

OECD Health Statistics 2025

Definitions, Sources and Methods

Dentists consultations (in all settings)

Average number of **consultations/visits with a dentist** per person per year.

Inclusion

- Consultations/visits with an orthodontist
- Consultations/visits with a stomatologist/dental surgeon
- consultations/visits at the dentist's office
- consultations/visits in the patient's home
- consultations/visits in outpatient departments in hospital and ambulatory healthcare centres

Exclusion

- telephone and email contacts
- visits for prescribed laboratory tests
- consultations during an inpatient stay or a day care treatment

Note: If the source is administrative data, the rate should be calculated based on the average annual population.

Sources and Methods

Australia

Source of data:

- 2022: **Australian Bureau of Statistics 2022** Microdata: Patient Experiences in Australia, 2022–23. ABS cat. no. 4839.0. Canberra: ABS.
- 2021: **Australian Bureau of Statistics 2021** Microdata: Patient Experiences in Australia, 2021–22. ABS cat. no. 4839.0. Canberra: ABS.
- 2020: **Australian Bureau of Statistics 2020** Microdata: Patient Experiences in Australia, 2020–21. ABS cat. no. 4839.0. Canberra: ABS.
- 2019: **Australian Bureau of Statistics 2019**. Microdata: Patient Experiences in Australia, 2019–20. ABS cat. no. 4839.0. Canberra: ABS.
- 2018: **Australian Bureau of Statistics 2018**. Microdata: Patient Experiences in Australia, 2018–19. ABS cat. no. 4839.0. Canberra: ABS.
- 2014: **Australian Bureau of Statistics 2016**. Microdata: National Health Survey, 2014-15, TableBuilder. ABS cat. no. 4324.0.55.001. Canberra: ABS.
- 1994-2010: National Dental Telephone Interview Survey, conducted by the **Australian Institute of Health and Welfare Dental Statistics and Research Unit**.
- Data for 1987: Barnard, PD 1993. National Oral Health Survey, Australia 1987-88. Canberra: AGPS.
- Data for 1979, 1983, and 1989-90 are from the National Health Survey conducted by the **Australian Bureau of Statistics**.

Reference period: Years reported cover an approximate 12 month period, the survey was conducted over 2 different calendar years eg. 1st July 2016 to 30th June 2017 is reported as 2016).

Coverage:

- 2018 onwards: Persons aged 15 and over were surveyed about their experiences with selected health services for their own health in the last 12 months. Parental consent was sought for persons aged 15 to 17 years and if permission was not given the parent/guardian responded on behalf of the person. The weighted estimate for the total number of dental visits made in the last 12 months (where none, never and don't know =0) were divided by the weighted survey population. All data have been weighted by age, sex and sampling probability.

- 2014: Persons aged 0 and over were surveyed (an adult was asked to respond on behalf of children aged under 15 years). Data are the mean number of consultations with a dentist/dental professional in the last 12 months.

- Until 2010: Persons aged 5 and over were surveyed, both dentate and edentulous. The mean number of visits is the total number of dental visits made in the last 12 months (where none, never and don't know = 0) divided by the number in the sample. All data have been weighted by age, sex and sampling probability. Data are unpublished estimates.

Break in time series: 2014, 2018.

- 2014 data were sourced from the National Health Survey 2014–15.

- 2018 data and onwards were sourced from the Australian Bureau of Statistics Patient Experiences in Australia Survey series.

Austria

Source of data:

Up to and including 2016: **Federation of Social Insurances.**

Since 2017: **Federation of Social Insurances; Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection.**

Reference period:

1st January to 31st December.

Coverage:

As the source data on doctor visits are based on claims data from the public health insurance funds, the following physician visits are not included in the data:

- Visits to outpatient departments of hospitals financed by the private hospital financing fund PRIKRAF that do not have a contract with a public health insurance fund.
- Extramural visits to (privately paid) doctors or outpatient health care centers and clinics without a contract with a public health insurance fund.

Included are visits to physicians in the extramural setting (physicians' offices, outpatient clinics and centres) and to hospital outpatient departments.

- Visits to doctors in the extramural sector (data source: Federation of Social Insurances): This includes visits to doctors who are contractors of at least one public health insurance belonging to the Federation of Social Insurances. Visits to (privately paid) physicians without a health insurance contract are excluded. Visits are counted per day and per contractual partner.
- Visits to doctors in hospital outpatient departments (data source: Austrian Federal Ministry of Social Affairs, Health and Consumer Protection): Outpatient visits paid for by public health insurance are fully covered. Privately paid visits to doctors (mostly through private health insurance) in hospitals financed by the provincial health fund and in hospitals of the Austrian Workers' Compensation Board (AUVA) are included. Visits to doctors in outpatient departments of hospitals financed by the private hospital financing fund PRIKRAF that do not have a contract with a public health insurance fund are not included. Visits to doctors per day and speciality are counted, not outpatient visits.

