An Roinn Sláinte
Department of Health

SMILE AGUS SLÁINTE

NATIONAL ORAL HEALTH POLICY

An Overview

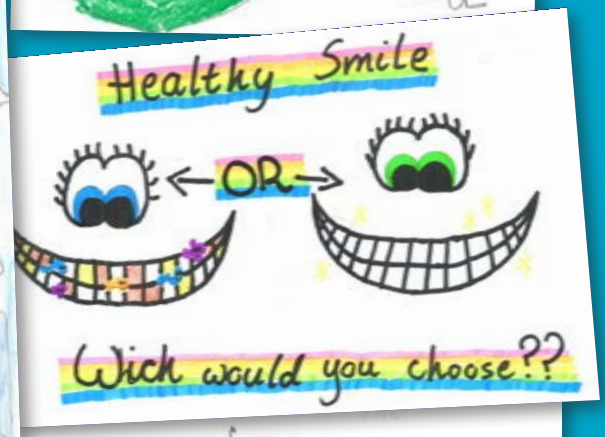

A Smile is for Life
Coca Cola
Carrots
Cow's milk


Brush your teeth
TOOTHPASTE


Healthy teeth tips to brighten up between your lips!


Dont eat rubbish eat Good food


LOOK AFTER YOUR TEETH


Healthy Smile
OR
Wich would you choose??


visit the dentist
Healthy teeth tips
to brighten up between your lips!
mouth guard
floss
water
milk


To keep your teeth white,
cola
tea
coffee
milk
veg
oranges
sugar
fruit
water
toffee
apple
banana
juice
yogurt
soda
cake
caramel
broccoli
cookies
acid
cheese
Brush your teeth at night


Brush Them or Lose Them


Brush Ya
Teeth
Kids!

SMILE AGUS SLÁINTE

ORAL HEALTH EVALUATION

Free oral health examinations will be provided to everyone at key ages:
(5, 12, 15-19, 35-44 and 65+).
These will be provided in the local dental surgery.
Data will go to the Public Oral Health Observatory.
There will be Pathfinder Surveys to identify oral health needs of vulnerable patients.

ORAL HEALTH and HEALTH PROMOTION

APPLYING TO ALL PEOPLE OF ALL AGES.

- HEALTH PROMOTION PROGRAMMES
- HEALTHY IRELAND FRAMEWORK
- SIGNPOSTING TO SERVICES

5 YEARS | 12 YEARS | 15-19 YEARS | 35-44 YEARS | 65+ YEARS

AGES 0-16 YEARS | **ADULTS 16-24 YEARS** | **ADULTS 25-65 YEARS** | **ADULTS 65-69 YEARS** | **ADULTS 70 YEARS AND OLDER**

ORAL HEALTHCARE PACKAGES ARE PROVIDED FOR ALL CHILDREN

ORAL HEALTHCARE PACKAGES ARE PROVIDED FOR MEDICAL CARD HOLDERS FROM AGE 16+

EIGHT PREVENTIVE ORAL HEALTHCARE PACKAGES WILL BE PROVIDED

The relevant four age bands are:

- 0-2 yrs: PACKAGE 1
- 2-6 yrs: PACKAGES 2 and 3
- 6-12 yrs: PACKAGES 4, 5 and 6
- 12-16 yrs: PACKAGES 7 and 8

PACKAGES INCLUDE

Examination, Preventive advice, Referrals, Prescriptions, Fillings and extractions, Emergency services, Radiographs Fissure Sealants, Primary care e.g. fillings and extractions, Assessments including orthodontics and oral surgery.

PREVENTIVE PACKAGE

Every year

ROUTINE PRIMARY CARE

Every year

Emergency (extraction of teeth), prescriptions, medication, fillings, periodontal care (cleaning of gums), deep cleaning and root scaling.

COMPLEX CARE

Every year

Periodontal care, dentures, endodontics and other complex care.

PREVENTIVE PACKAGE

Every two years

An emphasis on assessment for head and neck cancer.

ROUTINE PRIMARY CARE

Every year

Emergency (extraction of teeth), prescriptions, medication, fillings, periodontal care (cleaning of gums), deep cleaning and root scaling.

COMPLEX CARE

Every year

Periodontal care, dentures, endodontics and other complex care – implants according to a clinical care pathway.

PREVENTIVE PACKAGE

Every two years

An emphasis on assessment for head and neck cancer. Greater emphasis on high fluoride therapies will be provided every two years but if high risk - every year

ROUTINE PRIMARY CARE

Every year

Emergency (extraction of teeth), prescriptions, medication, fillings, periodontal care (cleaning of gums), deep cleaning and root scaling.

COMPLEX CARE

Every year

Periodontal care, dentures, endodontics and other complex care – implants according to a clinical care pathway.

PREVENTIVE PACKAGE

Every year

An emphasis on assessment for head and neck cancer and high prevention/ high fluoride therapies.

ROUTINE PRIMARY CARE

Every year

Emergency (extraction of teeth), prescriptions, medication, fillings, periodontal care (cleaning of gums), deep cleaning and root scaling.

COMPLEX CARE

Every year

Periodontal care, dentures, endodontics and other complex care – implants according to a clinical care pathway for denture retention particularly

PROVIDED BY LOCAL DENTIST: PACKAGES OF CARE – PACKAGES WILL CONTAIN THREE LAYERS: PREVENTIVE, ROUTINE PRIMARY CARE and COMPLEX CARE

SUPPORT SERVICES FOR VULNERABLE PEOPLE PROVIDED BY COMMUNITY ORAL HEALTHCARE SERVICES; ADVANCED ORAL HEALTHCARE CENTRES FOR SECONDARY/TERTIARY CARE

SMILE AGUS SLÁINTE

NATIONAL ORAL HEALTH POLICY

An Overview

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The National Oral Health Policy is available at https://health.gov.ie/

Foreword

Good oral health is an integral part of our general health and wellbeing, and important to our enjoyment of life. We need a health service that supports us to have our best oral health, from birth to old age. Smile agus Sláinte provides the guiding principles to transform our current oral healthcare service over the next eight years.

Sláintecare is our long-term vision for building a better health service, through a joined–up approach, designed around the needs of people and providing services close to home. Smile agus Sláinte emphasises the same ideals: primary care, integrated oral and general health, and prevention. This keeps the focus on ensuring local access and continuity of care within a primary oral healthcare setting.

The Policy has two key goals:-

- to provide the supports to enable every individual to achieve their personal best oral health.
- to reduce oral health inequalities across the population, by enabling vulnerable groups to access oral healthcare and improve their oral health.

Smile agus Sláinte will facilitate better oral healthcare for everyone. It will support the provision of all levels of care, by appropriate healthcare professionals and in the most suitable settings. Just as importantly, it will support patient choice and access.

People in Ireland have benefitted greatly from the improvements in oral health over the past thirty years. It is vital that these improvements continue and benefit all our population. This will require a wide range of healthcare professionals, in dental and general health, across community, hospital and public and private sectors, working together for the benefit of all our people.

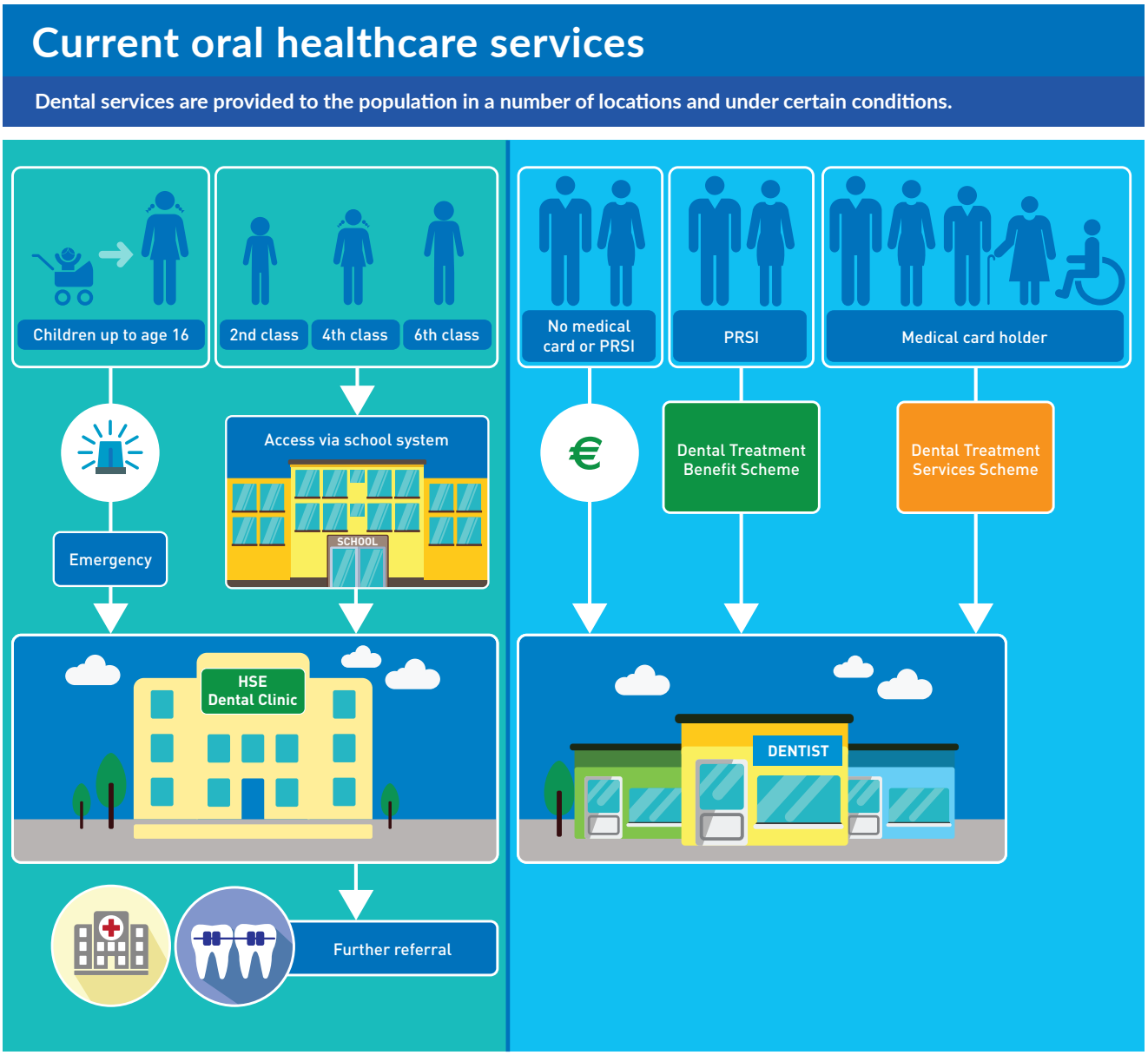
I would like to thank the Chief Dental Officer, Dr Dympna Kavanagh, and her project team who led the development of Smile agus Sláinte. I would like to acknowledge the contribution of the Oral Health Policy Academic Reference Group, who had the task of collating and analysing the scientific evidence to underpin this Policy. This was chaired most effectively by Emeritus Professor Denis O'Mullane, supported by the vice chair, Professor Brian O'Connell. The standards and support provided by external experts ensured that the evidence is in line with international standards.

I look forward to your support in transforming our oral healthcare services over the next number of years and to working with the many stakeholders to deliver Smile agus Sláinte.

Simon Harris TD
Minister for Health

Current oral healthcare service

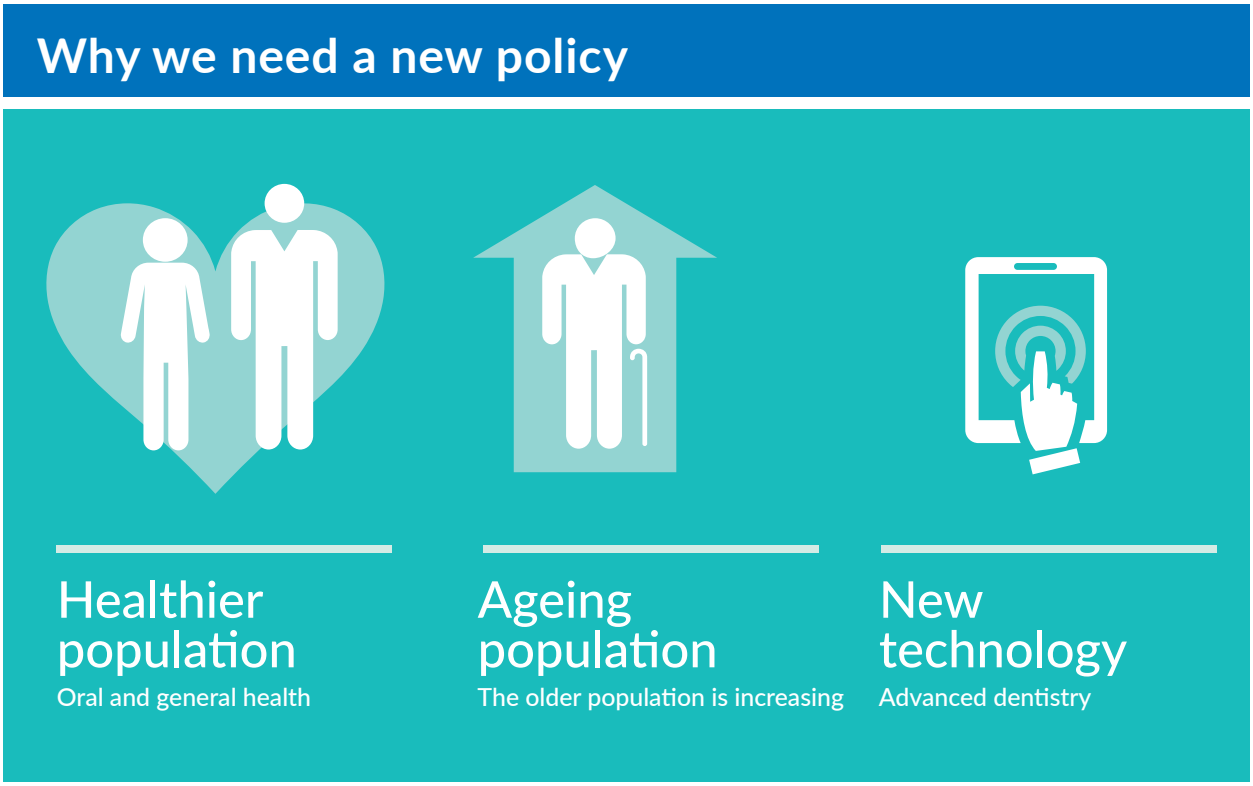
The current service is based on the Dental Health Action Plan (1994), which was informed by data from the 1980s. It divides the population into three categories: children, adults, and vulnerable groups. All three populations have separate oral healthcare service structures, in different settings and with varying State schemes and approval mechanisms. The current system has left gaps in routine oral healthcare for significant sectors of the population, especially the very young, people with disabilities, and older people.



Why do we need a new policy?

There are three key reasons why a new national oral health policy is needed:

- Improvements in health, including oral health status, in the general population at all ages have altered the type of healthcare and oral (dental) healthcare required.
- Changing demographics and oral health challenges confronting vulnerable groups have resulted in inequalities in oral health status and in access to oral healthcare.
- New technology, knowledge and philosophies in dental care have changed service delivery and now enable the delivery of complex care in primary oral healthcare settings.



