Association of Dental Groups

30 years of hurt

The urgent need to rebuild our dentistry workforce

A report commissioned by the Association of Dental Groups

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The ADG is a trade association for dental groups serving both NHS and private patients in the UK representing members views equally and objectively in current debates on oral health.

Foreword

All of the signs are that Covid-19 will have a devastating impact on the nation's oral health. Ever since the first national lockdown in March, many people have been ignoring minor symptoms such as toothache or bleeding gums and allowing them to get worse. Others have been performing dangerous 'DIY dentistry'. At the same time, restrictions have meant that the numbers of patients dentists can physically help in any given day has fallen dramatically.

Now for the first time we can see just how many people are set to miss out on vital dental treatment this year. Our research paints a shocking picture of how Covid-19 has kept people away from the dentists across the country, resulting in millions of people not getting the treatment they need.

Most alarmingly, our figures point to a whole host of oral health problems being bottled up in 2020, ranging from record levels of teeth extractions to more mouth cancer diagnoses.

Unfortunately, all of this is just the latest part of a bigger crisis that the system has been experiencing. Even before the pandemic struck, we were seeing rising problems in access to dentistry. In large parts of the country it was very hard to get access to an NHS dentist and the poorest patients were often paying the price.

If the situation was not critical before Covid-19, nobody could credibly deny that it is now. After years of dentistry being forgotten by successive health secretaries, it is time for radical action to ensure that the system can cope with what is about to be thrown at it. At the root of the problem is a lack of NHS dentists in England and in this report we have outlined six measures that will help us to make up the deficit.

Our long-term goal is attracting and training enough people here in the UK to become dentists. Currently training takes five years to complete and Covid-19 has further complicated matters for dental students. The likely upshot is that many current students will not be able to fully graduate to work as dentists, dental therapists or dental hygienists until the pandemic is well and truly behind us.

In the short-term, the only realistic solution to the crisis right now is to make it easier for overseas professionals to enter UK dentistry. We now need to see an increase in recruitment of dentists from outside the UK and this is where the system itself is posing the biggest barrier. On average over the last year, it has taken 199 days to onboard an EU dentist. For candidates who qualify in the Rest of the World, the system is deeply complex and can take up to 12 months.

We urgently need to find ways of breaking the logjam. That means encouraging more dentists to train here in the UK. But we also need to remove the needless obstacles to recruiting and onboarding outstanding clinicians who are trained abroad.

Only if this happens will we have a chance of helping the millions of people whose oral health is being punished by the pandemic.

Neil Carmichael.

Neil Carmichael, chair, Association of Dental Groups

Executive summary

For 30 years, dentistry in England has been the forgotten service of the NHS. It is time for that to change.

Access to services has become more and more problematic. Along with funding pressures, workforce shortages have become more acute and there are growing inequalities in oral health. Around 40% of adults do not go to the dentist regularly, 3 million suffer from oral pain and 2 million have to undertake a round trip of 40 miles for treatment.[1] There are areas of the country, even before the pandemic struck, where more than 40% of new patients could not see a dentist.

Children have suffered particularly badly. Public Health England data show that just under a quarter of five year olds have tooth decay with children from the most deprived areas having more than twice the level of decay from those from the least deprived. Tooth extraction is still the most common hospital procedure in six to ten year olds.[2]

Covid-19 has made the problems worse. Practices are operating at reduced capacity and being asked to invest in new equipment and re-design services many cannot afford. Despite the best efforts of the profession, the backlog of care and population health need is therefore growing.

New research conducted for this report estimates that, on current projections, the waiting list for NHS Dentistry will be at 8 million patients by the end of the year.

While the problems behind this are multi-faceted , and with coronavirus-related restrictions hampering progress action can be taken to invest in and support the dentistry workforce.

The good news is that there are some simple steps that can be taken with the dentistry workforce that will both tackle oral health needs and improve access. This report therefore calls for a "six to fix" plan:

1. Increase the number of UK dental undergraduate placements not only in current locations but create new training places in areas with poor access.
2. Continue mutual recognition of EU dental qualifications
3. Make it easier for overseas dentists to practice in the UK
    - » Simplify the Overseas Registration Exam (ORE) process
    - » Allocate places for the ORE exam to applicants who have attended a GDC approved ORE training course .
    - » Automatic recognition of dental qualifications for GDC approved overseas dental schools
    - » Double the number of places for the Overseas Registration Exam
4. Simplify and speed up the process for PLVE and Dentists to get an NHS 'performer number' – to within 8 weeks.
5. Allow team members within their scope of practice to initiate NHS treatments.
6. Boost retention of NHS dentists by reforming the NHS dental contract and increase incentives for NHS dentists to move to areas with poorer access to NHS dentistry.