Visits to doctors specialising in the following fields are included:

- Dentistry, oral and maxillofacial medicine
- Oral and maxillofacial surgery
- Dentist
- Orthodontics
- Dental surgeon

Included are visits to the doctor's office by persons resident abroad who are employed in Austria (and have public health insurance in Austria).

Excluded are:

- Visits to physicians for the purpose of providing laboratory services

- Visits to (or billing by) non-medical specialist groups (see doctor consultations)
- Doctor visits as part of an inpatient or day-care hospital stay

Deviation from the definition:

Estimation method:

Break in time series:

- Up to and including 2016, „contractual cases of medical care” are shown. This means that all consultations within a quarter are combined into one case (all visits to one doctor by one patient). Data up to and including 2016 refer only to visits to doctors in the extramural sector; visits to doctors in hospital outpatient departments are not included.

Belgium

Source of data: **INAMI**, Institut National d'Assurance Maladie-Invalidité, données comptables (National Institute for Health Insurance).

Break in time series: 2018.

- In 2018, the number of unique trios “patient-care giver-date of care” has been counted. This is the best available approximation for the number of consultations. The used method respects all the requested inclusions and exclusions with one exception: it is not possible to exclude treatment during day care treatment. Another limitation: if the same patient has two contacts with the same dentist during the same day, it will only be counted once. This is because, unlike the situation with MDs, there is no specific nomenclature code indicating a consultation with a dentist, only the various treatments performed.

Canada

Source of data: **Statistics Canada**, General Social Survey 1991 and Canadian Community Health Survey (CCHS), 2008-2016, 2019 and 2022. **Canadian Dental Association (CDA)**, COVID-19 Tracking Survey Data, 2021.

- Dental visits per capita with dentist, dental hygienist or orthodontist in past 12 months.
- Data for 2011 only included the province of Manitoba, therefore it was not reported.
- Population of reference: population aged 15 and over for 1991 and 12 and over for 2008-2016 and 2019.
- Estimates for 2017 and 2018 based on trends.
- Dentist consultations data is unavailable for 2020: The main reason is the COVID-19 pandemic. “This pandemic had major impacts on the data collection operations for the Canadian Community Health Survey (CCHS) 2020. The collection was stopped mid-March, towards the end of the first collection period, and did not resume until September”. (CCHS).
- Estimate for 2021 is based on CDA COVID-19 Tracking Survey Data, 2021.

Chile

Source of data: **Ministry of Health (MINSAL)**, Department of Health Statistics and Information (DEIS). Administrative registry from public health sector through the Monthly Statistical Summary (REM, Resúmenes Estadísticos Mensuales). REM are consolidated at a central level in DEIS in the MINSAL.

- REM 2006-2011:

http://deis.minsal.cl/deis/salidas06/rem2006_1.asp,

<http://deis.minsal.cl/deis/salidas06/rem2007v3.asp>,

http://intradeis.minsal.cl/Intradeis/menu_tree/tree.aspx,

http://intradeis.minsal.cl/Intradeis/Reportes_2009/Menu_Tree_2009/Tree.aspx,

http://intradeis.minsal.cl/reportesrem/Menu_Tree_2010/Tree_2010.aspx,

http://intradeis.minsal.cl/reportesrem/2010/ODONTO_CONSULTAS/ODONTO_CONSULTAS.aspx (data for public sector in 2010),

http://intradeis.minsal.cl/reportesrem/2011/ODONTO_NIVEL/ODONTO_NIVEL.aspx,

<http://intradeis.minsal.cl/ReportesRemsas/2011/Odonto02/Odonto02.aspx>.

- Information for 2012 is updated, the information includes establishments belonging and not belonging to the National Service of Health Services, SNSS.

<http://intradeis.minsal.cl/reportes2012/REM09/REM09SECCIONA1.aspx>

<http://intradeis.minsal.cl/reportes2012/REM09/REM09SECCIONA2.aspx>

<http://intradeis.minsal.cl/reportes2012/REM09/REM09SECCIONA3.aspx>

<http://intradeis.minsal.cl/reportesremsas/2012/Odonto02/Odonto02.aspx>

- Information since 2013 is updated, the information includes establishments belonging and not belonging to the National Service of Health Services, SNSS.

Coverage:

- Data coverage is national. The population corresponds to people registered in the public health system.

- Data are automatically collected monthly from the health establishments' information systems and validated and published by the Department of Health Statistics and Information (DEIS).

- Data refer to dental practices (general dentistry, specialty and emergency).

- 2006-2007 data include only the public sector. Since 2008, data include private and public sectors.

Break in time series: Since 2008, data include also dentist consultations in the private sector.

Note: Data for 2023 are preliminary.

Colombia

Data not available.

Costa Rica

Source of data:

- *From 2022 onwards:* Área de Estadística en Salud, **Caja Costarricense de Seguro Social** (Health Statistics Unit, National Social Insurance Fund) and Annual Report of private hospitals that sent information.