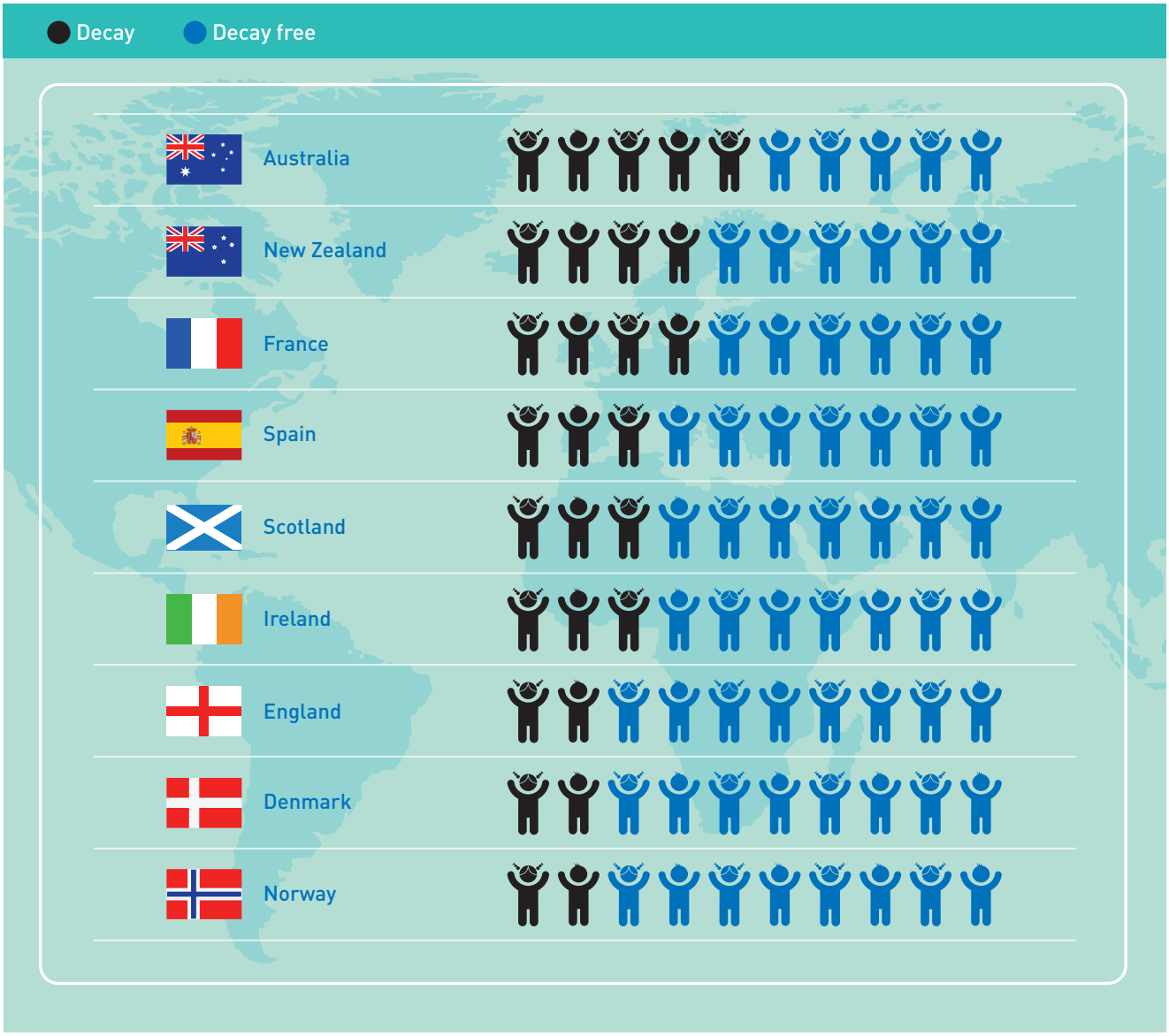
Summary of oral health in Ireland: international comparisons and trends

Ireland's recent oral health status was compared internationally using data from the WHO (Europe), as well as data from national surveys carried out in the United States of America (USA), Australia and New Zealand. Dental decay and tooth loss were presented for the key ages of 5 and/or 6, 12, and 65 years or older in these international datasets.

The changes in dental decay rates of the Irish population are in line with international trends.

International comparisons

5/6-year-olds – Proportion with dental decay

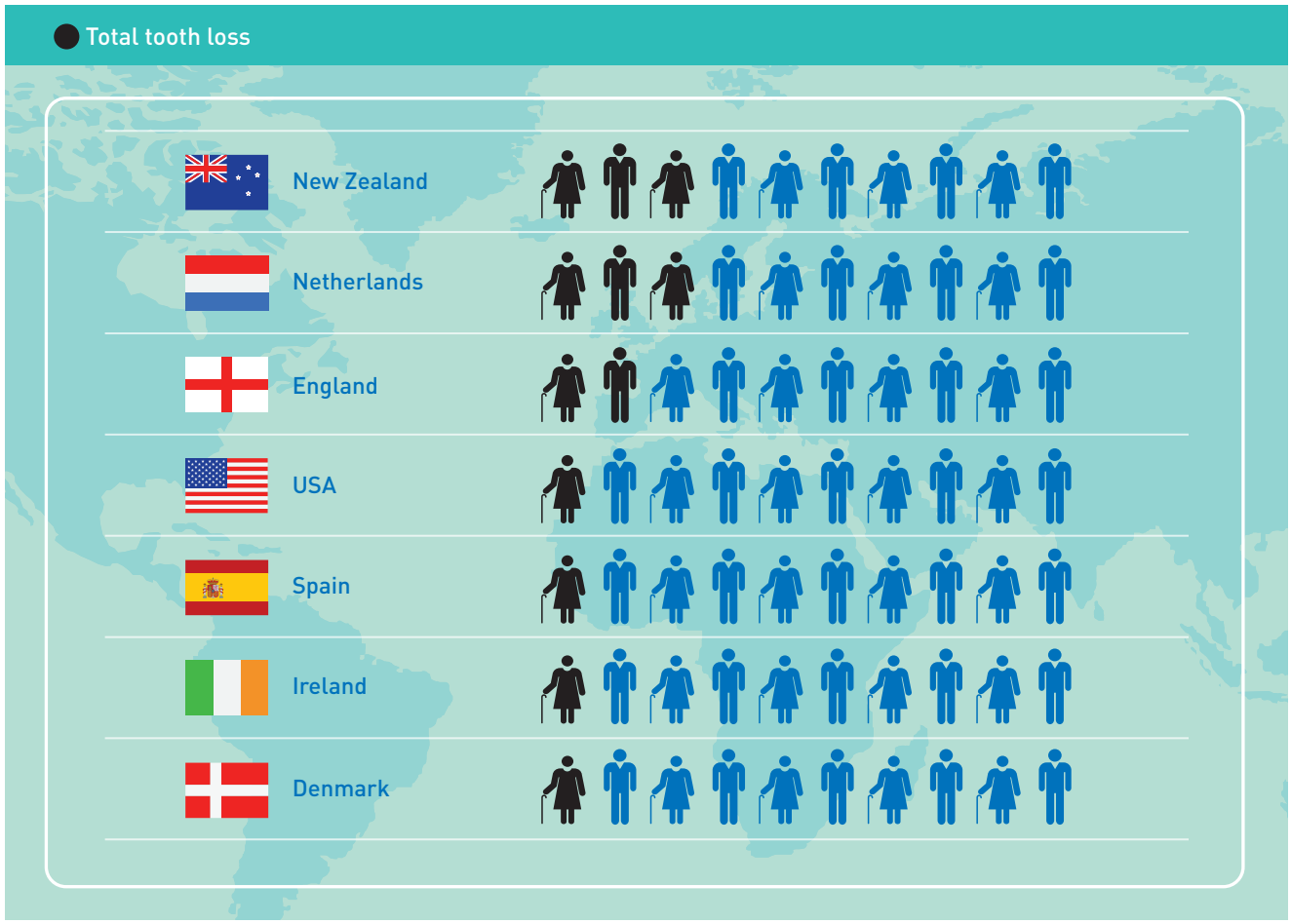


International comparisons

12- year-olds – Average number of decayed teeth

International comparisons

65–74-year-olds – Proportion with total tooth loss



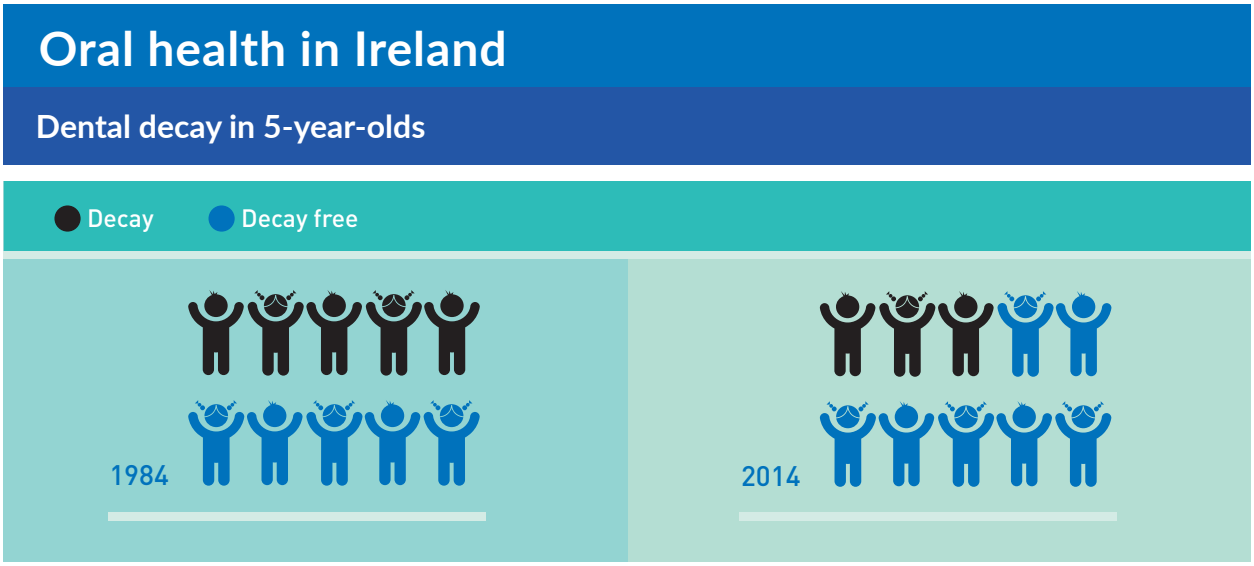
Substantial improvements in dental decay rates, in many sections of society, have occurred.

The decline in dental decay in Ireland has been mainly attributed to:

- The widespread use of fluoridated toothpaste since the 1980s and
- The protective presence of fluoride in public water supplies in Ireland since the 1960s.

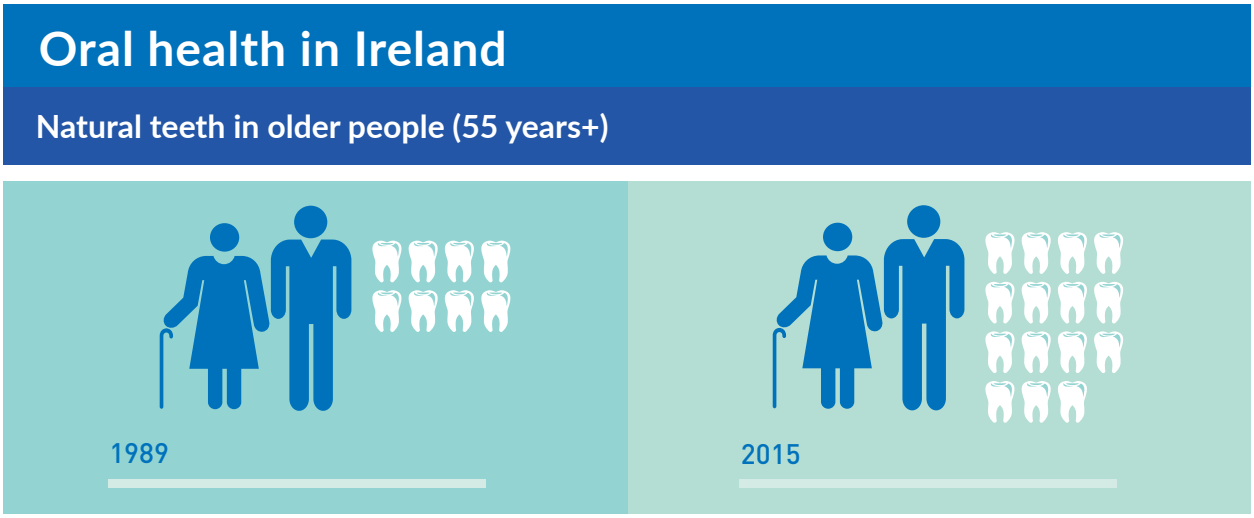
The decline in tooth loss and increasing maintenance of teeth has been attributed to:

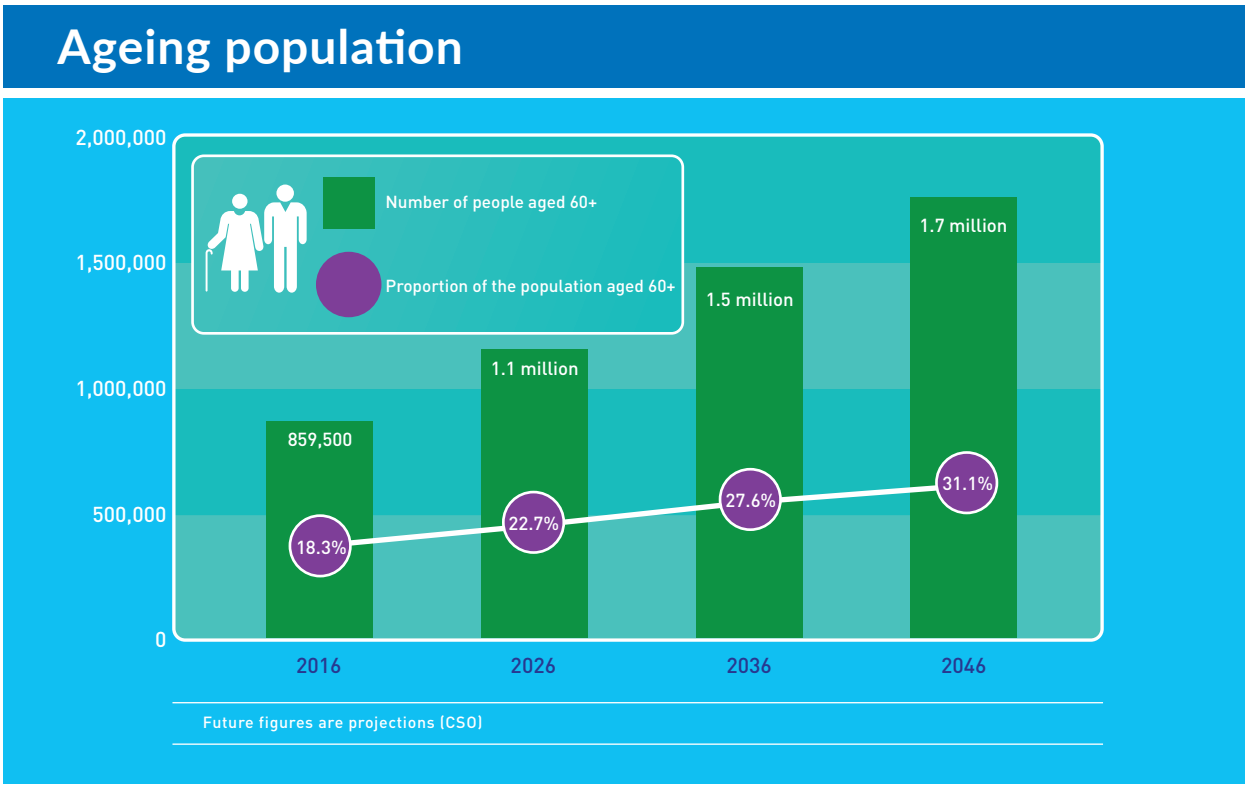
- Changes in treatment philosophies, emphasising prevention as well as stabilising and reversing early dental decay. Minimal intervention techniques are increasingly used, supported by improved technology.
- Maintenance of dentition, rather than tooth loss, is now preferable and expected by the public.



