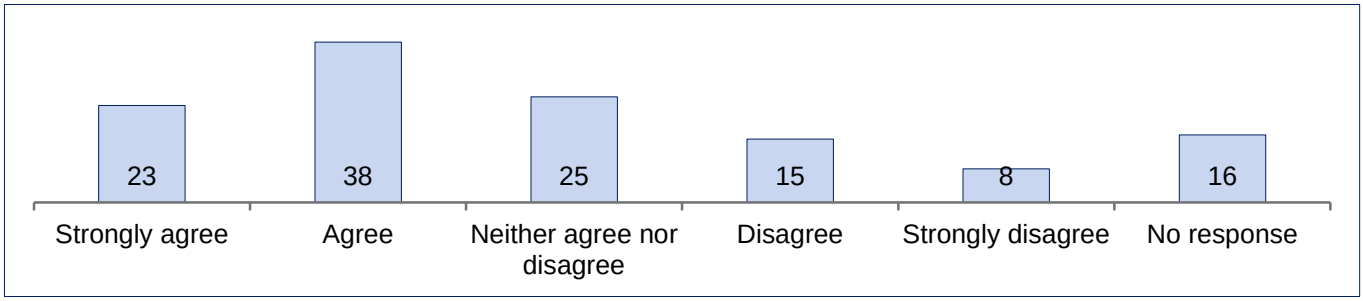
ISSUE: Registration

Question: Do you agree with establishing a separate register for dental students?

Statistics

Thirty percent [38] and eighteen percent [23] of respondents agreed or strongly agreed with establishing a separate register for dental students. Twelve percent [15] disagreed and six percent [8] strongly disagreed with this provision. Twenty percent [25] neither agreed nor disagreed, and 13 percent [16] did not respond to the question.

Chart 45: Do you agree with establishing a separate register for dental students?



Note: chart figures represent numbers of respondents

Summary

Supportive – 48%
Opposed – 18%
No strong views – 20%
No response – 13%

Respondents' views

Twenty respondents provided further views on this question, and these views were mixed. While the majority did support the proposal, many opposed the establishment of a separate register for students.

A number of those who supported the registration of students considered registration to be a way of embedding standards of professional behavior expected of healthcare professionals during their formative student years. It was suggested that such a register would also need to provide a mechanism whereby students displaying unsuitability could be managed. One respondent pointed to the fact that students, when training, have access to and treat patients under supervision, and felt that in the interests of patient safety, the ethos of personal accountability in relation to patient interaction should apply. Another respondent said that this should apply to students of all dental disciplines, including dental nursing, dental hygienists, dental technicians, clinical dental technicians and orthodontic therapists.

A small number of respondents supported the registration of students, but felt there should be no registration fee, particularly as students are already paying high college registration fees. A suggestion was also made that the number assigned to the student should form part of their registration number as a dentist. It was suggested that a student register could also be a mechanism to accommodate non-EEA dentists working in a hospital setting, who were not otherwise entitled to registration, to receive training and experience in Ireland.

Many respondents shared a similar view in questioning the need for students to be registered. Several referred to the fact that universities already have procedures in place to deal with performance and behavior issues and to encourage professional standards. It was pointed out that medicine and pharmacy students are not registered, and a move to register dental students would be seen as a means of charging subscription fees. One respondent expressed concern regarding the danger of over-regulation, and cautioned that any changes to the 1985 Act should be in line with the principles of better regulation.

- "This is just another layer of admin and bureaucracy - the dental schools register their own students, and the dental council regulates the accreditation of these schools and how well they instil a need for professional standards in their students."

A dentist

ISSUE: Supervision/training following first time registration

Question: Do you think the legislation should provide for supervision and for a training period following first time registration?

Question: Should such a scheme of supervision/training apply to all first time registrants, including those from other countries?

Question: How long should the supervision period be?