- *Till 2021:* Área de Estadística en Salud, **Caja Costarricense de Seguro Social** (Health Statistics Unit, National Social Insurance Fund).

Coverage:

- Provisional data for 2023: Only includes data for public hospitals.

- *From 2022 onwards:* It includes data coming from all public hospitals and some private hospitals.

- *Till 2021:* It includes data coming only from public facilities belonging to the Social Insurance.

Break in time series: 2022 (inclusion of some private hospitals).

Czechia

Source of data: Institute of Health Information and Statistics of the Czech Republic. **National Registry of Reimbursed Health Services** (NRRHS).

Coverage:

- Data cover all stomatologist consultations in ambulatory health establishments and in ambulatory wards of inpatient health establishments.

- Data of National Registry of Reimbursed Health Services (NRRHS) are available since 2010; application of all exclusion criteria is possible in these detailed data.

Denmark

Source of data: **Danish Health Data Authority**, The National Health Insurance Service Registry.

Coverage:

- Number of dental consultations per person aged 18 years old and over.

- From 2013, dental consultations are defined as contacts under the specialties 49 and 50 (Dental care) with the service numbers (ydelsesnummer): 1111-1116, 1140, 1141, 2910, 1170 and 1171.

- Consultation without subsidy from the national health insurance are not included.

- The population is limited to persons who were living in Denmark when they had their consultation with the dentist.

Deviation from the definition: For the RY 2023 the denominator is the population aged 19 or older. As expenses are fully subsidised for persons aged 18 to 22 enforced for persons born in 2004. As the legislation is altered regarding the 18 to 22-year olds, data will not be collected when the legislation is fully enforces.

Break in time series:

-From 2013 onwards, the number of dental consultations are defined as contacts under the specialties 49 and 50 (Dental care) with the service numbers (ydelsesnummer): 1111-1116, 1140, 1141, 2910, 1170 and 1171. Prior to 2013, data do not include codes 1111 and 1116 but includes 1160'.

- From 2022 dental care is fully subsidised by the Danish Health Insurance for persons born in the year 2004 and later until their 22nd birthday. For the RY the denominator is 18 or more, for the RY 2023 the denominator is 19 or more and so on three years.

Estonia

Source of data:

- 1970-1989: **Statistics Estonia**, Annual statistical report of health care providers (<http://www.stat.ee/en>), amended by the National Institute for Health Development, based on annual health and health care statistical publications of this period published by the Ministry of Health.

- 1990 onwards: **National Institute for Health Development**, Annual statistical report of health care providers "Dentist's report". See at:

https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas_03Tervishoiuteenused_01Vastuvotud/?tablelis_t=true.

- **Statistics Estonia** (average annual population) on the website of Statistics Estonia.

https://andmed.stat.ee/en/stat/rahvastik_rahvastikunaitajad-ja-koosseis_rahvaarv-ja-rahvastiku-koosseis/RV0211

Reference period: annual average

Coverage: all health care service providers which hold a relevant activity licence.

- Dentist's consultations include dentist out-patient reception and home visits.

- Dentist's consultations do not include telephone consultations.

Finland

Source of data: **THL Finnish Institute for Health and Welfare**, Department of Data and Analytics.

Reference period:

Coverage:

- The number of contacts made by dentists divided by the population.

- Contacts in public primary health care and in providers of private health care.

- Visits/consultations of patients at the ambulatory care dentist's office and visits made to the patient's home.

Deviation from the definition:

Estimation method:

Break in time series: In 2011, the THL Finnish Institute for Health and Welfare expanded the social welfare and health care reporting system so that the primary care community-based care is collected at the individual level information on the national register. This change affected the number of visits to the physician and to dentist. In 2011, visits to the doctor and dentist visits are for 2013 by March. Register of primary health care visits (AvoHILMO) provided the information. In 2011, coverage of the information submitted from organizations at the time was the basic health care, and 99% of oral health care for 97%. From 2012 onwards the data is complete.

France

Source of data: **Ministère des Solidarités et de la Santé - Direction de la Recherche, des Études, de l'Évaluation et des Statistiques (DREES)**, Sous-Direction de l'Observation de la Santé et de l'Assurance maladie, Bureau des Professions de santé. Data are compiled from the following three sources:

1) Activity of self-employed dental surgeons/dentists estimated with the **DCIR database** (*Datamart de Consommation inter-régimes*) that contains all reimbursement information handled by the national system of health insurance.

The total number of acts (consultations, visits, dental surgery, preventive care, prostheses) carried out by all self-employed dental surgeons as of December 31 of each year is then computed by **DREES** (*Direction de la recherche, des études, de l'évaluation et des statistiques*). Activity of dental surgeons/dentists salaried in

health care centers estimated with the DCIR database is taken into account from 2013 onwards. The total number of acts carried out by dental surgeons/dentists salaried in health care centers is then computed by **DREES**.