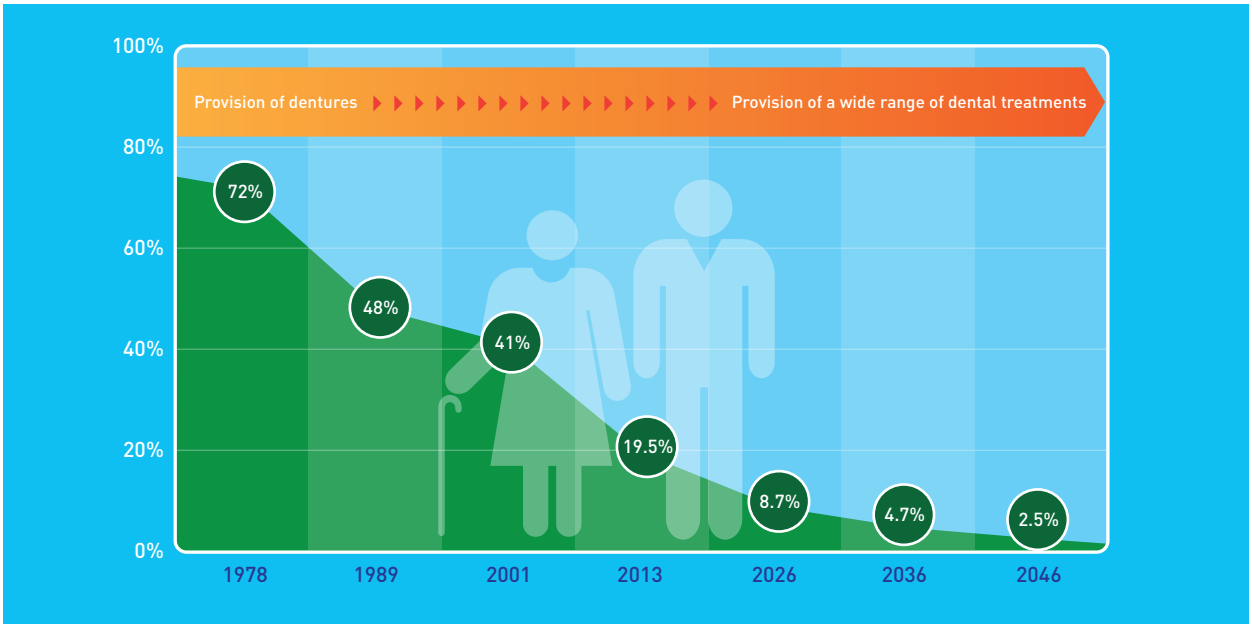
While dental decay rates in Ireland have reduced by comparison with previous decades, there is a need for a new policy approach due to a higher level of unmet need in a number of population groups.

The Irish LongituDinal Study on Ageing (TILDA), Fluoride and Caring for Children's Teeth (FACCT), and Healthy Ireland surveys have demonstrated the level of unmet need, poor oral health-related quality of life and risk in certain vulnerable groups: children who require early intervention, adolescents with increased risk factors, people with disabilities in midlife, and frail older people. Refugees, homeless people, people with mental health conditions, and others in residential settings are also susceptible to poor oral health. Ireland's population is getting older, which places greater demands on oral healthcare services. Retaining teeth and improving oral health quality of life of these groups is a key focus of this Policy.

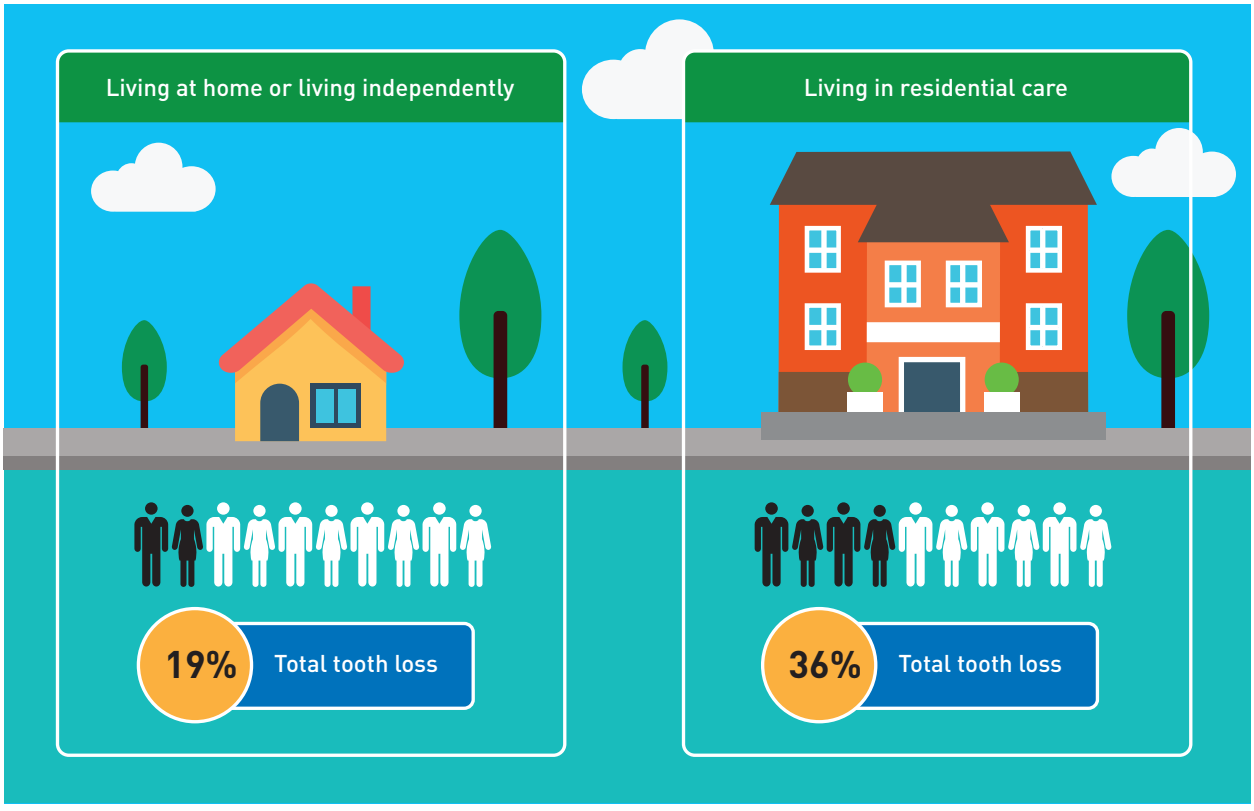




Total tooth loss in older people (65 years+)



Oral health in older people with a disability (50 years+)



Smile agus Sláinte goals

GOAL 1

The primary goal of the Policy is to provide the supports to enable every individual to achieve their personal best oral health.

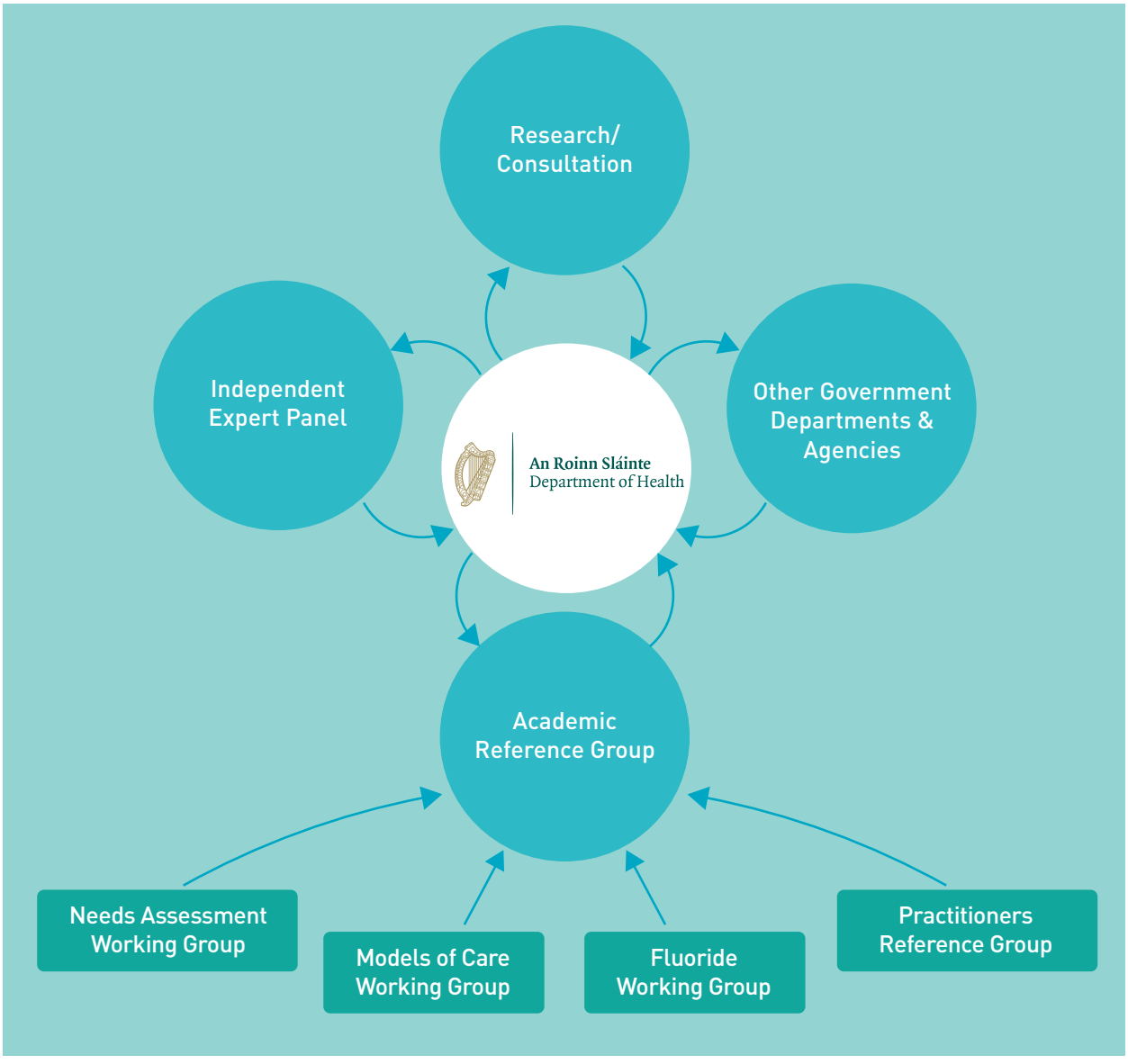
GOAL 2

The second goal is to reduce oral health inequalities across the population by enabling vulnerable groups to access oral healthcare and improve their oral health.

How was Smile agus Sláinte developed?

The development of Smile agus Sláinte commenced in 2014 and was led by the Department of Health. The strategies contained in the Policy have been informed by the deliberations of oral healthcare professionals through a series of working groups, and by detailed research and surveys which were commissioned in recent years.

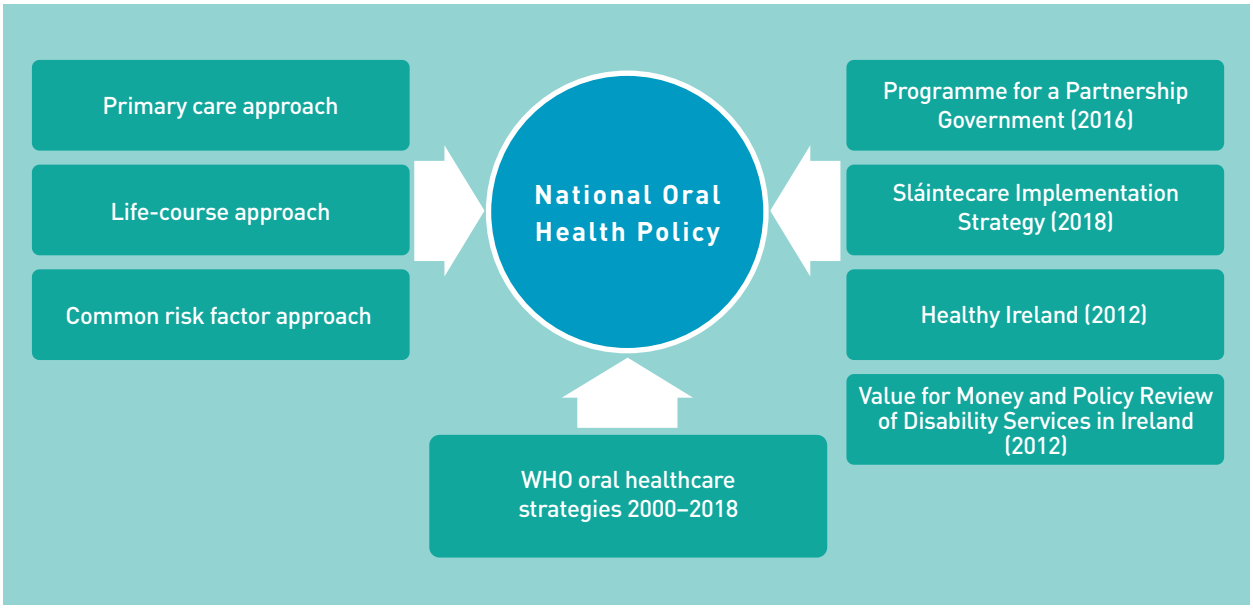
How was the Policy developed?



Theoretical framework and underlying philosophies of Smile agus Sláinte

Smile agus Sláinte aligns with other Government and health policies such as Healthy Ireland (2012), the Programme for a Partnership Government (2016) and the Sláintecare Implementation Strategy (2018). The cross-cutting nature of other policies that were simultaneously in development was also taken into account. The Policy is aligned with international policies and especially reflects approaches endorsed by the World Health Organization (WHO) and the European Union (EU). In particular, the WHO oral healthcare strategies, from 2000 to 2018, were analysed and considered in detail.

Policy framework



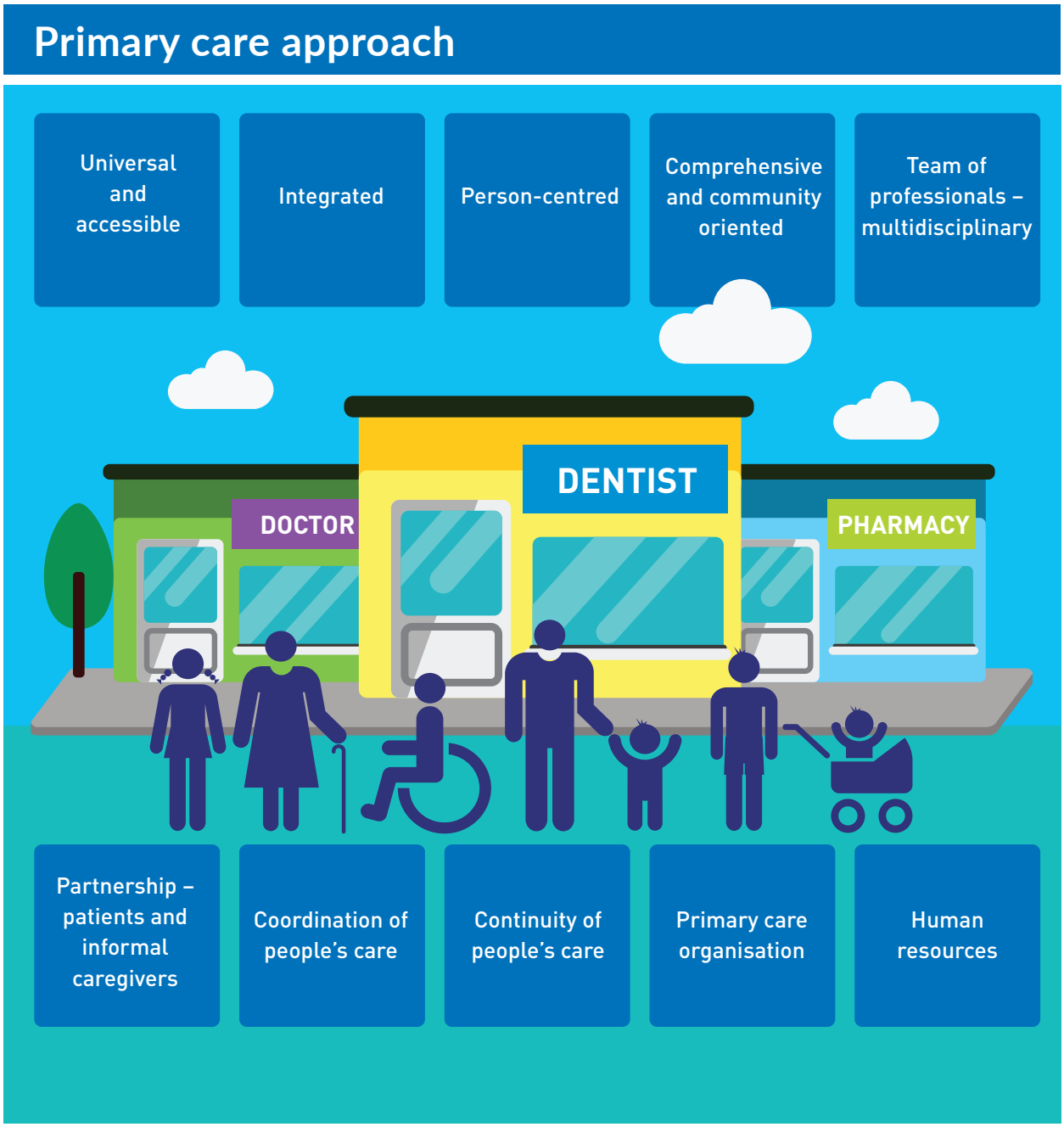
There are three key approaches which underpin the Policy:

- Primary care approach
- Life-course approach
- Common risk factor approach

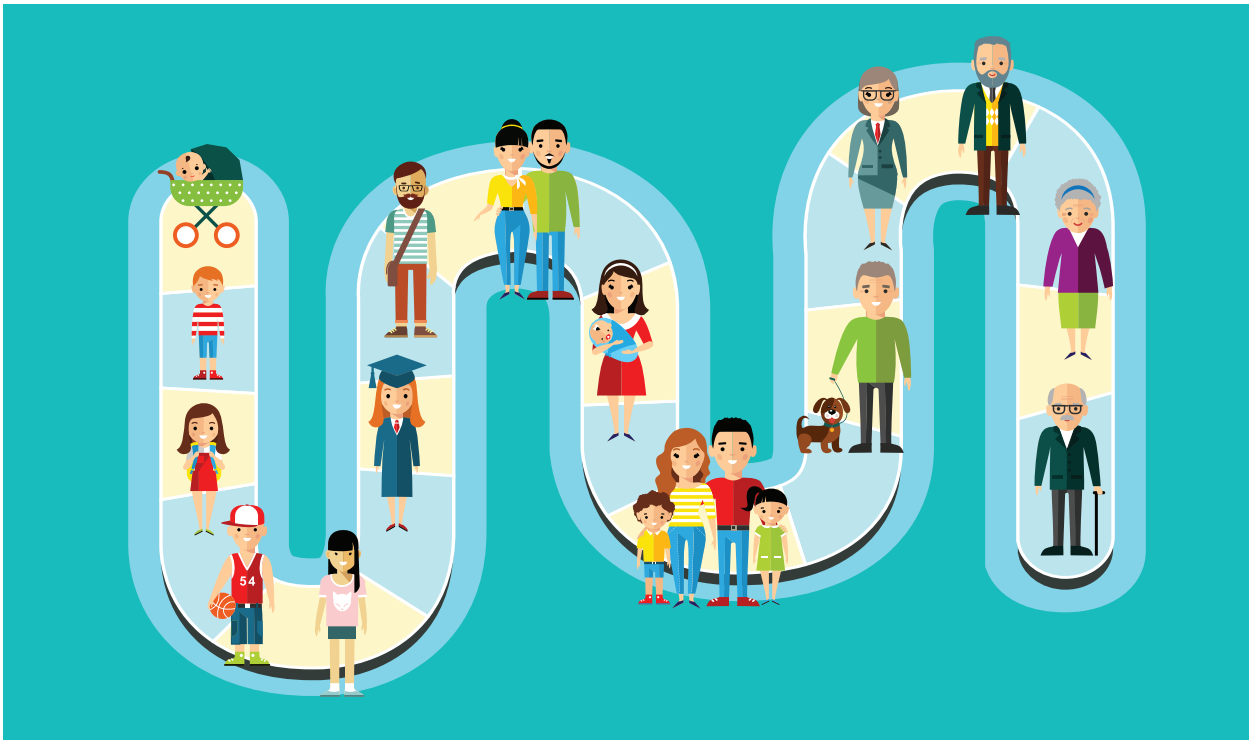
Smile agus Sláinte adopts a 'primary care approach', where the majority of oral healthcare is provided by a local oral healthcare professional of an individual's choosing. This approach emphasises prevention, local access, person-centred care and family-centred care, and facilitation of choice for the public.

The other philosophies that informed Smile agus Sláinte included the 'life-course approach', which supports prevention and oral healthcare from birth to old age. In addition, the 'common risk factor approach' was integrated into the Policy. This approach recognises that risk factors for poor oral health are similar to those for poor general health – namely alcohol consumption, tobacco use and a high-sugar diet.

The mainstreaming ethos, which supports people with disabilities and vulnerable people to have access to oral healthcare services comparable to that for the rest of the population, was also taken into account.



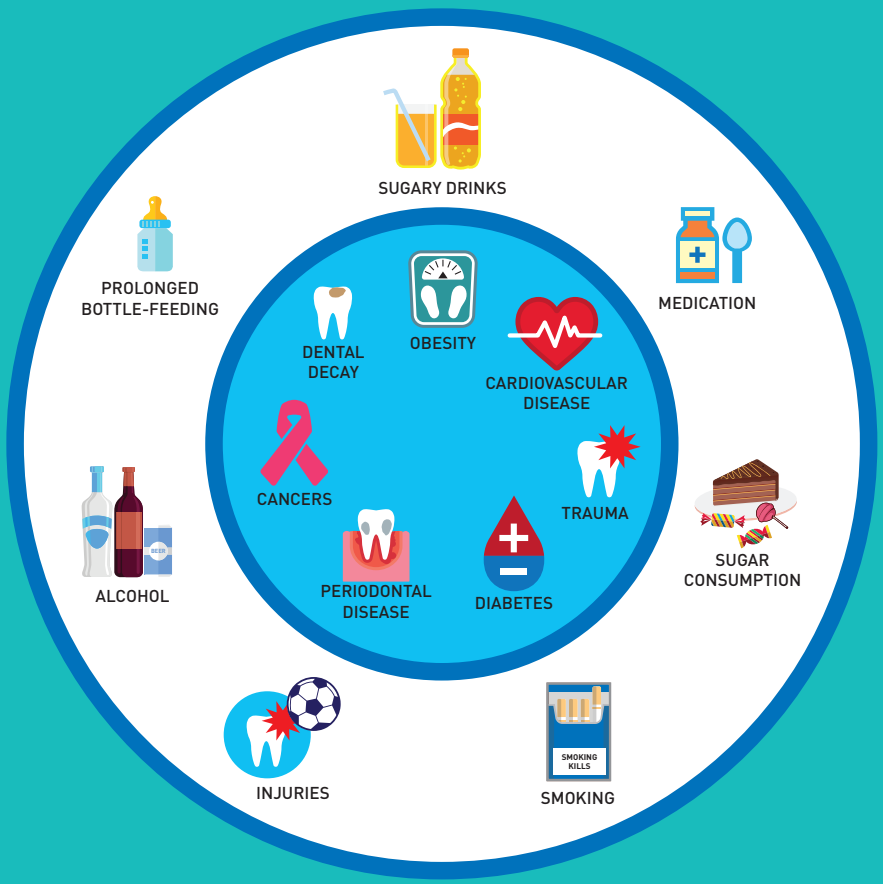
Life-course approach



Common risk factors

Outer white circle: RISKS

Inner blue circle: HEALTH AND ORAL HEALTH CONDITIONS



Evidence base of Smile agus Sláinte

The Policy is evidence informed by research, public concerns and professional consultation.

Research

Public concerns

In a study on the public's attitudes to oral health issues, the extent of problems due to poor oral health was measured. Respondents reported:

Feedback from professional consultations

It's a bit of variety as well like general practice where you might have to do a difficult extraction on somebody there, big filling on another and then you're seeing some children doing some preventative fissure seals or just having a look at their teeth, about brushing and that type of thing, so yes, it's a good variety of each.

We see a few elderly patients here, they come in the wheelchair taxi and we take a bit of time over them.

I don't go out and do domiciliary care, home visits or anything like that, because it's quite difficult.

I think variety keeps things interesting. I find if you do the same thing all the time it might get a little frustrating.

When they come in in pain you don't have a chance to get a rapport.

I feel in my heart, another thing that would make an impact is talking to very young mothers.

Allowing dental nurses to carry out extended duties...can allow for more efficient dental services.

If you're non-mobile, if you can't make it to a dental clinic you're in trouble dental wise.

I'm not sure what the ideal system is. It will be difficult to find one that works for everyone.

A dentist should be able to do a bit of everything, whether it's basic orthodontics or surgery.

It's not my job to persuade a patient to get expensive treatments. I just want to make them pain free and confident with how they look.

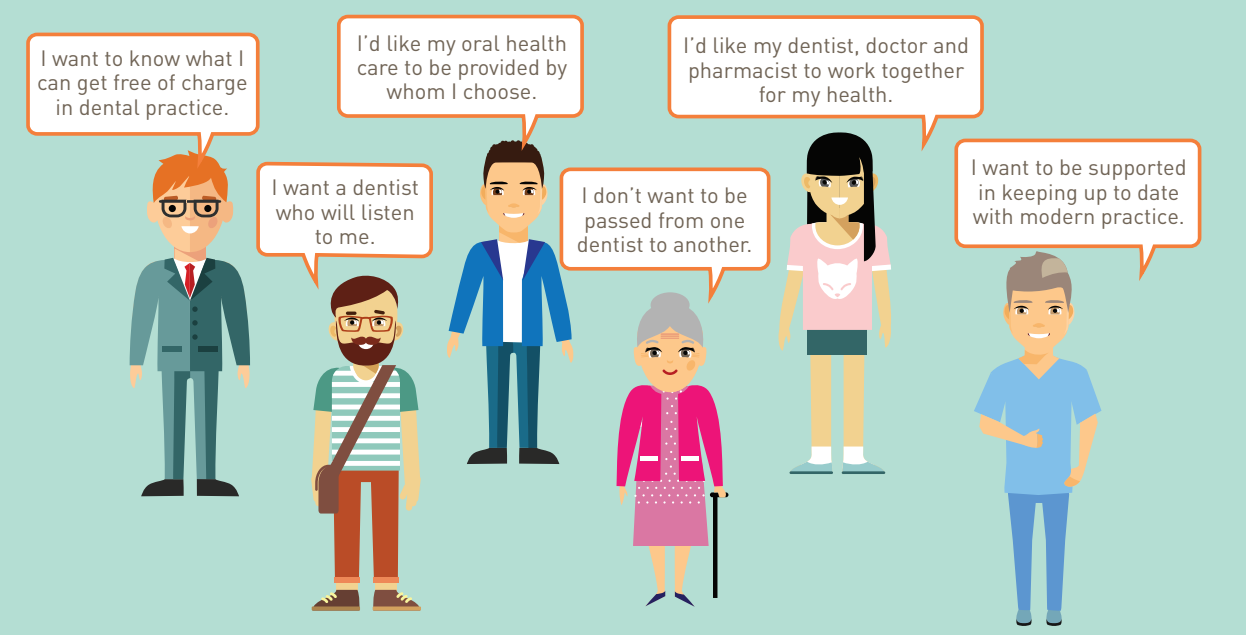
When you qualify as a dentist, you're qualified to do everything ... you're not going to use all these skills when you work in the Public Dental Service.

Dental hygienists are strong supporters of educating their patients on the links between oral health and overall physical, social and mental wellbeing.

We share the same risk factors, what we eat, how much we drink, whether we smoke...

It is a very drawn-out process for medical card patients to obtain necessary treatment.

Factors considered in the development of the Policy



Who will benefit from Smile agus Sláinte?

Those who are currently eligible for publicly funded primary oral healthcare services will continue to be eligible, i.e. children aged under 16 years and adults with medical cards. Hospital services will also reflect current eligibility.

However, Smile agus Sláinte is intended to ultimately benefit the whole population: the adoption of a primary oral healthcare approach will inform the nature of the services provided by the private sector also. Regulation and education will support these guiding principles, ensuring that the oral healthcare workforce will be enabled to provide a preventive and primary care-supported approach. It will promote the provision of a broader, person-and family-centred service for all. In addition, health and oral health promotion programmes will be available to all regardless of eligibility. In view of this, oral health will be expected to improve throughout the population following implementation of the Policy. The evaluation of the public's oral health needs (the clinical surveillance programme) will also measure the impact of the Policy and will monitor changes in oral health for the whole population.

Smile agus Sláinte for all ages

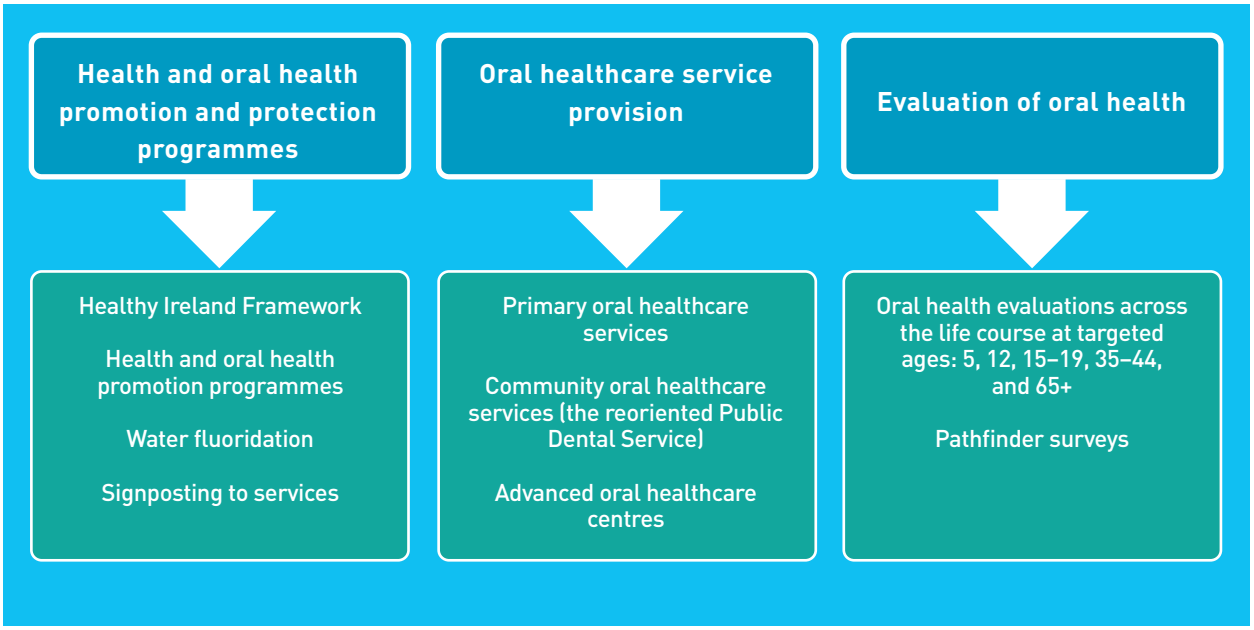
What programmes and services will be delivered under Smile agus Sláinte?

In order to enable people to achieve their personal best oral health, oral health promotion and protection programmes must be put in place. Those who need treatment must be supported by primary oral healthcare services. These primary oral healthcare services must be complimented by 'safety net' services, both in protected environments and in advanced oral healthcare settings e.g. hospitals.

The Policy features three strategic strands:

- Health and oral health promotion and protection programmes
- Oral healthcare service provision
- Evaluation of oral health in the population (clinical surveillance programme).