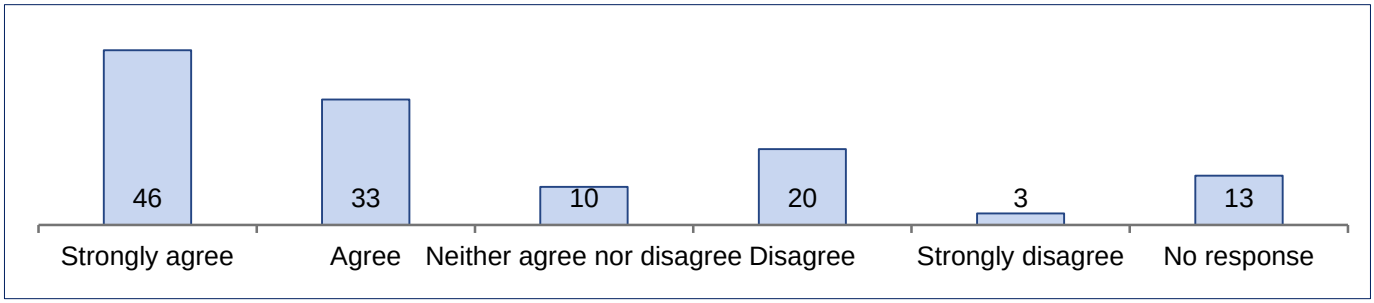
Question: Should the scheme provide for supervision only or training only or both?

Statistics

Twenty six percent [33] and thirty seven percent [46] of respondents agreed or strongly agreed with the legislation providing for supervision and for a training period following first time registration. Sixteen percent

[20] disagreed and two percent [3] strongly disagreed with this provision. Eight percent [10] neither agreed nor disagreed, and 10 percent [13] did not respond to the question.

Chart 46: Do you think the legislation should provide for supervision and for a training period following first time registration?



Note: chart figures represent numbers of respondents

Summary

Supportive – 63%
Opposed – 18%
No strong views – 8%
No response – 10%

Respondents' views

Twenty seven respondents provided further views on the question of a training period following first time registration. Some of these views also addressed the question on who the scheme should apply to. There was significant support for the legislation to provide for supervision and for a training period following first time registration in the further views provided, however the mix of views presented also included a small number of opposing ones.

In supporting the proposal, several respondents referred to a training and supervision period as being a positive opportunity for a mentored transition to independent practise, where clinicians can develop confidence in their treatment, delivery and clinical decision making skills and thereby attain a level of competence necessary for independent practise. One respondent said that the experience which vocational/foundation training gives new graduates in areas such as practice management cannot be appropriately covered in undergraduate programmes. A small number of respondents referred to the fact that the emphasis in undergraduate training is on dentistry, rather than on 'the patient'. While this does not prepare graduates for the rigors of private practise, where patient focus is significant, it was considered that a period of mentored training would allow graduates to develop in this area.

A small number of respondents felt that if implemented, training and supervision should take place in public dental facilities, and these training positions should be in addition to existing staffing. One respondent was of the view that the implementation of a training scheme would require a large number of suitable practices, with vetting of practitioners and premises in advance of training/supervision, both of which would be resource heavy in terms of finance, manpower and time. In light of the current economic climate, it was suggested by another respondent that the new legislation should provide for a scheme to be introduced in the future with the Dental Council holding authority to make rules to operationalise the scheme at a later time, subject to Ministerial approval.

Several respondents referred to the success of vocational training schemes in the UK, Northern Ireland and Europe, with some giving a personal account of their participation in such schemes. One respondent made comparisons between the high number of dental training places in the UK and Northern Ireland, and Ireland, where currently there is no provision of training places for dental graduates. A small number of respondents were of the view that Ireland was out of step with other European countries in the area of foundation training/internship. One respondent pointed to the fact that many new graduates, who leave Ireland immediately after graduation, enter into vocational training schemes in the UK.