2) External consultations of dentists in all hospitals extracted from the **SAE file** (*Statistique annuelle des établissements de santé/Annual statistics of health institutions*) **managed by DREES** (*Direction de la recherche, des études, de l'évaluation et des statistiques*).
<https://www.sae-diffusion.sante.gouv.fr/sae-diffusion/accueil.htm>.

3) Annual average population (data may be revised each year) estimated by the French National Statistical Institute **INSEE** (*Institut national de la Statistique et des Études Économiques*) using population census.
<https://www.insee.fr/fr/statistiques/serie/001641584>.

Data were revised in 2023 (years 2013 to 2021).

Reference period: yearly data

Coverage:

- France including overseas departments and regions (D.R.O.M).
- Before 2011, stomatology was considered as a medical specialty in France. Since 2011, stomatology no longer exists in France, but a new specialty was created “chirurgie orale” (oral surgery), which can either be a dentist specialty or a medical specialty. The activity of stomatologists is included in the “doctor consultations”. The activity of physicians specialised in oral surgery is included in the “doctor consultations”, whereas the activity of dentists specialised in oral surgery is included in the “dentists consultations”.
- Healthcare institutions are taken into account irrespective of their legal status, categories, financing (e.g., private financing contributing to public hospital services) or size. Dental centers (“centres de santé dentaire”) that employ salaried dentists are included in the analysis from 2013 onwards.

Deviation from the definition:

Break in time series:

- Break in 2000 due to the change of coverage, from Metropolitan France to Metropolitan France + D.R.O.M. (i.e., overseas departments).
- Break in 2001 due to the inclusion of hospital consultations. Before 2001, only ambulatory care consultations were taken into account. However, the share of dentist consultations performed in hospitals in the total number of consultations is so low that it does not affect the updated series.
- Break in 2013: there is a double counting of some consultations before 2013 that cannot be corrected. Activity of dental surgeons/dentists salaried in dental centers is taken into account from 2013 onwards.

Germany

Source of data: **Federal Ministry of Health**, KG 3-Statistics 2023 (statutory health insurance: accounts for practitioner and dental treatment, measures for the preventive examination/recognition of diseases, prenatal examinations) and KM 6-Statistics 2023 (statutory health insurance: insured persons). Bundesministerium für Gesundheit 2024, *Ergebnisse der KG 3-Statistik 2023 (gesetzliche Krankenversicherung: Abrechnungsfälle ärztlicher und zahnärztlicher Behandlung, Maßnahmen zur Früherkennung von Krankheiten, Mutterschaftsvorsorgefälle)* und *Ergebnisse der KM 6-Statistik 2023 (gesetzliche Krankenversicherung: Versicherte)*; special calculation by the **Federal Statistical Office** on base of data from the Federal Ministry of Health.

- See information at <http://www.gbe-bund.de> or <http://www.bmg.bund.de>.

Reference period: During the year.

Coverage:

- Included are dental services like conservative surgical services, orthodontic treatment and surgery, dentures, paradentosis treatment, early recognition for children, cases of compensation for dental visits among others in inpatient nursing care facilities according to § 87 Abs. 2i and 2j SGB V and integrated care (dental treatment and denture).

Deviation from the definition:

- Consultations with dentists represent only the number of cases of dental treatments according to reimbursement regulations under the Social Health Insurance Scheme. One case of treatment only counts the first contact in three months even if the patient consults their dentist more often.
- A substantial under-reporting has to be assumed.

Estimation method:

Break in time series:

Greece

Data not available.

Hungary

Source of data:

- Up to 1993: **Central Statistical Office** (KSH in Hungarian), Yearbook of Health Statistics. www.ksh.hu.
- From 1994: **Hungarian National Health Insurance Fund** (OEP in Hungarian), Statistical Yearbook. www.oep.hu.

Reference period:

Coverage: Hungarian National Health Insurance Fund (OEP) database contains only cases financed by national health insurance, there is no information about cases at private sector.

Break in time series:

- 1994. Since 1994, data published in Hungarian National Health Insurance Fund (OEP) statistical yearbooks.
- 2007. The decrease in dentist' consultations in 2007 was related to the introduction of co-payment in the course of the healthcare reform that started at the end of 2006, and finished at the middle of 2008.
- From 2020: Due to a technical transition the data have been revised.

Note:

- The population numbers for the period between 2012 and 2022 have been recalculated retrospectively on the basis of the final census data of 1 October 2022.

Iceland

Data not available.

Ireland

Source of data:

- From 2017: **Healthy Ireland Survey**, Department of Health (<https://www.hse.ie/eng/about/who/healthwellbeing/healthy-ireland/publications/>).
- Pre 2017: **Quarterly National Household Survey** (Labour Force Survey) Health Module, **Central Statistics Office** (<https://www.cso.ie/en/statistics/labourmarket/quarterlynationalhouseholdsurvey/>).

Reference period: Calendar year.