Three strategic strands



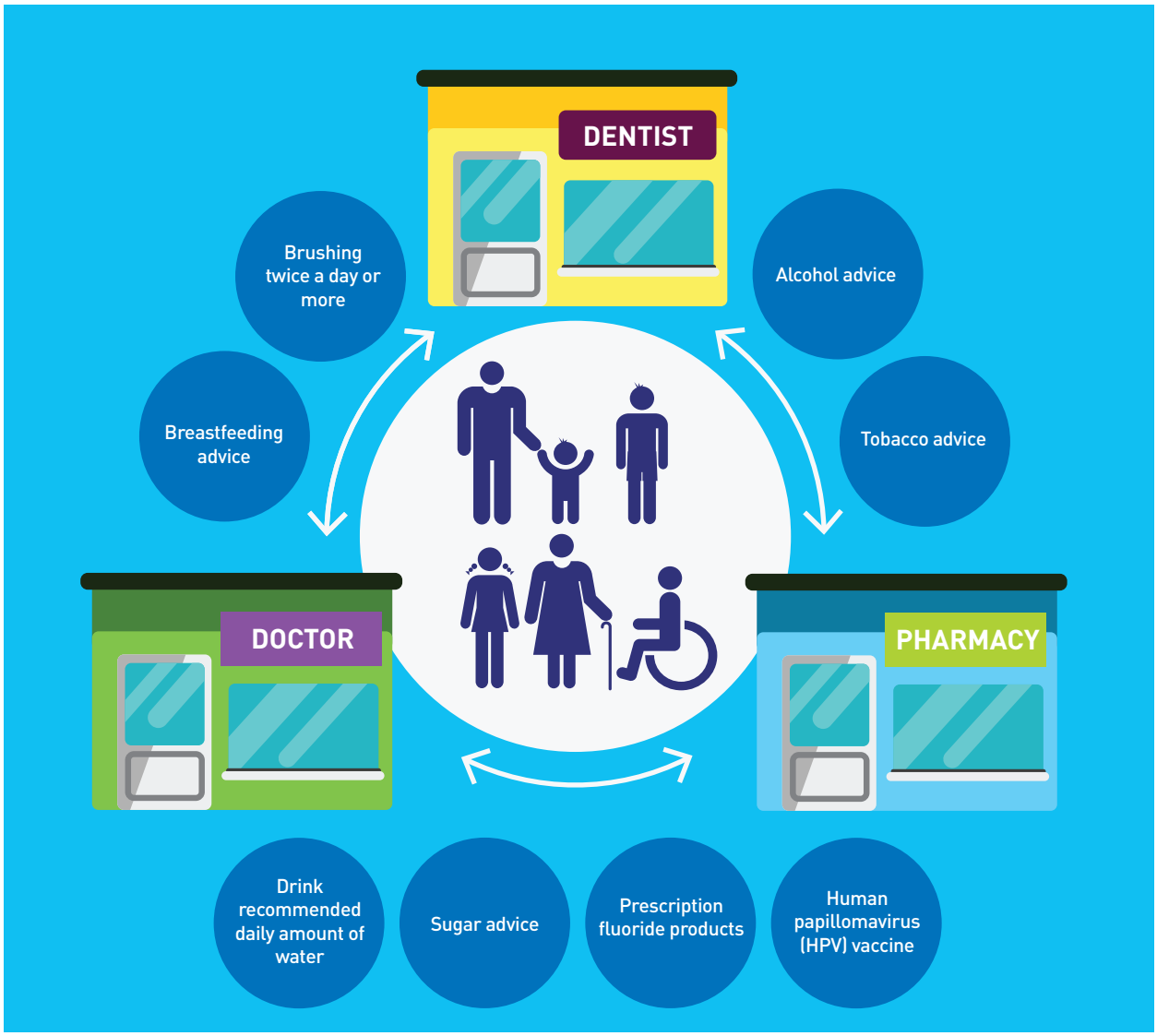
Strategic Strand 1:

Health and oral health promotion and protection programmes

Smile agus Sláinte will continue to address the risk factors for oral health through oral health promotion and protection programmes. These programmes will include regulations, community programmes and providing advice to individuals. This strategic strand also necessitates oral and general healthcare professionals working together.

Prevention and support

Advice and preventive interventions



Strategic Strand 2:

Oral healthcare service provision

The second strand, oral healthcare service provision, has three core oral healthcare service streams, as follows:

1. Primary oral healthcare services
2. Community oral healthcare services
3. Advanced oral healthcare centres

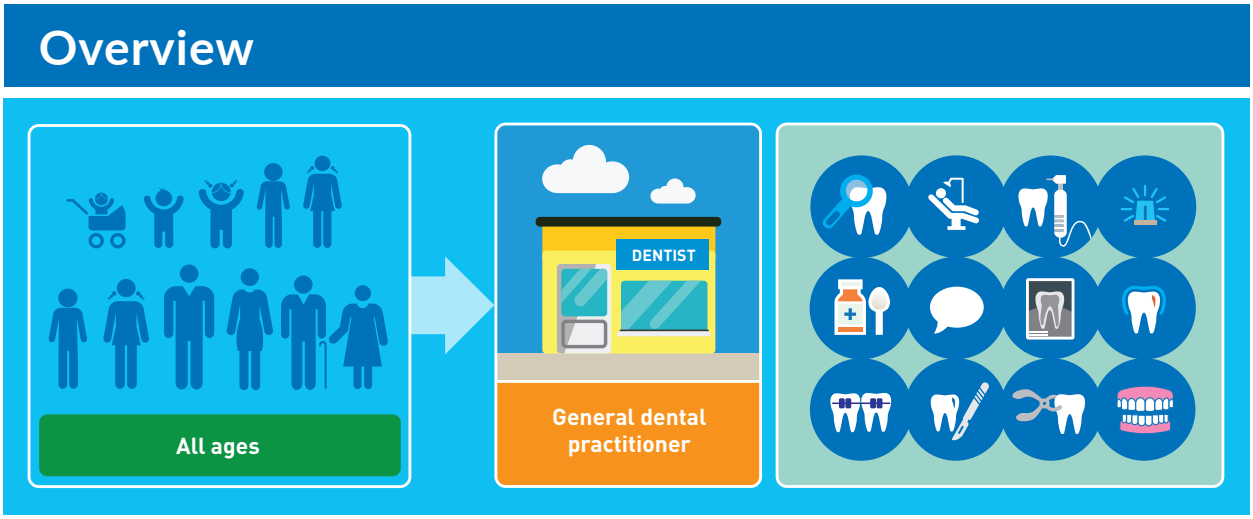
Most care will be provided by local dentists and their teams. This means that children, adults and vulnerable people will all be able to access oral healthcare in a primary oral healthcare (dental) practice of the individual's choosing. People will have access to preventive-focused dental care via 'oral healthcare packages' throughout their lives.

The reoriented HSE Public Dental Service (referred to as community oral healthcare services throughout Smile agus Sláinte) will have three key roles: the delivery of oral health promotion programmes; the provision of oral healthcare services to vulnerable people; and assessing the oral health status and oral healthcare needs of vulnerable groups, especially those living in residential care.

Advanced oral healthcare will be provided in hospitals, dental hospitals and other appropriate settings. These facilities will be designated as advanced oral healthcare centres.

Primary oral healthcare services

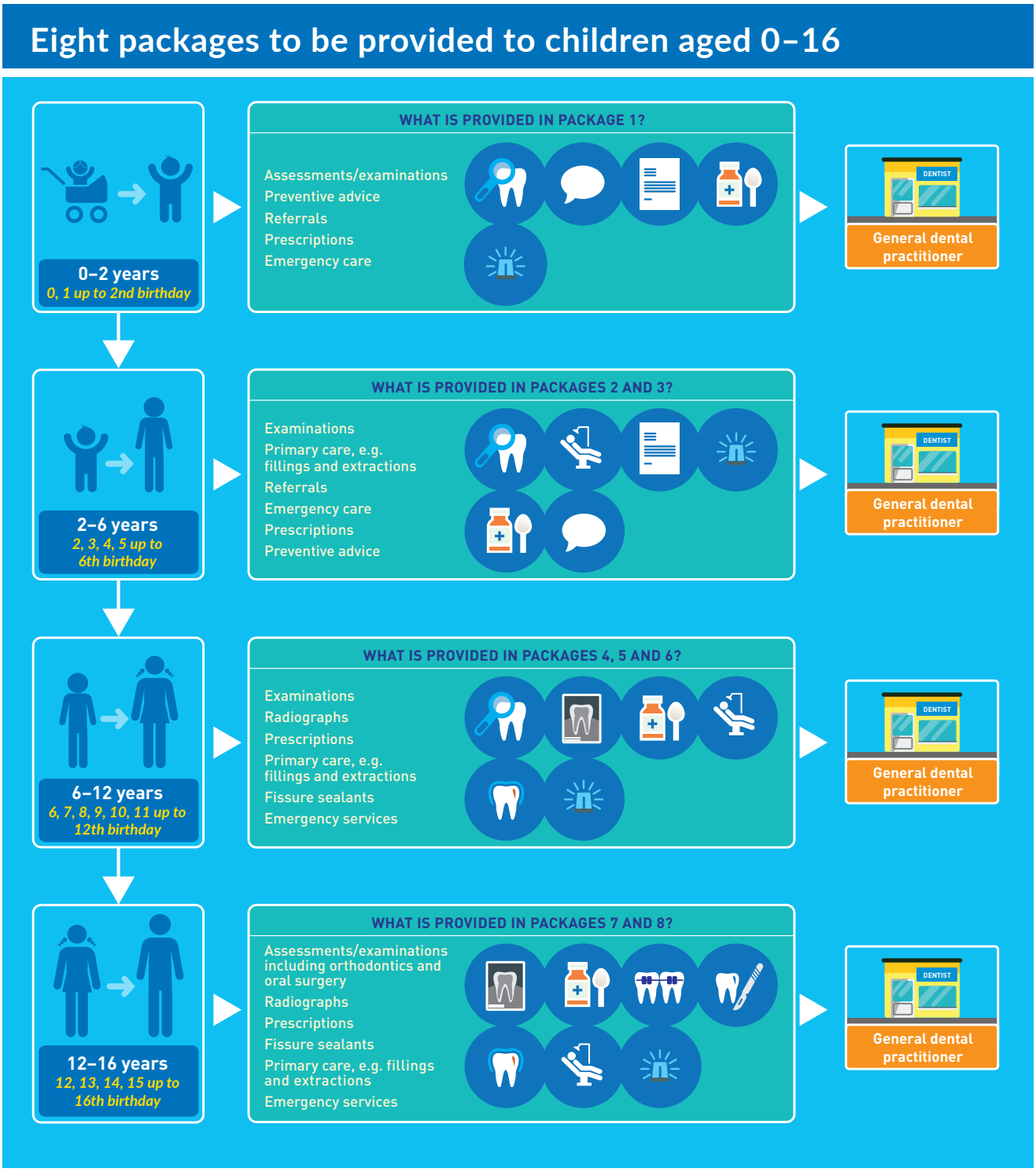
Primary oral healthcare services for children aged under 16 years and medical card holders (including all vulnerable persons) will be provided by local dentists and their teams. Prevention is foremost in all service provision. The local dentist will be the first point of contact for all oral healthcare services, and most oral healthcare will take place in this primary oral healthcare setting. The provider payment method (reimbursement) for the primary oral healthcare services will change from a predominantly fee-per-item system to a mixed payment scheme e.g. packages, fee-per-item, and/or service level agreements.



Children (0–16 years)

- Eight oral healthcare packages will be available for children, from their local dentist. These will focus on prevention and primary care, e.g. examinations, fissure sealants, fillings and extractions.
- Such oral healthcare packages will be available from the child's birth until they reach their 16th birthday, within four age bands.
- Parents and guardians will be able to choose and change the dentist for their child, should they wish to do so, following delivery of each oral healthcare package.

- Parents and guardians will be able to choose, in conjunction with the dentist, when and how they want each oral healthcare package for each child delivered.
- Selected simple orthodontic procedures and oral surgery will be delivered by primary dental care practices, supported by clinical care pathways[1].

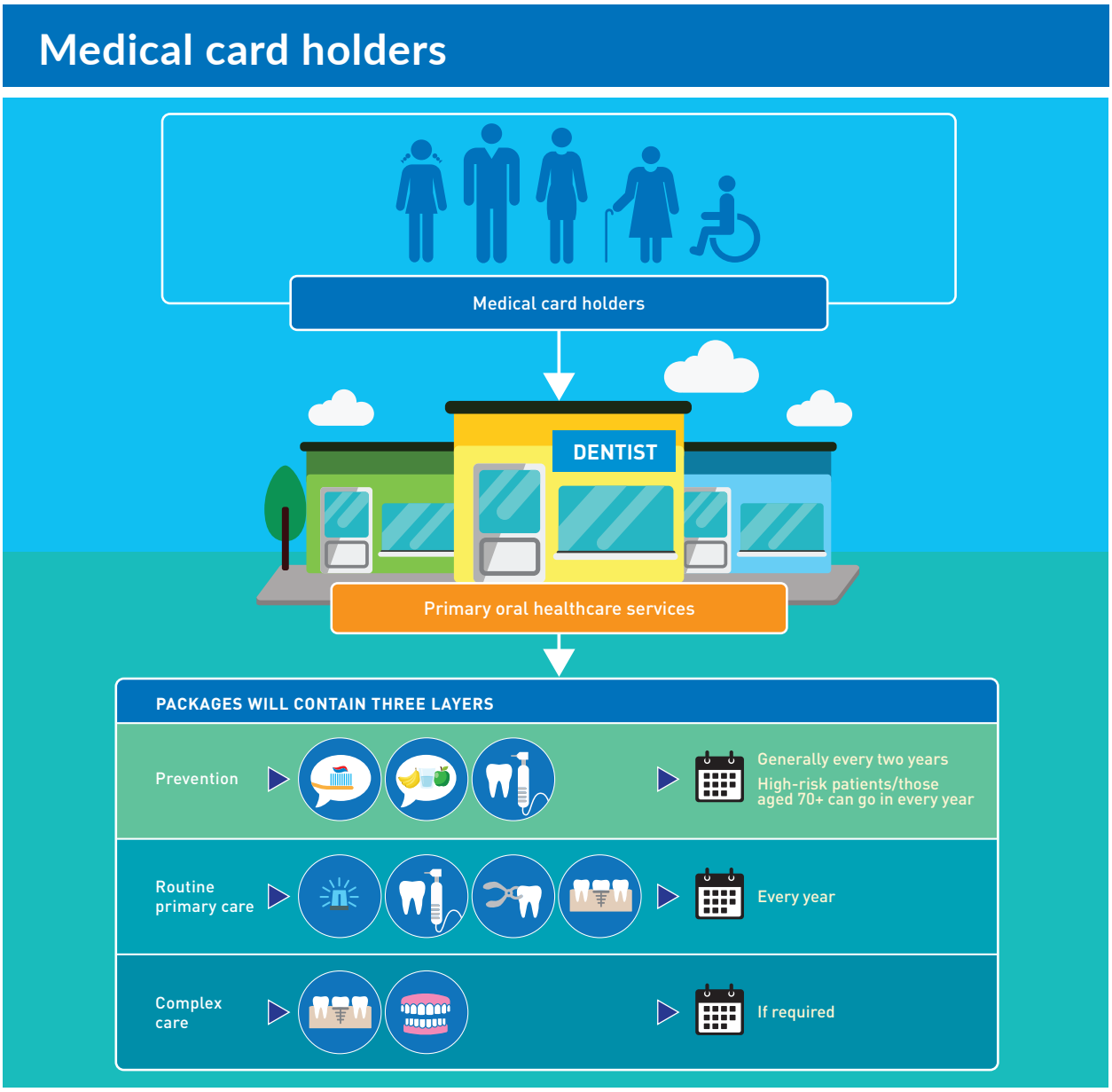


1 Clinical care pathways are multidisciplinary care plans that outline the main clinical interventions undertaken by different healthcare professionals in the care of service users with a specific condition or set of symptoms.

Adults (medical card holders)

The choice of dentist, and the option to change to another dentist, will also be available for adult medical card holders. Oral healthcare for the adult sector of the population will consist of:

- Preventive and basic primary oral healthcare packages. Adolescents and young people aged between 16 and 25 years will receive an annual oral healthcare package, as will those aged over 70 years. All other adults, unless considered vulnerable or needing additional support, will have available a new individual oral healthcare package every two years.
- In addition to preventive oral healthcare packages, routine oral healthcare will be provided, e.g. fillings, extractions and periodontal (gum) care.
- Complex care will be available to adult medical card holders; it will be supported by clinical care pathways, e.g. advanced periodontal care and denture provision.

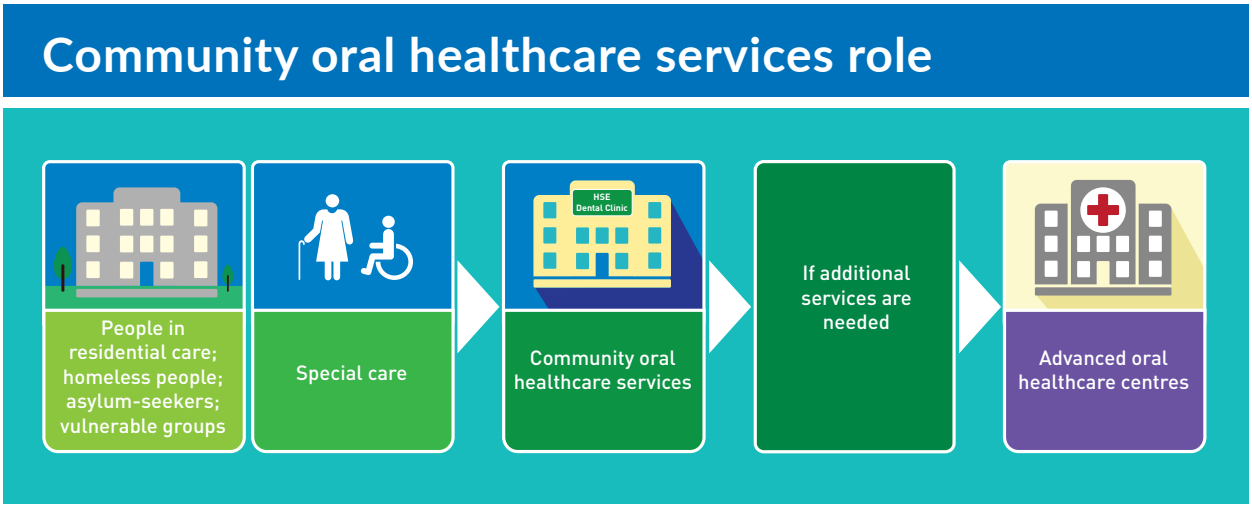


Vulnerable people (children and adults)

In all cases, the general dental practitioner will be the first point of contact for providing oral healthcare for vulnerable patients. Using a targeted public health approach, the dentist will also be able to refer patients to the supporting HSE community oral healthcare services or to an advanced oral healthcare centre if necessary. However, even if a patient has been referred to such a service or centre, the local dentist will remain the oral healthcare coordinator for that patient.

