

Oral health is an important, although often neglected public health issue. The economic burden of oral diseases is substantial. Oral diseases account for more than 5% of total health spending on average across EU countries, and productivity losses due to oral diseases have been estimated at around EUR 57 billion a year (Platform for Better Oral Health in Europe, 2019). Dentists play a key role in both preventing and treating oral health problems.

In 2018, there were between 0.4 and 1.2 practising dentists per 1 000 population across EU countries (Figure 7.16). Greece, Cyprus, Portugal, Bulgaria, Lithuania, Estonia and Luxembourg had the highest number of dentists per capita, with at least one dentist per 1 000 population, although the numbers in Greece and Portugal are over-estimated as they include all dentists licensed to practice. The number of dentists per capita was lowest in Poland, Malta and the Slovak Republic.

Between 2008 and 2018, the number of dentists per capita increased or remained stable in most EU countries, except in Greece and Denmark where it decreased. The number of dentists per capita rose particularly strongly in Portugal, Spain, Romania, Lithuania and Hungary, with an increase of 40% or more since 2008 (Figure 7.16). In most of these countries, this rise in the number of dentists was driven by a large increase in the number of students admitted and graduating from dentistry programmes.

While there is no general consensus about how often people should visit a dentist, the recommendation in several countries is that children should have a visit at least once a year to prevent and treat quickly any problem, while adults without problems may wait as long as two years. On average across EU countries, people had just over one consultation with a dentist in 2018. The number of consultations with a dentist was highest in the Netherlands, the Czech Republic and Lithuania, whereas it was lowest in Romania and Ireland (Figure 7.17).

A higher number of dentists per capita generally tends to be associated with a higher number of dentist consultations. However, for a given number of dentists per capita, there can be wide differences in the average number of dentist consultations. For instance, while the Netherlands has slightly fewer dentists per capita than Austria and France, the average number of dentist consultations is almost two times greater.

The higher number of consultations in the Netherlands can be explained by the strong preference of people for regular dental check-ups arising from well-established programmes to promote prevention of oral health issues at a young age. The National Dutch programme “Keep your Mouth Healthy” provides oral health education to children and is considered one of the best practices in Europe. Several other European countries have similar programmes of oral health promotion

and prevention among children and adolescents (Platform for Better Oral Health in Europe, 2015).

The extent of public coverage for dental care costs can also partly explain some of the cross-country variations in the number of dentist consultations (see indicator “Extent of health care coverage”). In Romania for example, only 6% of dental care spending is publicly funded. By contrast, in Germany, more than 60% of dental spending is publicly covered. In the Netherlands, while dental care is not comprehensively covered in the benefit package, voluntary health insurance plays an important role in providing financial protection for dental care.

### Definition and comparability

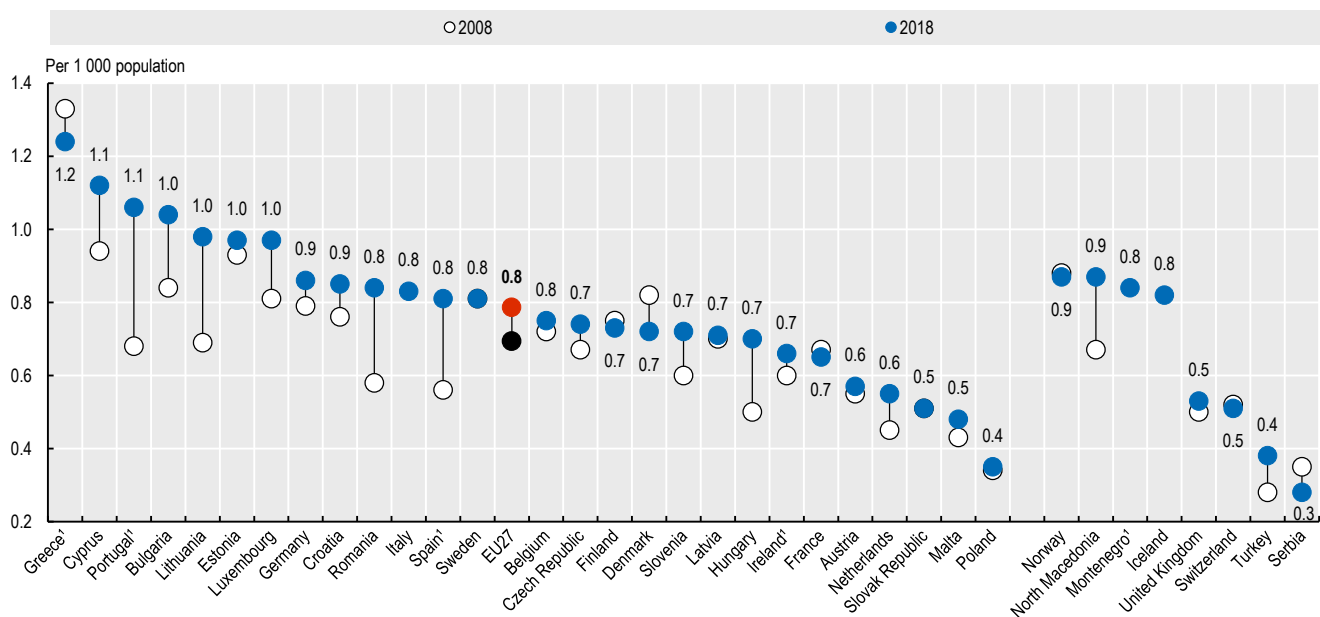
The number of dentists includes both salaried and self-employed dentists. In most countries, the data only include dentists providing direct services to clients/patients. This is not the case however in Ireland, Greece, Montenegro, Portugal and Spain, where the data refer to all dentists licensed to practice (including those who may not be actively practising), resulting in an over-estimation of the number of practising dentists.