Several respondents expressed opposition to the suggestion of a vocational training scheme, all of whom felt the undergraduate period of training was sufficient to equip graduates with the necessary skills to begin practise. One respondent felt that the costs to students and their parents of a five year academic programme was already considerable, and adding a further training period would only increase financial pressure, while another raised a question about the funding of such a scheme. Another suggested that if the purpose of the training and supervision period is to institute and ingrain appropriate clinical governance concepts and experience, consideration could be given to placing restrictions on newly qualified practitioners being entitled to establish dental practices in their own right for a specified time period after first registration. Questioning the need for a training/supervision period, another respondent said that any changes should be in line with the principles of better regulation and should be necessary and proportionate in the interests of protection of patient safety. A small number of respondents felt that the proposed period of training and supervision should apply to all dental graduates where the public has direct access to their area of dentistry.

- "If students undertake a course accredited by the Dental Council and if they are supervised throughout training then they should receive all necessary support and supervision and be prepared to undertake autonomous practice. Therefore, it is unclear why this would be necessary."

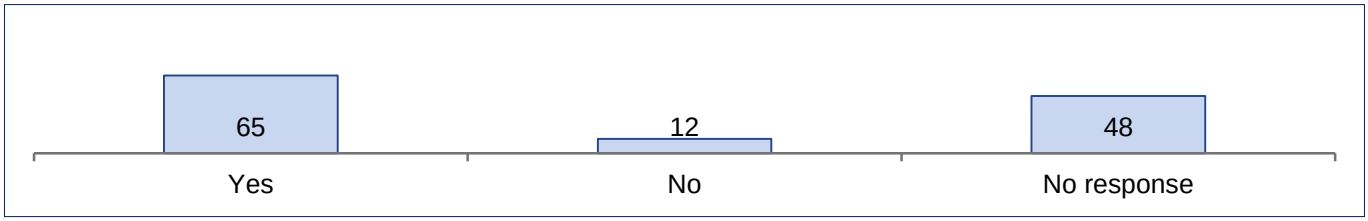
HIQA

Question: Should such a scheme of supervision/training apply to all first time registrants, including those from other countries?

Statistics

Fifty two percent [65] of respondents agreed that such a scheme of supervision/training should apply to all first time registrants, including those from other countries. Ten percent [12] disagreed, and 38 percent [48] did not respond to the question.

Chart 47: Should such a scheme of supervision/training apply to all first time registrants, including those from other countries?



Note: chart figures represent numbers of respondents

Summary

Supportive – 52%
Opposed – 10%
No response – 38%

> •"The training environment does not fully prepare you for the rigors of private practice. During undergrad training, the emphasis is on the dentistry, rather than the patient. When you start in practice, you realise that dealing with the patients is at least 60% of the work and only time and experience will allow you to develop in this area."
>
> **A dentist**

Question: How long should the supervision period be?

Table 11 shows a breakdown of respondents' views to the question.

Table 11: Duration which respondents considered the supervision period should be

Duration	Responses
2-3 months	1
3-6 months	1
6 months	6
1 year	42
18 months	1
2 years	10
3 years	2
5 years	1
No response	61

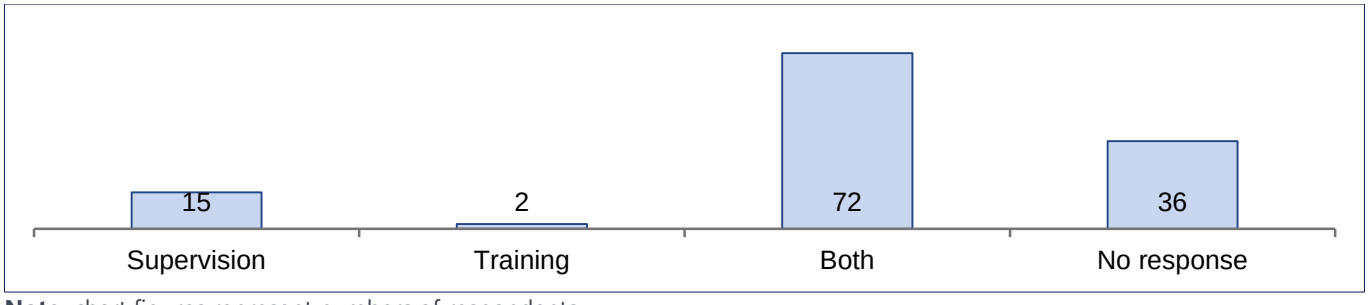
> •"At least one year and ideally two years of general professional training. It is vital that new graduates are given the opportunity for a mandatory period of mentored transition of independent practice, as is commonplace in many other countries."
>
> **Dublin Dental Hospital Board**