Community oral healthcare services

HSE community oral healthcare services will provide services to vulnerable people referred from their local dentist for episodic care. However, in some cases – such as for people living in residential care or for people with moderate to profound disabilities – services may be provided long term by community oral healthcare services. Assessing, planning and ensuring provision of oral healthcare services to people living in residential care or in a similar environment will be a priority focus for community oral healthcare services.



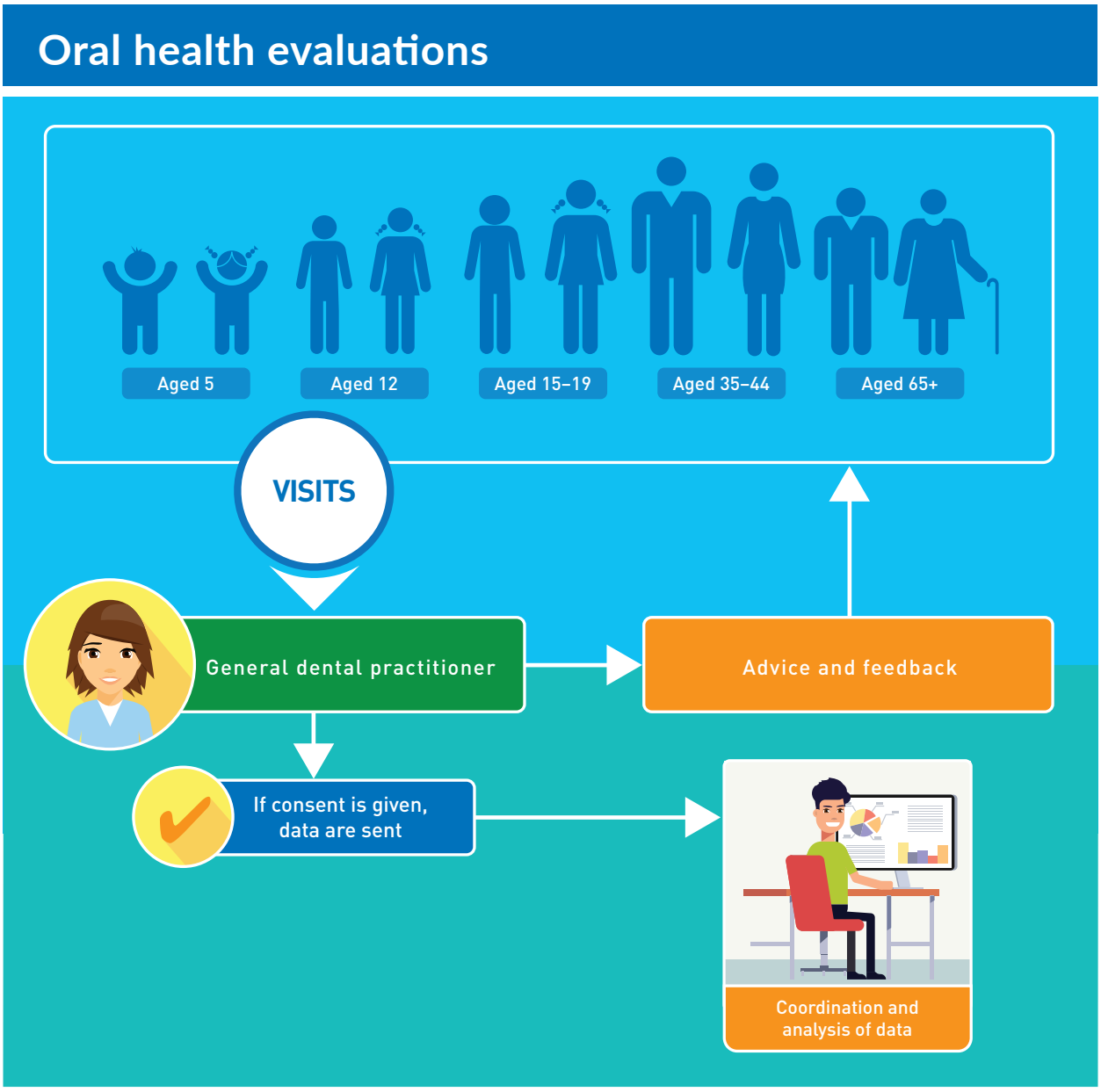
Advanced oral healthcare centres

Advanced oral healthcare centres will provide services that require additional skills that cannot usually be provided in a primary oral healthcare setting. Advanced oral healthcare is already provided in many settings. A process to formally recognise certain sites – including dental hospitals, hospitals, and other locations with appropriate facilities and skilled staff, even if not in hospital settings – as advanced oral healthcare centres will be undertaken.

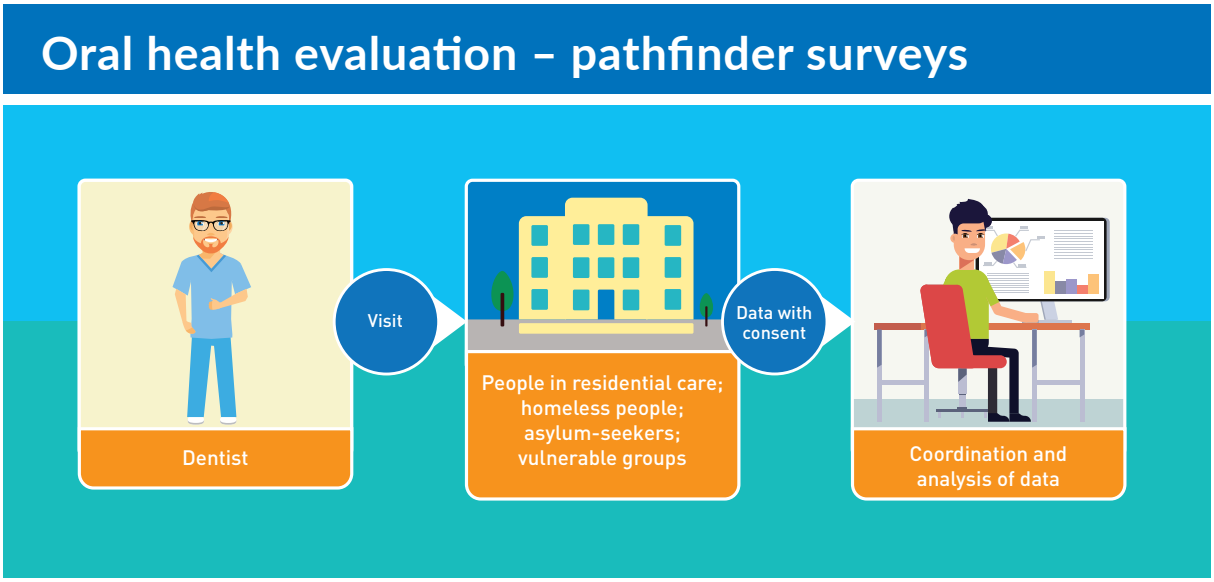
Strategic Strand 3:

Evaluation of the public's oral healthcare needs (clinical surveillance programme)

In order to assess both the oral healthcare needs of the population and the impact of Smile agus Sláinte on the oral health of the population, an oral health evaluation (clinical surveillance) programme will be put in place. This will assess the public's oral health at critical ages across the life course. The evaluation of the public's oral health needs will also inform future service planning.



- A targeted evaluation of the public's oral healthcare needs will be a key component in assessing the delivery of the Policy.
- This evaluation of an individual's oral healthcare needs, and their oral health risk, will be offered by a local dentist of the person's choosing.
- This oral health evaluation will be provided at key oral health stages during an individual's life. This programme will be available to the whole population via their local dentists.
- Evaluation assessments will be undertaken in the primary oral healthcare service where people already attend a primary care dentist. If an individual who is in a targeted age for evaluation of their oral healthcare needs does not already attend a dentist routinely, they will be directed or signposted to a primary care dentist for evaluation of their oral health. In exceptional cases, the HSE community oral healthcare services will offer an evaluation assessment.
- The oral health evaluation programme will necessitate the processing and analysis of these findings. The analysis will facilitate comparison of each individual's oral healthcare needs or risks – as determined from their oral health evaluation check-up – with the oral healthcare needs or risks of their peers. Following the evaluation check-up, individuals will be informed if they have a higher or lower oral health risk when compared with others in their particular age group.



- Pathfinder (targeted) surveys for vulnerable people, especially for those living in residential care, will be undertaken in order to establish their oral healthcare needs. These will be carried out by the HSE community oral healthcare services. This is part of the oral health evaluation programme.

Research

In addition to the evaluation programme, the impact of Smile agus Sláinte on the public's oral healthcare needs will be assessed by other methods of evaluation and research. This research will be focused on primary oral healthcare services, where the majority of care is provided.

- The establishment of practice-based research networks[2] and sentinel practices[3] will be a priority, in order to facilitate more effective primary oral healthcare evaluation and research.
- A specific programme of research in key areas will be established.

2 Practice-based research networks (PBRNs) are collaborations between clinical practitioners and academics. PBRNs aim to foster research in general practice through opportunities to learn more about how to undertake and participate in research; in addition, they assist in translating new knowledge into practice.

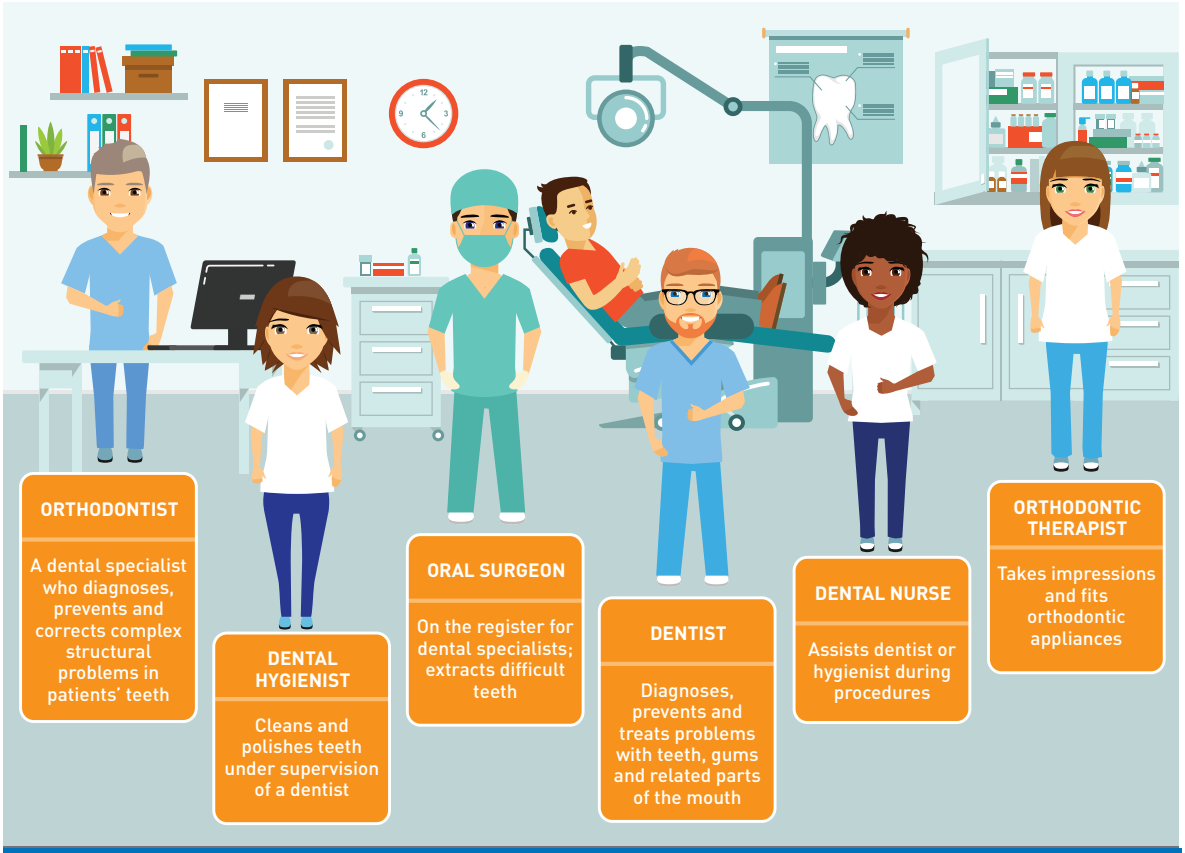
3 Sentinel practices: Part of a network of carefully selected reporting units that monitor one or more specific illness problems on a regular or continuing basis.

Workforce capacity and assessment

- An overview of the oral healthcare workforce, focusing on dentists, was undertaken. Both the number and distribution of dentists providing public and private oral healthcare services were assessed.
- There are more than 3,000 dentists on the Dental Council register in Ireland. The majority of these are in independent practice. In addition, there are several categories of auxiliary dental workers who support dentists.

- In Ireland, there are approximately 7,000 oral healthcare professionals available to work. These include dentists and auxiliary dental workers, such as dental hygienists, as well as clinical dental technicians, dental technicians, orthodontic therapists and dental nurses.
- Dental nurses provide support directly, working with the dentist in the same surgery.
- Dental hygienists support the dentist by providing some clinical work for their patients, such as cleaning of teeth.
- Dental technicians work in laboratories manufacturing dental appliances according to a dentist's prescription.
- Clinical dental technicians provide a range of denture-related services. They are the only auxiliary dental workers who can provide services directly to the public. In all other cases, the dentist must examine the patient first and prescribe a treatment before the patient can be treated by an auxiliary dental worker.
- While there is sufficient capacity overall to implement Smile agus Sláinte, there is an unequal distribution of oral healthcare professionals within Ireland. In general, rural areas have a lower dentist to population ratio compared to urban areas. Addressing this imbalance and ensuring the sustainability of the oral healthcare workforce is essential.
- Enabling greater access for the public to a greater number of oral healthcare professionals is to be explored. This could be achieved by expanding auxiliary dental workers' scope of practice and in some cases ensuring direct access for the public to them. This is particularly relevant for dental and clinical dental technicians.