Implementation of this plan is needed as soon as possible. Further delay will only make the backlog of treatments and the numbers waiting for access worse. It is time to address the 30 years of hurt the sector has faced and create a dentistry system we can at last be proud of.

CHAPTER 1

Dentistry: The forgotten healthcare service

Before the arrival of Covid-19, dentistry services were facing a series of significant challenges, pressures and uncertainties. First of all, there is the squeeze on funding: this year's 'Dentistry in England' report from the National Audit Office shows a fall in the contribution of NHS funding to primary care dentistry of 10% in real terms in the last spending period (2014-15 to 2018-19).[3]

Workforce shortages, variation in outcomes for patients and have all added to that pressure. Such problems are not new, however.

During the 1990s many more people started to report access issues to NHS dentists.[4] A poll in 1996 revealed that over a third of people were experiencing difficulty in finding an NHS dentist in their area and following the 1997 election the British Dental Association (BDA) projected a future workforce crisis due to fewer dentists in training, rising need and professionals retiring.[5]

The then Labour Government committed that by September 2001 anyone who needed access to an NHS dentist would be able to receive it. *Modernising NHS dentistry: implementing the NHS Plan* introduced a range of measures to improve dentistry. These included using NHS Direct to help patients find dentists, more funding to increase the number of patients treated and new capital investment.[6]

However a brief inquiry the following year from the Commons Health Select Committee was underwhelmed by the measures in the plan:

"There are widespread concerns that the proposals in the document merely provide a quick fix and do not go to the root of the problems. There are also concerns about current workforce levels and distribution, about which at present we have little detailed information. We believe these are serious concerns and that Modernising NHS Dentistry lacks the weight to alter fundamentally what is a deteriorating situation. We would suggest that a longer term strategy for dentistry within the NHS is still badly needed."[7]

In 2003, the Government went further and announced major changes to NHS dentistry, giving Primary Care Trusts (PCTs) responsibility for commissioning NHS dental services in response to local needs, and using NHS contracts to influence where dental practices were located.[8]

These changes and the state of the sector were investigated by the Public Accounts Committee in a report in 2005. The report found that the system was delivering widespread regional variation in outcomes:

"Indicators of oral health show that twelve year old children in England have lower levels of decay than their European neighbours, and an increasing percentage of five year old children have no dental decay. There are wide variations in oral health levels across the country however, with children in some parts of northern England having, on average, twice the level of decay of children in other parts of the country. Likewise adults in northern England are twice as likely to have no natural teeth as those in the south."[9]

It also criticised the Government for continual delays in bringing forward a new contract, and highlighted workforce gaps that existed:

"England has one of the highest ratios of people to dentists of all the European Union and G7 countries, and in 2002 the Department estimated that in 2003 there would be a shortage of 1,850 dentists. The shortfall in dentists is being met in the short term by international recruitment initiatives. In the long term the Department is increasing the number of dental training places by 25% and is quadrupling the number of dental therapist places."[10]

In 2006 the Department of Health finally brought forward the new dental contract. The contract sought to pay dentists for activity with the objective of tackling waiting list pressures. There was little focus on quality or more prevention based care. A 2008 Select Committee report was scathing of the contract noting that it has led to 'patchy' access and a drop in the reduction of complex procedures.[11]

The Coalition Government sought to evolve the dentistry contract through the publication of '*NHS Dental Contract: proposal for pilots*'. This document acknowledged the flaws in the 2006 model and sought to "bring weighted capitation funding for the patients they take on, and motivated to provide the best clinical care through incentives to improve quality and clinical outcomes."[12] The document went on to note that the 2006 contract had reduced the number of dentists taking NHS work:

"While the contract gave PCTs the power to commission dental services to meet local health needs, the new contract also introduced unfairness into the system. Individual dentists have been given contracts, and different dentists have been paid widely differing sums for delivering the same treatments. Some dentists are paid half what others receive for the same treatments. The purpose behind this was to take account of the different needs of local populations, but because the contract value was derived from each dentists' treatment records, it further cemented dentists into a pattern of treatment rather than prevention. A significant number of dentists chose to stop working in the NHS rather than sign a contract, that they saw as unfair. Following the introduction of the contract, there was sharp fall in the numbers of people able to access NHS dentistry."[13]