Question: Should the scheme provide for supervision only or training only or both?

Statistics

Fifty eight percent [72] of respondents felt the scheme should provide for supervision and training. Twelve percent [15] felt it should provide for supervision only, while two percent [2] thought it should be for training only. Twenty nine percent [36] did not respond to the question.

Chart 48: Should the scheme provide for supervision only or training only or both?



Note: chart figures represent numbers of respondents

Summary

Supervision and training – 58%
Supervision only – 12%
Training only – 2%
No response – 29%

OTHER VIEWS

Respondents were given the opportunity to express views about issues which they felt had not been raised in the questionnaire

The only issue raised which had not been included in the questionnaire was one of indemnity insurance. One respondent suggested that the new Dental Act make indemnity insurance mandatory for the entire dental team.

Appendix 1

Call for Submissions

PUBLIC CONSULTATION ON
NEW LEGISLATION TO REPLACE THE DENTISTS ACT, 1985

The Department of Health is developing new legislation to replace the Dentists Act, 1985. The new legislation will legislate for the regulation of dentists and dental auxiliary professionals in Ireland.

The Department would like to ensure that the viewpoints of all those who have an interest in dental services, including service users and those involved in service delivery are heard and considered. Members of the public, dental health professionals and other interested stakeholders are invited to express their views on key issues relating to the development of the new legislation through the completion of an online questionnaire.

The questionnaire can be accessed at the web address below, which will go live on Monday, 10th June 2013 at 12.00 noon. If preferred, hard copy questionnaires can be downloaded online or can be issued by post/email upon request. Written submissions may also be made.

The closing date for receipt of online/hard copy questionnaires and written submissions is 5.00 pm on Friday, 26th July 2013.

Contact details

Postal address: Dental Legislation Consultation
Department of Health
Hawkins House - Room 7.51
Hawkins Street
Dublin 2
Tel: 01-635 3185
Email: dentalconsultation@health.gov.ie
Web: consult.health.gov.ie

Please note: With reference to the Data Protection Act, 1988 and the Data Protection Amendment Act, 2003, the Department of Health will be producing a report on the consultation process, and information provided may be included in this report. Please note that all information and comments submitted to the Department of Health for the purpose of this consultation process are subject to release under the Freedom of Information Acts 1997 and 2003.

Appendix 2

Questionnaire

Due to space restraints, we have not included the consultation questionnaire in this document. It can be accessed by clicking the link below.

Link to questionnaire.pdf

Appendix 3

Consultation Document

Due to space restraints, we have not included the consultation document in this document. It can be accessed by clicking the link below.

Link to Consultation Document.pdf

Appendix 4

List of those who made submissions

List of corporate and personal respondents

Corporate respondents
ASH Ireland
Athlone Institute of Technology
Clinical Dental Technicians Association of Ireland
Competition Authority, The
Dental Council, The
Dental Health Foundation
Dental Protection Ltd
Department of Education and Skills
Department of the Environment, Community and Local Government
Dublin Dental Hospital Board
Health Information and Quality Authority
Irish Committee for Specialist Training in Dentistry
Irish Dental Association
Irish Dental Hygienists Association
Irish Dental Nurses Association
Irish Endodontic Society
Irish Faculty of Primary Dental Care
Irish Society for Disability and Oral Health
Irish Society of Periodontology
Letterkenny Institute of Technology
McDowell Purcell Solicitors
Orthodontic Society of Ireland
Pharmaceutical Society of Ireland, The
Primary Dental Care Steering Group
Prosthodontic Society of Ireland, The
Radiological Protection Institute of Ireland
Royal College of Surgeons in Ireland