Dental surgery



ORTHODONTIST
A dental specialist who diagnoses, prevents and corrects complex structural problems in patients' teeth

DENTAL HYGIENIST
Cleans and polishes teeth under supervision of a dentist

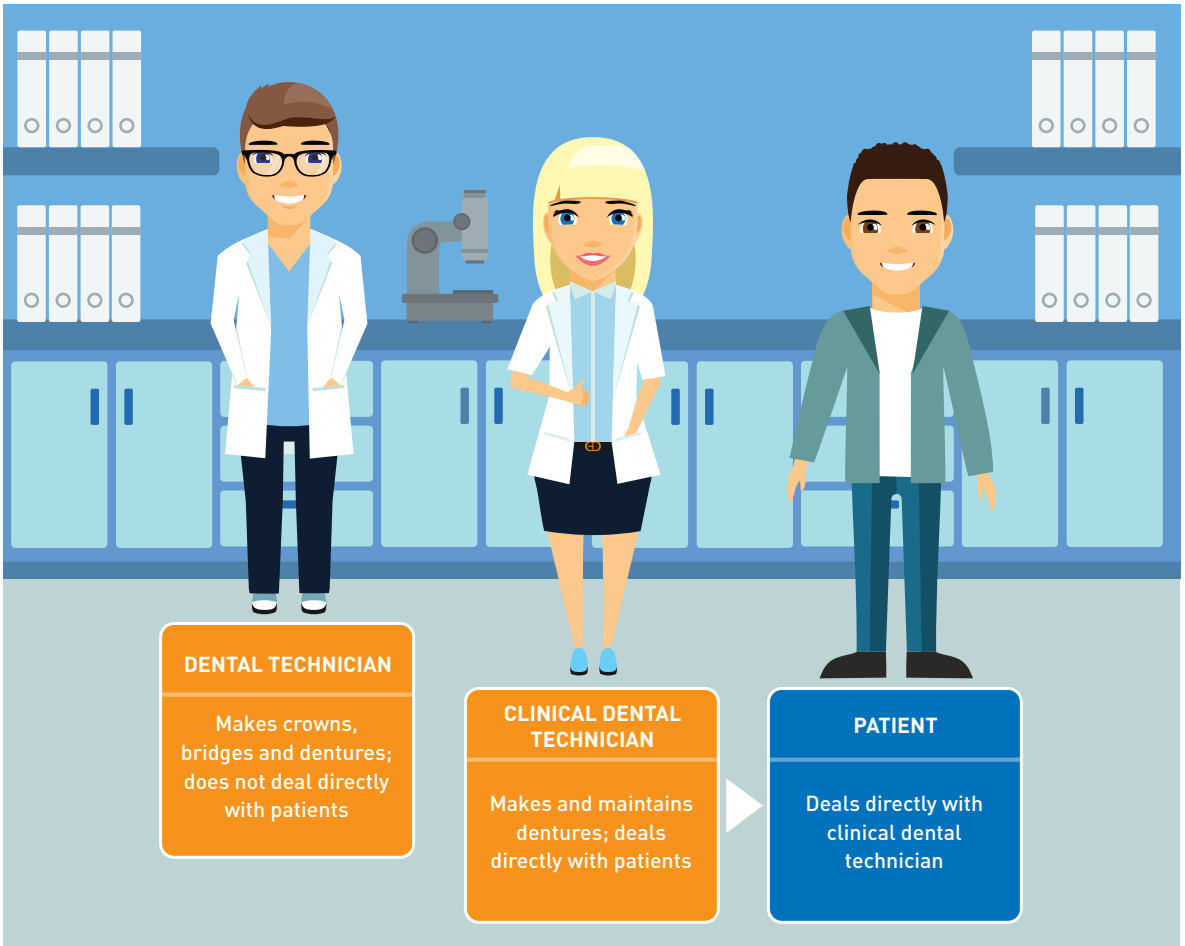
ORAL SURGEON
On the register for dental specialists; extracts difficult teeth

DENTIST
Diagnoses, prevents and treats problems with teeth, gums and related parts of the mouth

DENTAL NURSE
Assists dentist or hygienist during procedures

ORTHODONTIC THERAPIST
Takes impressions and fits orthodontic appliances

Dental laboratory

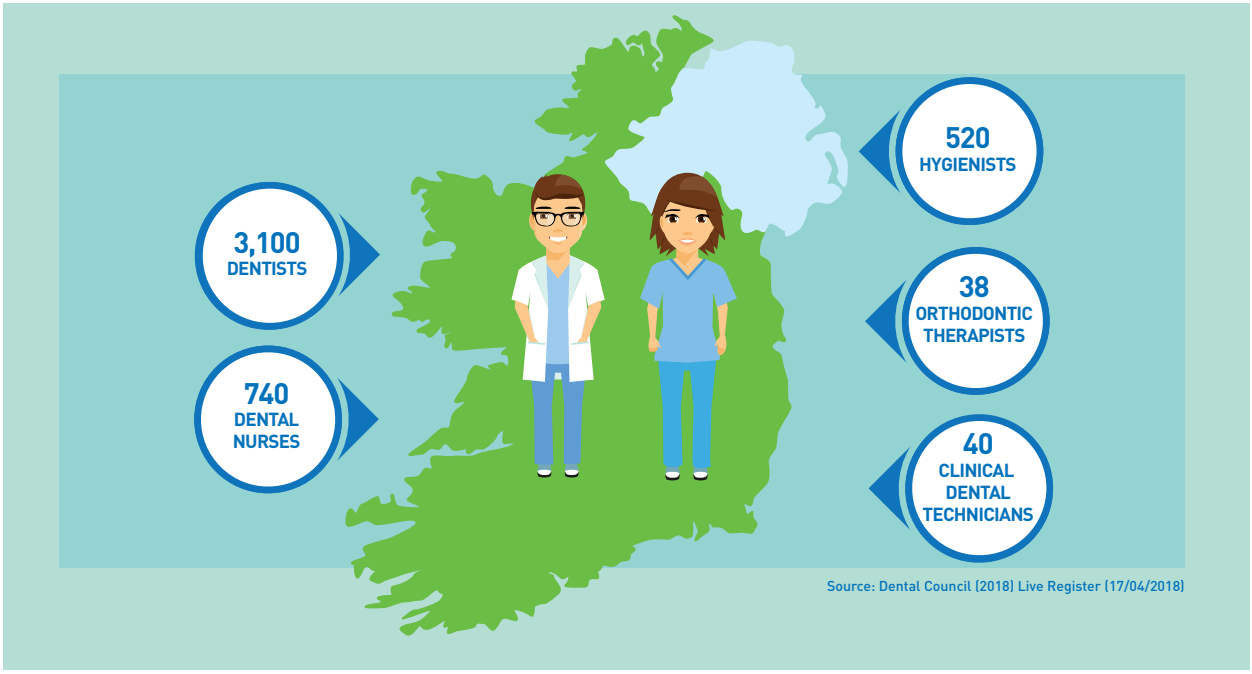


DENTAL TECHNICIAN
Makes crowns, bridges and dentures; does not deal directly with patients

CLINICAL DENTAL TECHNICIAN
Makes and maintains dentures; deals directly with patients

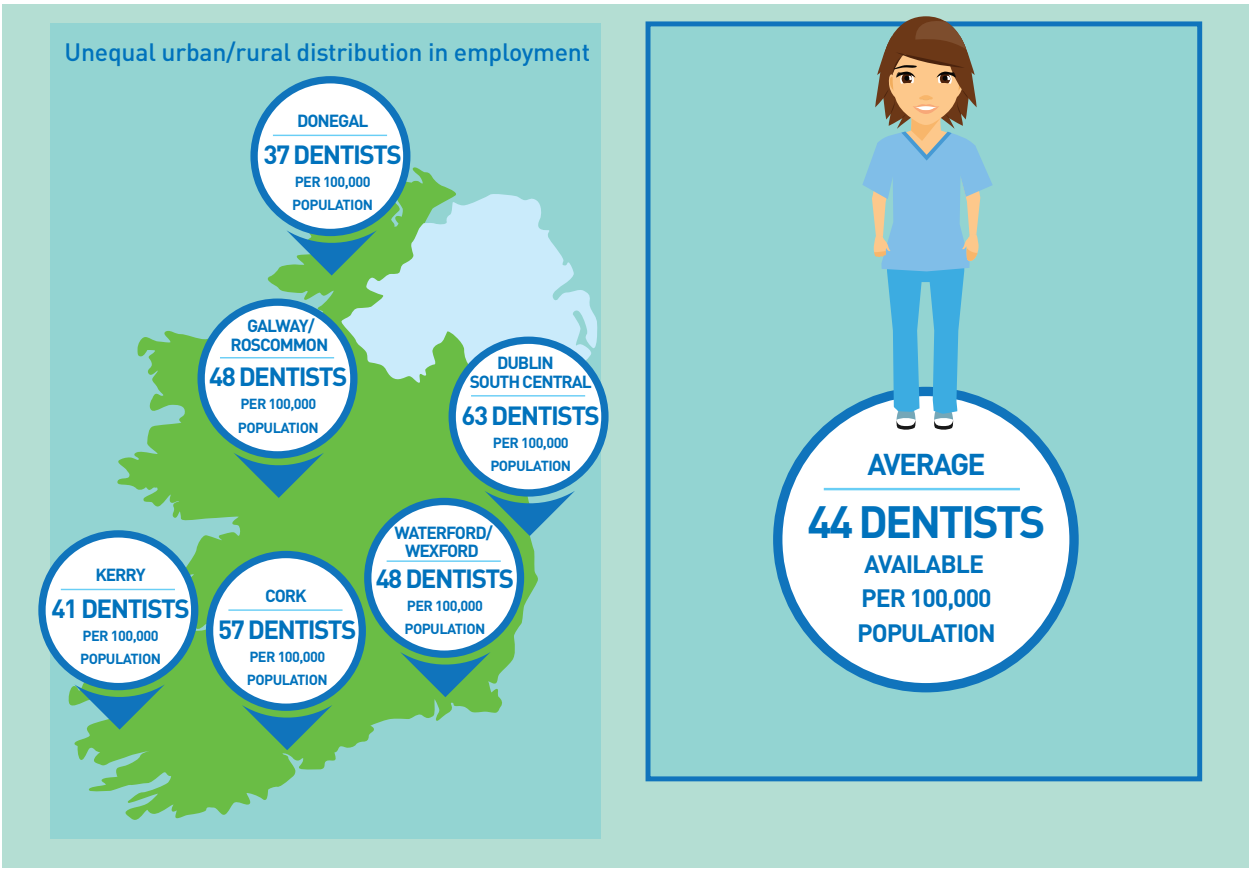
PATIENT
Deals directly with clinical dental technician

Numbers registered with the Dental Council of Ireland



Source: Dental Council (2018) Live Register (17/04/2018)

Dentist to population ratio



Safe, high-quality, patient-centred care

The following actions will enable safe, high-quality, patient-centred care.

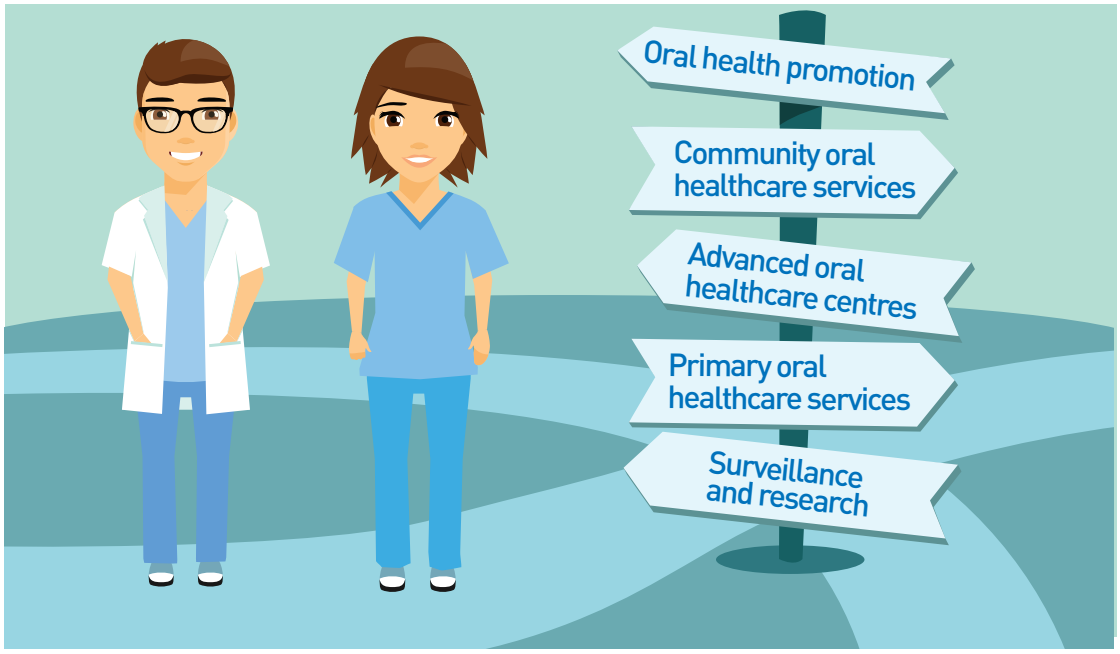
Education and training

- A 'skills match' programme, where qualified dentists will be supported to broaden and update their skills, as necessary, will be put in place.
- A review of undergraduate dental training to support skills development in primary care will be undertaken.
- Dental schools and training bodies will develop primary oral healthcare departments to support the adoption of a primary care approach.
- A working group, of relevant stakeholders, will review scope of practice and training for auxiliary dental workers with an initial focus on dental technician and clinical dental technician training.
- A lifelong postgraduate mentoring and supervisory network will be put in place for dentists to support them throughout their professional careers.

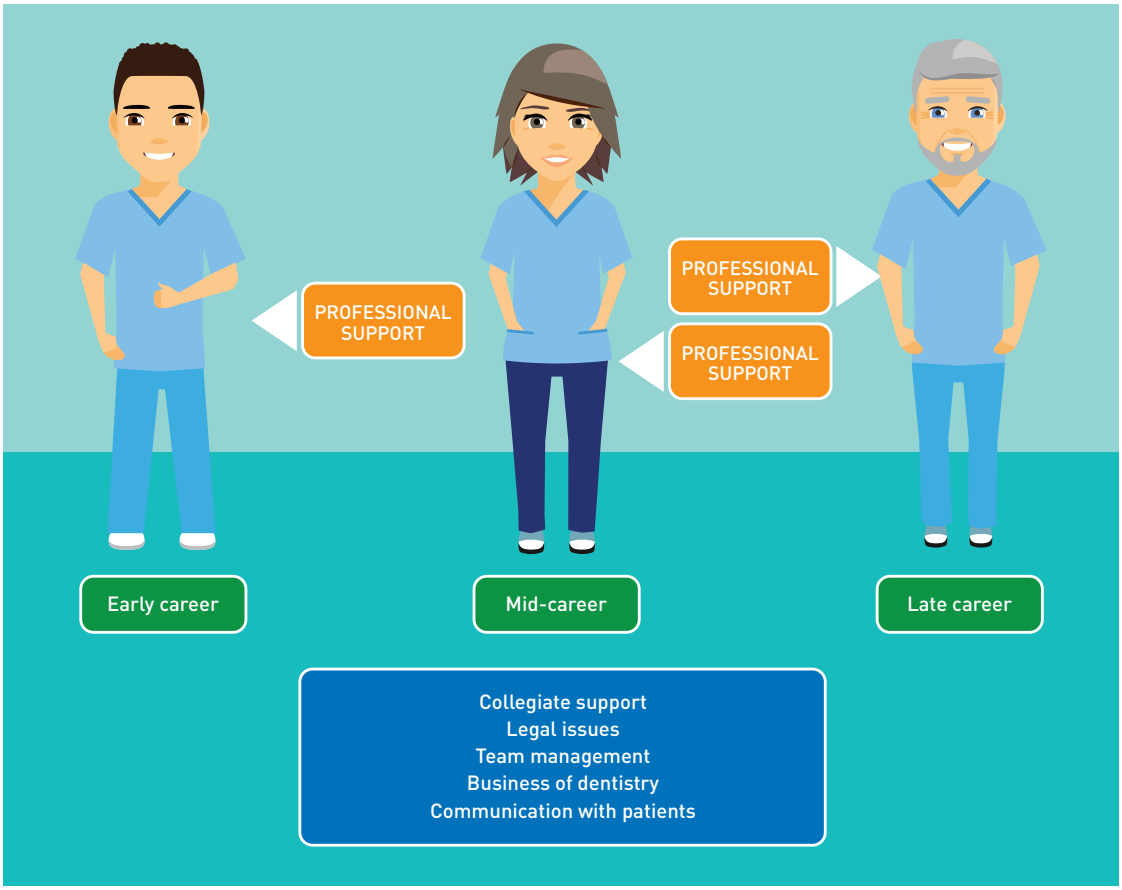
Regulation

- The legislation to replace the Dentists Act 1985 will provide for comprehensive regulatory governance for the dental profession.
- Smile agus Sláinte will support the implementation of the EU Regulation on mercury use in dentistry and its disposal. The EU Regulation provides for the phase-down of amalgam fillings for certain groups in the population, for environmental reasons.
- Other relevant regulations and standards – such as the Basic Safety Standards (BSS) Directive, the Professional Qualification Directive (PQD), the Cross Border Directive (CBD) and the Health Information and Quality Authority (HIQA) standards – have been taken into account.