Coverage:

Consultation with a dentist includes orthodontist and other dental care specialist (hygienist) visits.

Break in time series:

- For 2019-2023, data is not available as it was not collected in the annual Healthy Ireland Survey.
- From 2017 data refers to population aged 15 years and older. The questions used were EHIS questions.
- Pre 2017: Data refer to adults aged 18 years old and over.
- Pre 2017: Data refer to the number of times during the past 12 months a person has consulted a dentist.

Israel

Source of data: 1996, 2000, 2009: **Central Bureau of Statistics**, Health Surveys (supplement to Labour Force Survey). http://www.cbs.gov.il/www/briut/health09_e.pdf.

Coverage:

- National representative sample of non-institutionalised civilian population; excludes nomad population in the southern region (about 0.7% of the population).
- Survey participants were asked if (and how many times) any member of the household visited a dentist (including an orthodontist but not a dental hygienist or dental technician) during the last two weeks.
Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Until 2013:

Source of data: **ISTAT**, Istituto Nazionale di Statistica (National Institute of Statistics). Italian health interview survey “Health conditions and recourse to health services”.

Reference period: Last 12 months.

Coverage: - Sample survey. - Data refer to dentist consultations self-reported by the patients.

Deviation from the definition: None.

Estimation method: None.

Break in time series: 2014. See below.

Since 2014:

The total of visits is the sum of visits to dentists in the National Health System and visits to dentists paid by patients (out of pocket). The average number of consultations/visits with a dentist per person per year is calculated dividing the total of visits by the resident population (annual average).

1/ VISITS TO DENTISTS IN THE NATIONAL HEALTH SYSTEM

Source of data: **Ministry of Economy**, Sistema Tessera Sanitaria (administrative data on outpatient services - doctor consultations, surgery, lab tests, diagnostic tests - provided by the NHS).

<https://sistemats1.sanita.finanze.it/portale/>.

Reference period: Year.

Coverage: Visits to dentists in the NHS (out of pocket visits are excluded).

Deviation from the definition: it is not possible to exclude visits for prescribed laboratory tests and visits to perform prescribed and scheduled treatment procedures, e.g. injections, physiotherapy, etc.

Estimation method: None.

2/ VISITS TO DENTISTS OUTSIDE THE NATIONAL HEALTH SYSTEM PAID BY PATIENTS (out of pocket)

Source of data: **ISTAT**, Household Budget Survey (sample survey <https://www.istat.it/it/archivio/71980>) and Monthly Survey of Consumer Prices (sample survey <https://www.istat.it/it/archivio/252466>).

Reference period: Year.

Coverage: Out of pocket visits to dentists.

Deviation from the definition: None.

Estimation method: the number of out-of-pocket visits is estimated by dividing the annual expenditure of households for out-of-pocket visits to dentists by the average price of dentist visits. Expenditure and average prices are by geographical area.

Japan

Source of data: **Ministry of Health, Labour and Welfare**, Health Insurance Bureau survey.

Coverage:

- The number of dental contacts for individuals enrolled in the government-managed health insurance, society-managed health insurance or national health insurance divided by the total enrolment.
- Almost 90% of the population is covered by these public health insurance schemes.

Deviation from the definition: Data include remote consultations (by telephone, video, etc.).

Korea

Source of data:

- From 2014: **Ministry of Health and Welfare, Health Insurance Review & Assessment Service**, Statistics of Health Care Utilization.
- Until 2013: **Ministry of Health and Welfare, Korea Institute for Health and Social Affairs**, The Patient Survey Report.

Coverage:

- From 2014: Administrative data cover consultation fees, including national health insurance, medical care, Patriots-Veterans benefits, industrial accident insurance benefit, and automobile insurance.
- Until 2013: The Patient Survey was conducted every 3 years until 2005. It was changed to annual survey in 2008. Data cover patients who have a consultation with physicians and specialised doctors in hospitals and clinics.

Break in time series: 2014. Change in data source.

Latvia

Source of data: **Centre for Disease Prevention and Control**, Statistical Report.

Reference period: 1st January to 31st December.

Lithuania

Source of data:

- From 2006: HI HIC data from annual reports and Compulsory Health Insurance Database. Report “Health Statistics of Lithuania” available from <https://www.hi.lt/sveikatos-statistikos-leidiniai/#--lietuvos-sveikatos-statistika>. Available on Official Statistics Portal of Statistics Lithuania <http://osp.stat.gov.lt/en>.
- Up to 2005: Lithuanian Health Information Centre annual report data.

Reference period:

Coverage: All health care institutions should report, but quality and coverage of private health care institutions, especially having no contract with Compulsory Health Insurance Fund, reporting is not complete.

Luxembourg

Source of data: **Fichiers de la sécurité sociale**. Data prepared by **Inspection générale de la sécurité sociale**.