Personal respondents	Occupational profile
Suzanne Armstrong	Dental hygienist
Catherine Barron	A service user/member of the public
Mairead Browne	Dentist
John Browne	Dentist
Kim Buckley	Dental nurse
Jonathan Butler	Dentist
Elaine Byrne	Dental health professional
Jeannine Byrne	Dental hygienist
Kate Carr	Dentist
Eimear Casey	Dental hygienist
Niamh Coffey	Dentist
Mary Martina Collins	Dental hygienist
Dr Mark Condon	Dentist
Doireann Connolly	Dental hygienist
Marie Cooke	Dentist
Grainne Costello	Dental hygienist
Fiona Counihan	Dentist
Dr Dan Counihan	Dentist
Clare Craughwell	Dental hygienist
Ciara Cronin	Student of dentistry
Jack Crowley	A service user/member of the public
Dympna Daly	Dentist
Kelley Deady	Information not provided
Dr Michael Drury	Information not provided
Dr Fergus Duddy	Dentist
Dr Kevin Dunne	Dentist
Dr Jarlath Durkan	Dentist
Catherine Eager	Student of dentistry
Dr Emile Evans	Dentist
Grainne Farrell	Dental hygienist
Brian Field	Clinical dental technician
Louise Fleming	Dental hygienist
Moira Fleming	A service user/member of the public
Katie Gleeson	Dentist
Joseph Hanley	Dentist
Dr Mairead Harding	Dentist
Mary Harrington	A teaching professional
Dr John Haughey	Dentist
Salina Heaney	Dental hygienist
Clare Heffernan	Dental hygienist
Paula Hennessy	Dental nurse
Dr Ryan Hennessy	Dentist
Anne Holohan	Dental hygienist

Personal respondents	Occupational profile
Siobhan Howley	Dental nurse
Dr Paula Irwin	Dentist
Rama Krishna Kantamneni	Dentist
Patricia Kavanagh	Dental hygienist
Dr Jennifer Kearney	Dentist
Siobhan Kelleher	Dental hygienist
Grace Kelly	Dentist
Isobell Keyes	Dental hygienist
Dr Jarlath Loftus	Information not provided
CM	Dental nurse
Dr Caoimhin Mac Giolla Phadraig	Information not provided
Eamonn Matthews	Other
Sharon McAllister	Dental nurse
Dr Laura McAtarsney	Dentist
Professor Bernard McCartan	Dentist
Dr Daisy McCarthy	Dentist
Margaret McDonnell	Dentist
Zara McGowan	Dental hygienist
Philip McGrath	Clinical dental technician
Tom McGuinn	Pharmacist
Eimear Mithen	Dental hygienist
Dr Joe Mullen	Dentist
Seamus Mulqueen	Other
Mary Murphy	Dental hygienist
Dr Stephen Murray	Dentist
Andrea Murray Lambert	Dental hygienist
Emer Nesbitt	Dental hygienist
F X O'Brien	Dentist
Dr Grania O'Connell	Dentist
Dr Maghnus O'Donnell	Dentist
Pat O'Dowd	Other
Shane O'Dowling Keane	Dentist
Ciaran O'Driscoll	Dentist
Judith O'Dwyer	Dental hygienist
Kevin O'Grady	Dentist
Martina O'Keeffe	Dental hygienist
Yvonne O'Sullivan	Dental hygienist
Dr Eleanor O'Sullivan	Dentist
Joanne O'Toole	Dental nurse
Dr Rozelle Owens	Dentist
Carmel Parnell	Other
Catherine Quigley	Dental hygienist
Dr Maurice Quirke	Dentist