The average number of consultations with a dentist per year includes visits at the dentist’s office as well as in outpatient departments in hospital, although the coverage of these settings may differ across countries. The data come mainly from administrative sources, although in some countries (Ireland, the Netherlands, Spain and Switzerland) the data come from health interview surveys. Data from administrative sources tend to be higher than those from surveys because of problems with recall and non-response rates and also because some surveys only cover adults, resulting in an under-estimation if the number of visits among children is greater. Austria, Cyprus, Hungary, Serbia and the United Kingdom do not cover consultations privately financed or provided in the private sector, also resulting in an under-estimation.

### References

- Platform for Better Oral Health in Europe (2019), *Why Oral Health Matters: Policy recommendations to improve oral health in the EU*, <http://www.oralhealthplatform.eu/>.
- Platform for Better Oral Health in Europe (2015), *Best Practices in Oral Health Promotion and Prevention from Across Europe*, <http://www.oralhealthplatform.eu/>.

Figure 7.16. Practising dentists per 1 000 population, 2008 and 2018 (or nearest year)

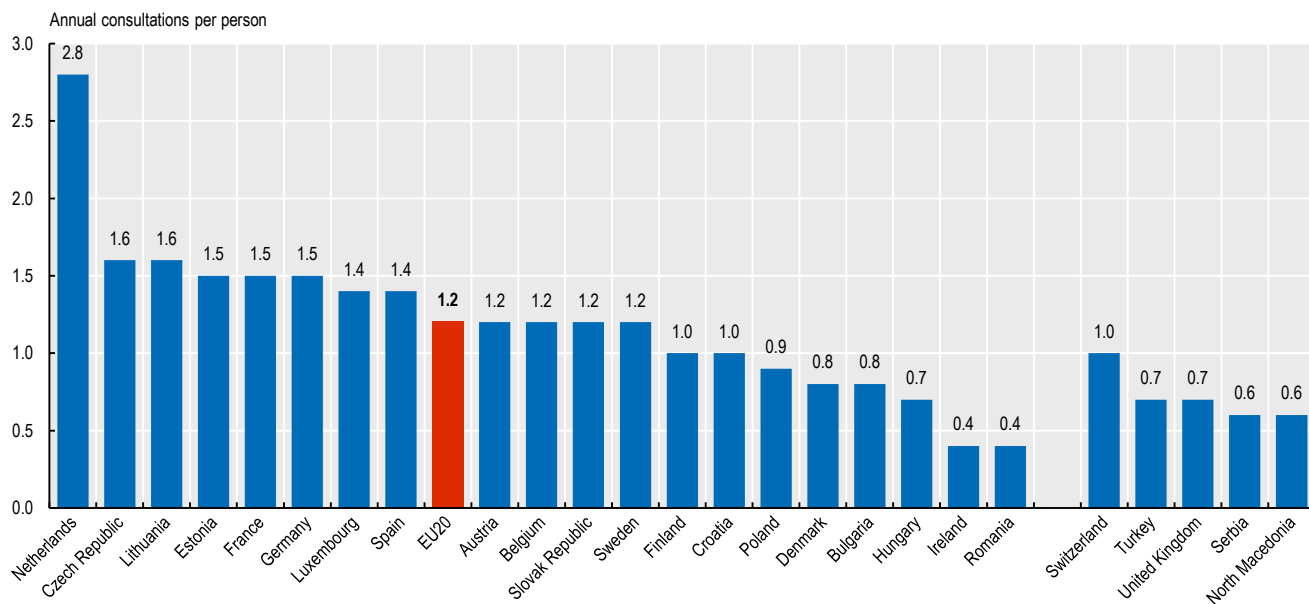


Note: The EU average is unweighted. 1. Data refer to all dentists licensed to practice, resulting in an over-estimation of practising dentists.

Source: OECD Health Statistics 2020; Eurostat Database.

StatLink <https://stat.link/tb0zvx>

Figure 7.17. Number of dentist consultations per person, 2018 (or nearest year)



Note: The EU average is unweighted.

Source: OECD Health Statistics 2020; Eurostat Database.

StatLink <https://stat.link/aiye8k>



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