Karen Taylor who led the 2004 report for the National Audit Office into NHS dentistry has noted that dentistry gradually became less of a priority after 2010:

"As the global financial crisis took effect and the new Coalition Government came into power, the funding of and priorities for the NHS changed. In response to continued problems in access to NHS dentistry, the Coalition Government committed to increasing dental access and improving oral health through reform of the 2006 dental contract."[14] The debate and contention around the Health Act 2012 also deflected media and political attention to other higher profile issues, despite evidence of increased numbers of patients struggling to access NHS dentistry. Moreover, the most dominant health policy initiative in 2014, the NHS Five Year Forward View, made no mention of dentistry or dental services despite its focus on prevention.[15]

Such drift was criticised in a 2017 House of Commons debate led by Judith Cummins MP who labelled oral health and dentistry the "Cinderella service of our NHS".[16]

A House of Lords briefing prior to a debate on dentistry in 2019 noted the fall in public access to NHS dentists in recent years:

"In recent years, the number of adults seen by an NHS dentist in England has fallen. The latest data on patients seen by an NHS dentist reveals that 22 million adults (50.7%) saw an NHS dentist in the 24 months to 30 June 2018. This figure was 98,445 fewer than the 24-month period to June 2017. This has, in part, been attributed to labour shortages in NHS dentistry."[17]

In response the Government repeated claims that it was taking action to tackle the access challenges, through more flexible commissioning and the testing of a new reformed dental contract.[18]

However the Conservative manifesto made no reference to dentistry at all, many areas of the country remain primarily under the 2006 contract and the NHS Long Term Plan only referred to dentistry once in relation to the Staying Well Core Initiative supporting improved child oral health.[19]

CHAPTER 2

The impact of Covid-19 and access to dentistry

Between March and June 2020, the Chief Dental Officer for England instructed all routine dentistry to be shut down, as part of the wider Covid-19 lockdown. Some 623 regional urgent care centres were the main route for patients with the most urgent needs.

This created restrictions in access, and when the lockdown was lifted in June there were still barriers put in place to limit the numbers of patients seen by practices.

The impact of this on patient access is stark: by the end of 2020, it is estimated that around 8 million patients will be waiting to see an NHS dentist.

Access challenges pre-pandemic

The latest full annual reporting on the numbers of patients who need but cannot access an NHS dentist was published in March 2020, before the lockdown of dentistry. This shows that 26% of new patients were unable to get a dentist.[20] The British Dental Association (BDA) has estimated that this represents over a million new unregistered patients wanting but not accessing dentistry in any given year.[21]

The NHS splits the country up into geographical zones covered by Clinical Commissioning Groups (CCGs). At the last count, there were 13 CCGs where more than 40% of new patients could not see any dentist:[22]

Commissioning Zone	New patients unable to get an NHS appointment (pre-lockdown)
NHS Devon CCG	50%
NHS Kernow CCG	49%
NHS North East Lincolnshire CCG	46%
NHS Portsmouth CCG	44%
NHS Ipswich and East Suffolk	43%
NHS Greater Preston CCG	43%
NHS North Lincolnshire CCG	42%
NHS Milton Keynes CCG	42%
NHS Chorley and South Ribble CCG	42%
NHS North Kirklees CCG	41%
NHS Morecambe Bay CCG	41%
NHS Bradford District and Craven CCG	40%
NHS Bolton CCG	40%

These official figures represent data collected before the pandemic. The dentistry lockdown between March and June 2020, and ongoing restrictions on how many patients dentists can see, mean the picture is likely to have grown much worse.

The dentistry lockdown

To look at the impact of the pandemic, there is a need to understand how many people were accessing dentistry prior to it. NHS Digital's dentistry annual report shows the numbers of people in any given quarter who report having a dental appointment at any time in the previous two years (two years is the longest recommended interval between routine check-ups). For children it is measured over a one year period. The data only counts new access – i.e. unique patients and not double counting people seeing a dentist more than once in the two years.

The figures show that around 22 million adults are seen over a two-year period and around 7 million children were seen within the last year. These represent a baseline metric, as quarter-by-quarter there are only small variations from this level until the March 2020 lockdown of public access to routine dentistry.[23]

In any normal year, therefore, around 11 million adult patients are seen plus 7 million children. This makes up around 18 million patients per year, or an average of around 4.5 million per quarter.