Personal respondents	Occupational profile
Cynthia Rawson	A service user/member of the public
Patrick Ryan	Dentist
Siobhan Shakeshaft	A teaching professional
Gillian Shannon	Dental hygienist
Simon Stokes	Dentist
Dr Georges Takla	Dentist
Mary Turnbull	Dentist
Diarmuid Twomey	Dentist
Simon Wolstencroft	Dentist

Three respondents who made personal submissions did not provide their names. Two of these were dental nurses, and one did not provide any occupational information.

Appendix 5

Summary of responses to questionnaire

Summary of responses to questionnaire

The Dental Council

ISSUE	QUESTION	RESPONDENTS' VIEWS
Governance	Do you agree with more robust governance provisions?	**Supportive – 76%** Opposed – 5% No strong views – 10% No response – 9%
Membership of the Dental Council – board size	Do you agree that the size of the board be reduced?	**Supportive – 53%** Opposed – 35% No response – 12%
Membership of the Dental Council – non dental majority	Do you think that provision should be made for a non-dental majority on the Dental Council?	**Opposed – 53%** Supportive –27% No strong views – 11% No response – 10%
Wider representation	Do you think the composition of the Dental Council should be amended to have wider representation?	**Supportive – 72%** Opposed – 10% No strong views – 7% No response – 10%
	Should groups other than auxiliary dental professionals, HIQA, the public health dental area, and other regulatory bodies be included?	**No – 55%** Yes – 27% No response – 18%
Staggered term of office	Do you agree with a staggered term of office?	**Supportive – 67%** Opposed – 11% No strong views – 11% No response – 11%
Functions of the Council	Do you agree with the functions being specified?	**Supportive – 84%** Opposed – 1% No strong views – 4% No response – 11%
Education and training	Do you agree that the new legislation should provide for the Dental Council to approve courses and the institutions delivering those courses?	**Supportive – 81%** Opposed – 4% No strong views – 2% No response – 13%
Fees	Do you agree with updating the fees provision?	**Supportive – 40%** Opposed – 25% No strong views – 24% No response – 11%

Dentists

ISSUE	QUESTION	RESPONDENTS' VIEWS
Fitness to Practice (FTP)	Do you agree with updating the FTP provisions?	**Supportive – 71%** Opposed – 8% No strong views –13% No response – 9%
Mediation	Do you think the new legislation should provide for resolution of complaints by mediation?	**Supportive – 78%** Opposed – 1% No strong views – 10% No response – 12%
Registration of dentists	Do you agree with one register for all dentists?	**Supportive – 71%** Opposed – 8% No strong views – 10% No response – 10%
Temporary registration	Do you agree that provision should continue for temporary registration of non-EEA dentists?	**Supportive – 57%** Opposed – 13% No strong views – 16% No response – 14%
	If so, for what duration should this registration period extend?	See Table 3, page 39
	Do you agree that dentists with temporary registration should work under strict supervision?	**Supportive – 74%** Opposed – 2% No strong views – 5% No response – 19%
Continuing Professional Development (CPD) for dentists	Do you agree that dentists should have to maintain their own professional competence?	**Supportive – 85%** Opposed – 2% No strong views – 2% No response – 11%
	Do you agree that dentists should be required to demonstrate competence to the satisfaction of the Council in accordance with a professional competence scheme?	**Supportive – 75%** Opposed – 6% No strong views – 6% No response – 12%
	Do you agree that the Dental Council should require a dentist who fails to demonstrate competence to attend a course(s) of further education or training or do anything, which in the opinion of the Council is necessary to satisfy it as to the competence of that dentist?	**Supportive – 80%** Opposed – 2% No strong views – 6% No response – 13%