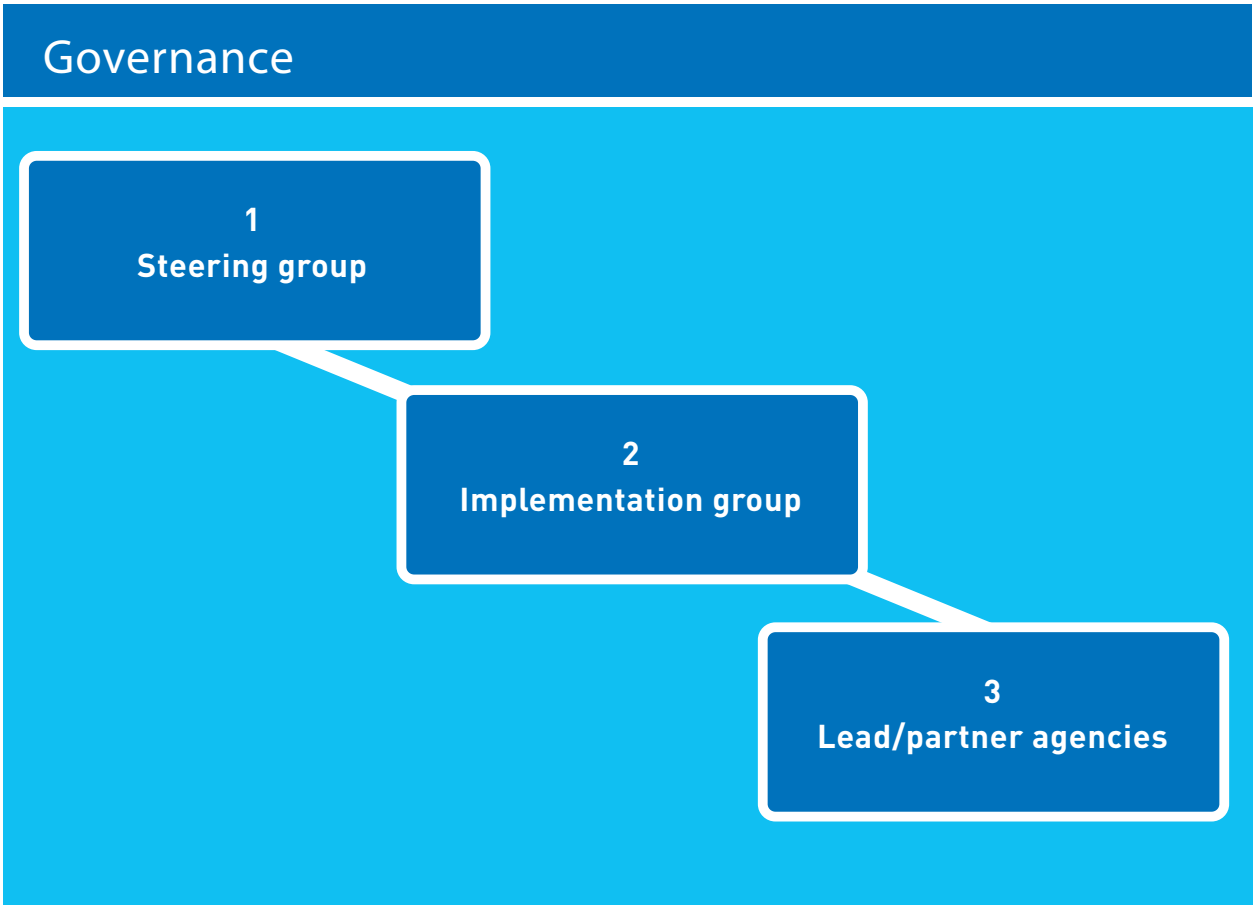
Skills matching



Lifelong mentoring



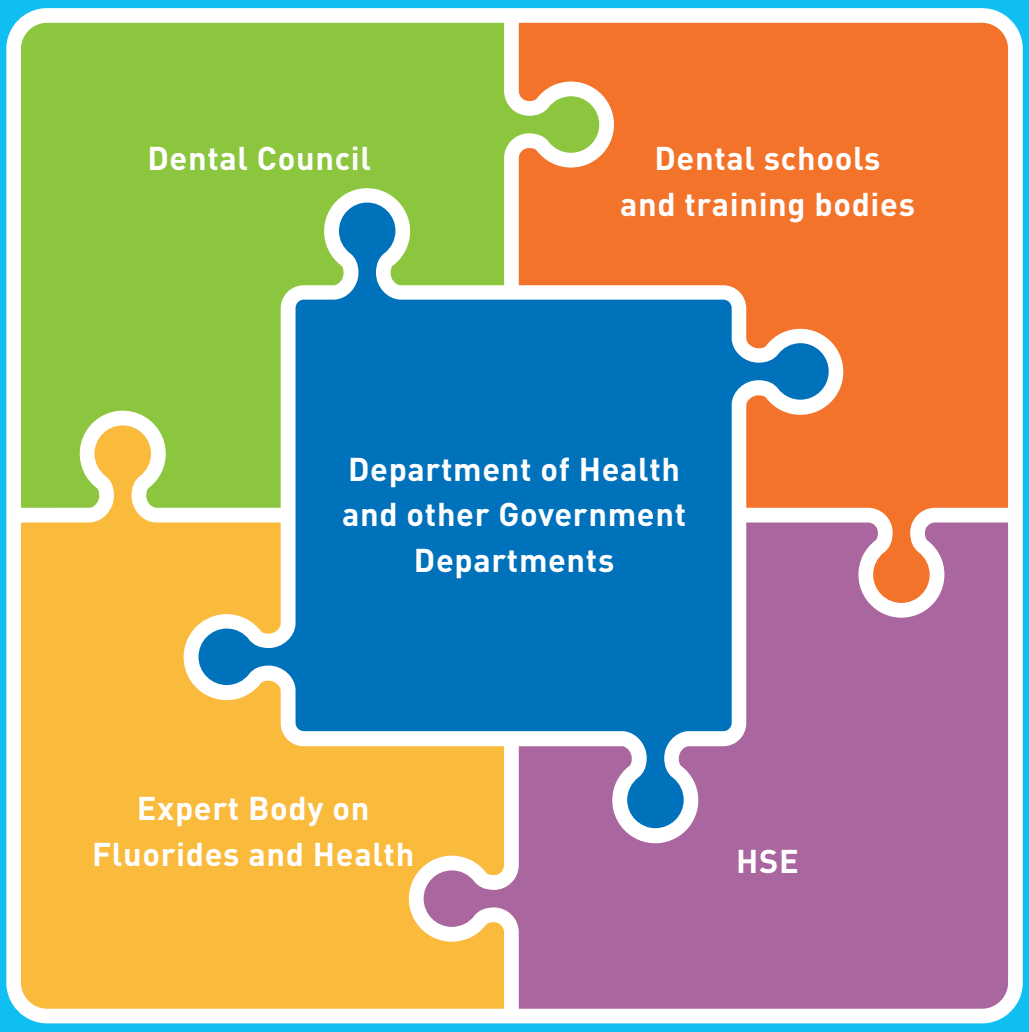
Governance and management



Developing an agreed implementation plan and establishing management and governance arrangements will be a priority. The agreement of the implementation plan, the objectives, targets and performance indicators with lead/partner agencies will be the initial focus.

- Smile agus Sláinte sets out the direction of oral healthcare services and the most appropriate model of care for current and future oral health needs.
- It also sets out the proposed role of dentists both in the HSE contracted and salaried services.
- Due to the extent of changes proposed, the implementation of Smile agus Sláinte will require a multi-faceted approach from all relevant organisations.
- The intention is to deliver the Policy through an implementation framework that will acknowledge and accommodate the various roles and responsibilities of all stakeholders.
- Key leadership roles will need to be put in place to lead the transformation process.

Lead/partner agencies for initial phase



Priorities

Forty-one actions have been identified within the Policy. The ambitious transformation required in the delivery of oral healthcare services means that a phased plan over eight years is proposed. Nine priorities have been identified for the first three years following publication of the Policy. However, this does not preclude other actions being progressed at the same time.

Lead/partner agencies will be responsible for the implementation of assigned actions. A comprehensive implementation plan, which includes objectives, key performance indicators and the timelines for each action, will be agreed with lead/partner agencies in the first year of implementation.

PRIORITIES AND ASSOCIATED ACTIONS
Establish a management and leadership structure to implement the Policy. (Action 40 and Action 41)
Maintain water fluoridation. (Action 2)
Signpost young children and parents to oral healthcare services, oral health promotion and toothpaste usage. (Action 3)
Develop appropriate advice on toothpaste use, in line with evidence. (Action 31)
Progress preventive packages for children and adults, supporting the phase-down of amalgam fillings as required by EU and Irish regulations. (Action 11, Action 12 and Action 29)
Examine the training and scope of work of all auxiliary dental workers, beginning with dental technicians and clinical dental technicians. (Action 19 and Action 21)
Evaluate the skills available in the workforce to support the Policy e.g. to provide care to vulnerable groups. Evaluate undergraduate education. Evaluate the scope of primary care practice. (Action 25 and Action 27)
Update the Dentists Act 1985. (Action 28)
Commence identification of vulnerable groups, clinical care pathways development and clinical management. (Action 14, Action 16 and Action 34)

Actions

Priority actions for the first three years are highlighted as white text in an orange background

ACTION
Action 1: To support regulation and strategies to reduce alcohol use, stop tobacco use and improve diet control.
Action 2: To maintain water fluoridation.
Action 3: To develop an oral health promotion programme promoting compliance with fluoride toothpaste use.
Action 4: To develop targeted topical fluoride programmes, including fluoride mouthrinsing programmes, for children over six years of age.
Action 5: To develop guidelines for advice and prescription of preventive topical agents in dental practices for eligible adults.
Action 6: To develop oral health promotion programmes for vulnerable groups in line with the Healthy Ireland framework.
Action 7: To develop targeted oral health promotion programmes for socioeconomically disadvantaged areas.
Action 8: To develop health promotion programmes focused on improving oral health throughout life.
Action 9: To support oral healthcare professionals to work with other healthcare professionals to improve health and oral health.
Action 10: To develop referral pathways from oral healthcare professionals to formal, structured intervention programmes for alcohol, tobacco and diet control.
Action 11: To progress prevention and primary care packages for children up to 16 years of age.
Action 12: To progress preventive packages of oral healthcare for eligible adults.
Action 13: To develop routine oral healthcare services for eligible adults.

Action 14: To develop clinical care pathways for the provision of complex care for eligible adults.
Action 15: To develop referral pathways of care from primary care to community oral healthcare services.
Action 16: To develop an oral healthcare needs assessment programme for vulnerable people in residential settings.
Action 17: To develop requirements for designated advanced oral healthcare centres.
Action 18: To develop clinical care pathways that originate in primary care to access oral healthcare in advanced oral healthcare centres.
Action 19: To reassess auxiliary dental workers' scope of practice, enabling direct access to the public where appropriate.
Action 20: To develop a programme to support dentists and/or other oral healthcare professionals who serve rural and other underserved areas.
Action 21: To evaluate the training, focus and scope of practice of clinical dental technicians and dental technicians.
Action 22: To establish a programme to assess the numbers and skills required for advanced oral healthcare centres.
Action 23: To establish a database to collect and assess trends in the oral healthcare (dental) workforce.
Action 24: To evaluate graduate education and put lifelong postgraduate mentoring and supervisory networks in place for dentists to support their professional career.
Action 25: To assess the baseline skills of the oral healthcare profession, starting with dentists, and put a skills match programme in place.
Action 26: To develop primary oral healthcare centres in Dental schools and training centres.
Action 27: To undertake an undergraduate review of dental education, placing primary care at its centre and embracing engaged learning.
Action 28: Update the Dentists Act 1985.

Action 29: To progress preventive packages and outline measures, including the necessary research, to support the phase-down of amalgam in accordance with EU requirements.
Action 30: To continue to review emerging evidence in relation to water fluoridation.
Action 31: To develop appropriate advice on toothpaste use, in line with evidence.
Action 32: To develop a national oral health evaluation programme for WHO indicative age groups integrated with routine dental visits in primary oral (dental) healthcare.
Action 33: To develop a nationally agreed set of core criteria to assess at each WHO indicative age group for oral health evaluation (clinical surveillance) for 5 -year-olds, 12-year-olds, 15–19-year-olds, 35–44-year-olds, and those aged 65 and older.
Action 34: To develop a programme for pathfinder studies for vulnerable people, with an initial focus on residential centres.
Action 35: To develop a primary oral healthcare practice-based research network.
Action 36: To recruit sentinel practices for in-depth service research and service development.
Action 37: To integrate oral health, oral healthcare and oral health-related quality of life questions into general health surveys such as Healthy Ireland.
Action 38: To establish an overarching national oral health research programme.
Action 39: To coordinate and analyse oral health evaluation data.
Action 40: To put in place a management structure to oversee the implementation of the Policy.
Action 41: To put in place a leadership structure to support the implementation of the three strategic strands.

Acknowledgements

The development of Smile agus Sláinte involved a wide range of people outside the Department of Health, whose contributions I would like to acknowledge.

The children and adults who participated in clinical examinations, interviews and questionnaires that informed the Policy, provided a person-centred focus for Smile agus Sláinte.

Professionals who took part in the stakeholder consultation day and others who participated in individual interviews, as well as organisations, agencies, professional groups and individuals who took the time to meet us or write to us to share their unique insights, added to our understanding of the challenges faced by people who provide care and highlighted what can be achieved.

Members of the Oral Health Policy Research Group and the associated working groups freely gave their time and knowledge throughout policy development. External experts ensured adherence to international high standards. Researchers gave access to their personal research and undertook commissioned studies, which are available on the Department of Health's website. This work has given Smile agus Sláinte academic rigour, a solid evidence base and the impetus to introduce changes to facilitate better oral healthcare for everyone.

A very sincere thank you to all who directly or indirectly contributed to the work of the Policy.

Dr Dympna Kavanagh, Chief Dental Officer

Collages

For Smile agus Sláinte, children in primary schools across Ireland were asked to draw a picture that best describes healthy teeth/how to achieve a healthy smile.

All the entries were of a high standard, and a selection of the pictures have been included in this launch document.

We would like to take this opportunity to thank all the schools and the children for taking the time to enter the competition and to congratulate those who took part.

Kilgobnet N. S., Beaufort, Killarney, Co. Kerry

Our Lady of Mercy N.S., Bantry, Co. Cork

Scoil Iosogáin, Ardaravan, Buncrana, Co. Donegal

Scoil Mhuire N.S., Knocknagoshel, Co. Kerry

Scoil Phadraig Naofa, Dysart, Co.Westmeath

Shronell N.S., Lattin, Co. Tipperary

St. Catherine's Senior School, Ratoath Road, Cabra, Dublin 7

St. Colman's N.S., Cloyne, Co. Cork

St. Mary's N.S., Enniskeane, Co. Cork

St. Mochta's N.S., Louth Village, Co. Louth

St. Peter Apostle Senior School, Neilstown Road, Clondalkin, Dublin 22

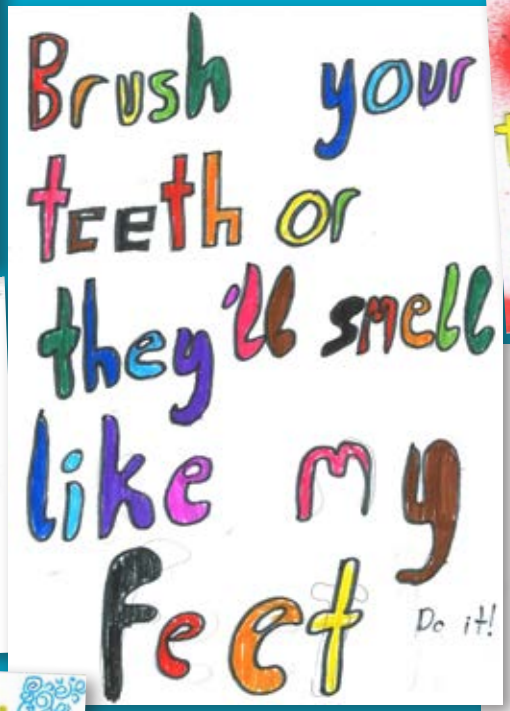
Zion Parish Primary School, Rathgar, Dublin 6


You can Have a Sweet
But Brush your teeth


Oh, I wish I looked after me teeth!
Brush Your Teeth Twice A Day


Brush 4 Life
Which one


How to look after your teeth
Keep your teeth healthy
Eat healthy food
Go to the dentist
Brush
don't eat too much sweets


Brush your teeth or they'll smell like my feet
Do it!


Brush your teeth to have a Healthy Smile


Clean your teeth Day and night and you'll get the germs a big fright
Vitamin D


Always Brush Your Teeth


How to keep your teeth clean
Eat healthy food.
Brush your teeth twice a day


Keep Your Clean


Have a Happy Smile!
CRISP


HEALTHY
Unhealthy


Think right
Smile bright!!!
milk
water

An Roinn Sláinte
Department of Health

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