Official figures for the quarter from March to June 2020, when the lockdown was in force, were released in September 2020 and are the latest data on access available. These show that over lockdown, dentists saw around 827,000 fewer adults than usual and around 715,000 fewer children.[24]

Overall, this is a decrease of over 1.5 million patients compared to a normal quarter.

This is an unprecedented fall happening during lockdown against a pattern of data that does not ordinarily change significantly, therefore an assumption can be made that the drop was due primarily to lockdown restrictions. Where normally the number of patients seen in that quarter would have been around 4.5 million, it dropped to 3 million.

In reality, the access picture is likely to be worse. The 3 million figure represents 67% of the normal level of patient throughput, even though physical access to the country's 12,000-plus dental surgeries was all but shut down for the entire period. The reason for this relatively high 3 million number is that 'access' can mean telephone calls, even though they are largely used to divert patients away from 'in the chair' treatment or to point those most in need to urgent care centres or A&E. Most patients with more regular needs were not accessing actual treatments as surgeries were instructed by the Chief Dental Officer for England to shut this down.

Restricted reopening after lockdown

After lockdown was lifted in June 2020, restrictions were placed on dentists' activity, which still remain, meaning that the normal throughput of patients in any surgery each day is progressively falling into serious deficit. There is still a lot of telephone triage and 'in the chair' treatments remain way down on their usual levels.

Restrictions on routine dentistry:

English dental practices must now follow a series of strict requirements aimed at trying to prevent the spread of Covid-19 in surgeries. The most impactful measure was a 60-minute period of "fallow time" between patients to allow potentially infectious droplets and aerosols to clear from the air.

Since the first lockdown was lifted extra provisions have allowed this fallow period to be reduced but not eliminated. if a dental practice was able to install equipment that can conduct at least ten complete 'air changes' per hour in each room, using electric ventilation systems.

In the absence of any official data on the throughput of patients while surgeries are subject to these restrictions, we sought to create an estimate of what is going on. We first conducted industry-wide consultations with clinicians to establish that on average across the sector, dentists are seeing around 25% of the patients they would normally see.

This aligns with other dental industry estimates by the BDA, who have stated that their members have been running at around 25% of normal capacity since lockdown was lifted.[25]

The effect of this on access now and in the near future is explained below in two scenarios:

- the 'least bad', if estimates are based largely on government data and ignore the fact that much of access is not actual treatment
- a 'worse but realistic case' scenario where we attempt to estimate access, albeit still conservatively, based on the throughput of actual treatments

a. <u>The 'least bad' scenario:</u>

Official figures suggest that over lockdown, access to dentists dropped from 4.5 million to 3 million patients. Even though we do not see, in reality, how this could constitute 'access' in any clinically meaningful sense, we are going to take the generous view that this 3 million figure can serve as a baseline of minimum activity after lockdown when surgeries opened back up. It thus assumes that surgeries opening back up can perform at least this level of access, reabsorbing some activity that had been conducted by other parts of the NHS, like A&E, GPs and urgent care, plus an additional level of physical treatment on top and continuing telephone triage.

We then have the figure that reopened surgeries are achieving around 25% of their usual pre-lockdown throughput. We cannot assume this is 100% additional access, however, as it is absorbing some activity being done by other parts of the NHS while surgeries were closed.

Because there is no official data we can use for this, we create an estimate, based on our industry consultations, that around 60% of this 25% throughput rate is additional activity on top of the 3 million baseline. We thus apply an uplift of 15% to the 3 million (this is 60% of the current 25% throughput rate), which results in an estimate of 3.45 million patients per quarter accessing dentists. This represents a reduction of 1.05 million patients on a normal, average quarter.

Because each quarter's figures represent unique patients, we need to add them together as below, meaning that by the end of 2020, 3.6 million people will be waiting to access a dentist:

Quarter	Patients seen	Deficit in quarter
Normal pre-Covid	*4.5 million*	*0*
March to June 2020	3.0 million	1.5 million
June to Sept 2020	3.45 million	1.05 million
Sept to Dec 2020	3.45 million	1.05 million
	Total deficit	**3.6 million**

We must also remember that as well as these patients, the BDA estimates that there are over a million new, unregistered patients unable to access a dentist every year, even when there are no capacity restraints. We thus need to add on 750,000 of those, representing three quarters from March to end 2020.