Auxiliary Dental Professionals

ISSUE	QUESTION	RESPONDENTS' VIEWS
Registration	Do you consider the level of risk to the public is lower for some dental auxiliaries?	**Yes – 61%** No – 25% No response – 14%
	If yes, for which class of auxiliary?	**Low level risk** Dental nurse Dental technicians **Moderate level risk** Dental hygienists **High level risk** Orthodontic therapists Clinical dental technicians
	Should voluntary or mandatory registers be established for all or certain dental auxiliaries?	See pie charts, pages 49 and 50
	Should auxiliary dental professionals be subject to fitness to practise?	**Yes – 67%** Some should be –18% No – 2% No response – 12%
	Who should regulate auxiliary dental professionals?	**The Dental Council – 77%** The HSCPC – 10% No response – 13%
Continuing Professional Development (CPD)	Do you agree that auxiliary dental professionals should be subject to CPD?	**Supportive – 82%** Opposed – 3% No strong views – 3% No response – 11%
Independent practice for auxiliary dental professionals	Do you agree that the public should have independent access to some classes of auxiliary dental professionals?	**Supportive – 54%** Opposed – 29% No strong views – 7% No response – 10%
	Which classes of auxiliary dental professionals should have independent practise?	See Table 5, page 60
Auxiliary Dental Professionals Committee	Do you agree that there should be a statutory committee for auxiliary dental professionals?	**Supportive – 70%** Opposed – 7% No strong views – 12% No response – 12%

Dental Practices

ISSUE	QUESTION	RESPONDENTS' VIEWS
Registration/regulation of dental practices	What do you consider to be the risks to the public in relation to unregulated dental practices/premises?	See table 6, page 63
	Should the new legislation contain provisions for the regulation of dental practices/premises?	**Yes – 78%** No – 10% No response – 11%
	If so, should they be regulated by the Dental Council or by another body?	**The Dental Council – 72%** Another body – 12% No response – 16%
	Should the Dental Council hold inspection powers, or should they be held by another body?	**The Dental Council – 64%** Another body – 20% No response – 16%
Legislative prohibition on the incorporation of dental practices	Should the legislation remove the prohibition on the incorporation of dental practices?	**Supportive – 43%** Opposed – 21% No strong views – 19% No response – 17%
Appointment of Principal Dentists and Registered Owner Representatives	Should the legislation provide for the appointment of a Principal Dentist in each practice?	**Supportive – 52%** Opposed – 16% No strong views – 18% No response – 14%
	Should the legislation provide for the appointment of a Registered Owner Representative for each owner/company?	**Supportive – 49%** Opposed – 16% No strong views – 17% No response – 18%
	Should the legislation provide that the Registered Owner Representative must be a dentist?	**Supportive – 54%** Opposed – 17% No strong views – 12% No response – 17%
	What is the risk to the public if the legislation does not provide for registration of a Principal Dentist?	See table 9, page 76
	What is the risk to the public if the legislation does not provide for registration of a Registered Owner Representative?	See table 10, page 77

Advertising	Should the restrictions placed on dentists regarding advertising be lifted?	**Supportive – 56%** Opposed – 22% No strong views – 12% No response – 10%
	Should the Dental Council be given the power to make rules regarding advertising?	**Supportive – 72%** Opposed – 11% No strong views – 5% No response – 12%

Dental Students/Auxiliary Dental Professional Students

ISSUE	QUESTION	RESPONDENTS' VIEWS
Registration	Do you agree with establishing a separate register for dental students?	**Supportive – 48%** Opposed – 18% No strong views – 20% No response – 13%
Supervision/training following first time registration	Do you think the legislation should provide for supervision and for a training period following first time registration?	**Supportive – 63%** Opposed – 18% No strong views – 8% No response – 10%
	Should such a scheme of supervision/training apply to all first time registrants, including those from other countries?	**Yes – 52%** No – 10% No response – 38%
	How long should the supervision period be?	See table 11, page 86
	Should the scheme provide for supervision only or training only or both?	**Both – 58%** Supervision only – 12% Training only – 2% No response – 29%