Coverage:

- Data refer to the total number of consultations performed in Luxembourg of the resident population covered by the statutory health insurance scheme outside hospitals or in outpatient departments in hospital.
- The rates presented in the database are calculated with the resident population covered by the statutory health insurance scheme (annual average number) in Luxembourg as the denominator.

1995	387.862
1996	393.113
1997	398.462
1998	403.996
1999	410.708
2000	418.182
2001	424.037
2002	428.457
2003	433.424
2004	439.628
2005	444.783
2006	449.972
2007	455.752
2008	463.179
2009	470.660

- Simple visits and small interventions are included.
- The rate for 2023 is preliminary. In 2016, data have been revised in order to exclude consultations and visits during hospitalisation.

Break in time series: 2009: method for calculating resident population covered by the statutory health insurance scheme in Luxembourg (annual average) has changed.

2009	465.632
2010	473.088
2011	481.890
2012	492.555
2013	501.925
2014	510.673
2015	518.165
2016	526.733
2017	535.940
2018	545.837
2019	556.648

Mexico

Source of data: **Bulletin of Statistical Information**. National Health Care System, Vol 1. Ministry of Health, 1980-2020. From 2021 onwards, the data is from the Service Provision Subsystem (SIS).

Coverage:

- Since 2004: Data include dentist consultations offered by Social Protection in the Health System of the Ministry of Health.
- Since 1994: Data include private facilities with inpatient service.
- Data exclude teleconsultations.

Netherlands

Source of data:

- 2005 onwards: Data from the **Health Interview Survey**.
- 1997-2004: **Integrated System of Social Surveys (POLS)**.
- Before 1997: **Vademecum Gezondheidsstatistiek**, table 8.5 and Maandbericht Gezondheidsstatistiek (several issues).

Coverage:

Visits at the dentist's.

Visits made to persons in institutional settings such as nursing homes are not included.

Contacts with the dental hygienist, orthodontist and dental surgeon are not taken into account. The questions are posed to everyone of 1 year or older. It is assumed that children of 0 years of age do not go to the dentist.

Break in time series: 2010 and 2014. Questionnaire and setup of survey changed in 2010 and 2014.

New Zealand

Data not available.

Norway

Data not available.

Poland

Source of data: **Statistics Poland**, ZD-3 report on ambulatory health care.

Coverage:

- Consultations provided by dentists in out-patient health care.

Break in time series:

- Since 2003, data on dentist consultations include data from the Ministry of National Defence and the Ministry of the Interior and Administration, which were not included before.

- Since 1998, consultations provided by dentists conducting a publicly funded medical practice are included.

Portugal

Source of data: Statistics Portugal - Hospital Survey and Health Care Centres Survey.

Reference period: Annual.

Coverage:

- National coverage.

- The number of consultations includes visits/ consultations of patients in hospitals (public and private sector) and in health centres. Consultations/visits that take place at private offices are not included.

- Between 1985 and 1998, data refers only to consultations/visits with stomatologists. Between 1999 and 2012, data includes consultations/visits with stomatologists, as well as consultations/visits with dental surgeons.

- From 2013 onwards, data is not available because the Official Clinics Survey was discontinued.

Deviation from the definition: Consultations at private offices are not included.

Slovak Republic

Source of data: **National Health Information Center (NHIC)**.

Reference period: 31st December.

Coverage:

- In 2019, data were recalculated since 2007.

- In the updated data, patients' visits in out-patient units of dentists and primary dental clinics specialised units of stomatology and dentistry are included (stomatology, orthodontics, periodontia, prosthetic dentistry, maxillofacial surgery, dentistry for children, stomatological medical first aid service unit for adults, stomatological medical first aid service unit for children and adolescents, dentoalveolar surgery, mucosal diseases of the oral cavity, implantologia, mucogingival surgery, dentistry, oral hygiene).

Slovenia

Data not available.

Spain

Source of data: **Ministerio de Sanidad** (Ministry of Health) and **Instituto Nacional de Estadística** - INE (National Statistics Institute).

- Encuesta Nacional de Salud (National Health Survey), 1987-2006, 2011 and 2017.

<https://www.sanidad.gob.es/estadEstudios/estadisticas/encuestaNacional/home.htm>.

- Encuesta Europea de Salud en España (European Health Interview Survey (EHIS), 2009, 2020.

<http://www.ine.es> (<http://www.ine.es/>).

<https://www.sanidad.gob.es/estadEstudios/estadisticas/EncuestaEuropea/home.htm>.

Reference period:

Coverage:

- **Numerator:** Number of visits to the dentist in the past 3 months x 4.

- **Denominator:** Population 0+ except for 2009 data, where population was aged 16 years and over, and 2020 where population was 15 years and over.

- **National Health Survey, 2017. European Health Survey in Spain, 2009, 2020.** Question: “When was the last time you visited a dentist, stomatologist or dental hygienist for a check-up, advice or treatment for tooth or mouth problems?” Those who answer “Within the last 3 months” move on to the next question where they answer the number of times in the last 3 months.

- **National Health Survey** (up to 2006 and 2011). Question: “During the last three months, have you visited a dentist for a check-up, advice or treatment for tooth or mouth problems?”, “If the answer is affirmative, how many times have you visited the dentist?”.

- The 2020 Health interview survey was carried out from July 2019 to July 2020, so the decrease in 2020 data compared with previous years may be explained by the pandemic period.

Estimation method:

- Average number of consultations in one year per person.

- Figures computed exclude missing values.

- Since 2003, probabilistic sample.

Break in time series: 2009, 2011.

Sweden

Source of data: **Swedish Insurance Agency (Försäkringskassan), Statistics Sweden (SCB).**

Coverage:

- 2009-2016: Number of dentist consultations for persons 20 years and older for the years 2009-2016 (Source: Swedish Insurance Agency) is divided by the population in Sweden that are 20 years or older on the first of November each year (Source: SCB). The years 2009-2016 children and adolescents have free dental care up to the year they turn 20. Statistics for people younger than 20 is not available from the Swedish Insurance Agency.

- 2017: Number of dentist consultations for persons 22 years and older 2017 (Source: Swedish Insurance Agency) is divided by the population in Sweden that are 22 years and older for the year 2017 on the first of November (Source: SCB). In 2017 children and adolescents have free dental care up to the year they turn 22. Statistics for people younger than 22 is not available from the Swedish Insurance Agency.

- 2018: Number of dentist consultations for persons 23 years and older 2018 (Source: Swedish Insurance Agency) is divided by the population in Sweden that are 23 years and older for the year 2018 on the first of November (Source: SCB). In 2018 children and adolescents have free dental care up to the year they turn 23. Statistics for people younger than 23 is not available from the Swedish Insurance Agency.

- 2019 (and onwards): Number of dentist consultations as registered in the state dental care insurance for persons 24 years and older in 2019 (Source: Swedish Insurance Agency) is divided by the population in Sweden that are 24 years and older for the year 2019 on the first of November (Source: Statistics Sweden). From the year 2019 and forward, children and adolescents have free dental care up to the year they turn 24. The statistics include people who have had dental visits outside of Sweden as well as persons from EU countries that have dental care visits in Sweden in the cases where they take part of the state dental care insurance in Sweden. Statistics for people younger than 24 is not available from the Swedish Insurance Agency. The dental support people receive through the county is not included.

Switzerland

Source of data: **Federal Statistical Office (FSO), Neuchâtel, Swiss Health Survey 1992, 1997, 2002, 2007, 2012 and 2017.**

Reference period:

Coverage: This survey only covers the population aged 15 years and older in private households, excluding collective households (retirement homes, institutions for the disabled, etc).

Türkiye

Source of data: **General Directorate for Health Services, Ministry of Health.**

Reference period: Annual.

Coverage:

- The data provided between 2000- 2011 indicate the number of per capita visits to the Ministry of Health affiliated oral and dental health care services, dental care and prosthetic centres in public hospitals, outpatient clinics for dental care, and public and private dental care hospitals.

Note: Türkiye significantly improved the supply of services under the Health Transformation Program (HTP) between 2003 and 2013. In the scope of this program, access to healthcare has increased, leading to an acceleration in the rise of the number of dentist consultations between these years.

Deviation from the definition:

Estimation method:

Break in time series: From 2012 onwards, all sectors (MoH, university, private, other) are included.

United Kingdom

Source of data:

Calculated by the **NHS Digital** using data from:

Up to 2006: **Office for National Statistics**, Annual Abstracts.

2007 onwards:

- *England*: **NHS Digital**.

- *Scotland (up to 2010) and Northern Ireland*: **Office for National Statistics**, Annual Abstracts.

- *Scotland (2011 onwards)*: NHS National Services Scotland.

- *Wales*: **Stats Wales, Welsh Assembly Government**.

- *Northern Ireland*: **HSC Business Service Organisation**

(<http://www.hscbusiness.hscni.net/services/1805.htm>)

Further information at: <http://content.digital.nhs.uk/>.

For 2019 and 2020, England only consultations have been used to create rate per capita by ONS.

Coverage:

- 2019 and 2020: England only data.

- 2012-2018: Data for the UK.

- 2007-2011: Data for Great Britain only.

- 2003-2006: Data for the UK.

- Before 2003: Data for Great Britain only.

- 2007 onwards: Data do not include treatment provided privately.

- Data are the number of courses of treatment, which may span a number of individual consultations.

- Scotland data would exclude data on non-general dental service consultations/visits with dentists, orthodontists, stomatologists and dental surgeons, as well as data on outpatient departments in hospital.

- Data are for financial years.

- UK denominator is based on the corresponding year's population estimates.

Break in time series:

- There is a change in the series in 1990 when a new dental contract was introduced. From 1990, figures refer to "paid" treatments only and therefore do not include any children's consultations. The per capita rate is therefore probably underestimated in these later years. For comparison purposes, the rate for 1989 using only figures for adults would be 0.63 instead of 0.69.

- In 2017 data was revised for UK due to changes in NI's reporting. Previously NI counted each treatment code as one treatment regardless of how many treatments had been carried out under that code. (For example a claim for a filling under treatment code 1401 that was carried out on 5 different teeth, NI would have counted it as one treatment. They now count that as 5 treatments.)

United States

Source of data: **Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS)**, various years.

<https://datatools.ahrq.gov/meps-hc>.

(<https://datatools.ahrq.gov/meps-hc>)Coverage:

- The Medical Expenditure Panel Survey (MEPS) is conducted to provide nationally representative estimates of healthcare use, expenditures, sources of payment, and insurance coverage for the U.S. civilian non-institutionalized population. MEPS is cosponsored by the Agency for Healthcare Research and Quality

(AHRQ) (formerly the Agency for Health Care Policy and Research) and the National Centre for Health Statistics (NCHS).

- MEPS is comprised of three independent component surveys: the Household Component (HC), the Medical Provider Component (MPC), and the Insurance Component (IC). The HC is the core survey, and it forms the basis for the MPC sample and part of the IC sample. Together these surveys yield comprehensive data that provide national estimates of the level and distribution of healthcare use and expenditures, support health services research, and can be used healthcare policy implications.

- The sampling frame for the MEPS HC is drawn from respondents to NHIS, conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian non-institutionalised population, with oversampling of Hispanics and blacks.

Estimation method: Survey.

- Nationally representative sample of the U.S. civilian non-institutionalised population.

- Percent estimates were weighted to represent the U.S. civilian non-institutionalised population for each respective year (December 31 of each year).

- Estimates represent mean event per person on dental visit. Dental visit is defined a visit of any type of dental care provider, including general dentists, dental hygienist, dental technicians, dental surgeons, orthodontist, endodontist, and periodontists.

Break in time series: No breaks in time series.

NON-OECD ECONOMIES

Bulgaria

Source of data: **National Centre for Public Health and Analyses at the Ministry of Health.**

Reference period:

Coverage: Consultation/visits with an orthodontist and dental surgeon, in the dentist's office, in the patient's home and in outpatient departments in hospital are covered.

The rate is calculated based on the average annual population.

Croatia

Source of data: Croatian Institute of Public Health, Database on Primary Health Care – dental medicine.

Reference period: Calendar year.

Coverage: Covers all public and private institutions and practices of dental medicine.

Cyprus

Source of data: The annual reports "Health and Hospital Statistics" and the "Demographic Report" both published by CYSTAT. Up to 2019 the mid-year population was used. From 2020 onwards, the average population has been used.

2022 onwards: For the dental services provided through the General Health System (GHS) the data is obtained from the Health Insurance Organisation and from the Dental Services of the Ministry of Health.

Reference period: The reference year.

Coverage: Up to 2021, the data covers the Public Sector only.

From 2022 onwards, the data covers the dental visits performed in the SHSO, as well as in the private sector through the GHS. It should be noted that from 2022, all the beneficiaries of the GHS over 12 years of age are entitled for an annual, free dental cleaning and oral cavity examination. For children under 12 years old, fluoride services are also covered (6-12 years old), meaning topical fluoride application, as well as advice on proper oral hygiene, correct dietary habits to prevent cavities, oral habits (thumb sucking, pacifier use, etc.) and their management, among others.

Deviation from the definition: Up to 2021, the data covers public sector only, visits at the office only.

Consultations with maxillofacial surgeons are excluded. The number of consultations include those of non-residents, i.e., tourists using health care in Cyprus, persons living in the Non-Government controlled area

but visiting the Republic of Cyprus for medical care, etc. However, in order to calculate the consultations per capita, the mid-year population was used up to 2019 (from 2020 onwards the average population is applied), comprising all the persons who have their usual residence in Cyprus.

From 2022 onwards, the coverage is still incomplete, however due to the fact that data is obtained also from the HIO, the coverage has been improved.

Estimation method: Not applicable.

Break in time series: A break occurs in 2022, due to changes in the coverage of the data.

Data for reference years 2018-2022 have been revised according to the revised population figures resulted from the latest population census that was carried out in 2021.

Romania

Source of data: **National Institute for Statistics.**

Reference period: calendar year, as existing on 31st December

Coverage:

2005-2012: data cover public and private sector. Includes all consultations in individual dentist offices, medical dentist civil societies and dentist offices in school and universities from public and private sector. Since 2013: data cover public and private sector (including not for profit). Includes all consultation in individual dentist offices, medical dentist civil societies, dentist offices in school and universities, in hospitals, ambulatories, polyclinics, diagnosis and treatment centres, specialised medical centres, health centres.

- Since 2005 data was updated based on usual resident population on July 1st of each year.

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<https://www.oecd.org/en/data/datasets/oecd-health-statistics.html>