Overall, in the best-case scenario, where telephone triage reflects 'access', it is expected that there will be 4.35 million people waiting for a dentist by the end of 2020.

b. <u>A worse (but more realistic) scenario:</u>

As set out above official figures for the lockdown suggest 67% of normal activity took place, it counts telephone calls as 'access'. Much of this activity beyond urgent treatment would not, however, in reality be a meaningful replacement for routine care.[26]

The question then is how much clinically-meaningful activity do go on over lockdown? Again, no official figures exist on this so the ADG canvassed clinical opinion across the industry and estimate that the real figure was closer to 15%. Since lockdown, this has risen to around 25% of normal throughput.

This means that under this scenario, just 675,000 people were seen during lockdown, with a rise since lockdown to 1.125 million per quarter. This creates an initial deficit over lockdown of 3.825m and an ongoing deficit of 3.375m per quarter.

- Adding up the deficits of the quarters from lockdown to the end of 2020 (see table below) means 10.6 million patients waiting to see a dentist:

Quarter	Patients seen	Deficit in quarter
Normal pre-Covid	*4.5 million*	*0*
March to June 2020	0.7 million	3.8 million
June to Sept 2020	1.1 million	3.4 million
Sept to Dec 2020	1.1 million	3.4 million
	Total deficit	**10.6 million**

As previously, however, we also need to add 750,000 of the 1 million new patients who cannot register for an appointment in any given year.

Our worse case scenario therefore estimates that the number of people who will be waiting for a dentist by the end of 2020 will be 11.4 million.

Taking a central scenario between these two above gives us a prudent, but realistic estimate: by the end of 2020, around 8 million patients will be waiting to see an NHS dentist.

CHAPTER 3

The need for action on workforce

Covid-19 will have a long and lasting impact on NHS dentistry services which face a perfect storm:

- There are long running gaps in the dentistry workforce
- The pandemic has significantly increased backlogs of care which were already substantial
- The end of the Brexit transition period could slow international recruitment dramatically

To recover service delivery and patient outcomes the priority for Government should be on building a workforce that is fit for the future.

Workforce planning

Whilst the number of NHS dentists has been rising in recent years it has only been at a relatively low level. In 2017 there were 24,007 NHS dentists, the latest 2019-20 figures show this has increased to 24,684. This represents an increase of 676 or just 3%.[27]

Matching dentists to population health need is hampered by poor data. The last Adult Dental Health Survey including England, Wales and Northern Ireland was undertaken in 2009. A similar survey for children was completed in 2013. Kenneth Eaton has noted that a new Adult Survey is planned, but as a result of the pandemic will now not take place until 2021, with findings not available until 2023.[28]

In his article '*Oral healthcare workforce planning in post-Brexit Britain*' Eaton adds that there will be both a need for greater disease prevention and more complex cases in the coming years, requiring investment in different dentistry roles:

"Much of the prevention and relatively simple care could be provided by DCPs in general, and dental hygienists and therapists in particular. However, given the relatively small numbers of dental hygienists and therapists at present, it would require a considerable expansion in the number of training places before significant numbers were qualified, and it would take many years for the numbers of UK dental hygienists and therapists to match those of dentists."[29]

In order to map population oral health needs, the next Adult Dental Health Survey should be prioritised by the NHS, completed rapidly with results published by the end of 2021. There is an opportunity to supplement the survey with better real world evidence, including clinical services data and population health data. This combination will help with identifying patient need and support more effective workforce planning.

'Levelling up' access

A BDA survey found 75% of NHS practice owners in England struggled to fill vacancies in 2018, up from just 50% in 2016, and rising to 68% in 2017.[30]

Upon publishing the figures the BDA noted that the NHS was "currently pointing new adult patients in Barrow-in-Furness to the nearest available practice in Whitehaven, a round trip of 90 miles. BDA analysis shows new patients across England are looking at round trips of over 40 miles, with some reliant on public transport facing over 4 hours in transit."[31]

The pre-pandemic challenges of access to NHS dentistry were demonstrated earlier in this report, with 13 CCGs having over 40% of patients unable to access an NHS dentist. Ensuring there are incentives for dentists to move to areas where there are shortages should be a objective of Government policy.

Impact of Brexit

Uncertainty regarding workforce planning for dentistry is increased by the looming end of the Brexit transition process. This report is concerned only with the workforce in England, but Brexit will have implications for the profession UK-wide.

According to the BDA "16-17 percent of the UK dentist workforce is registered on the basis of an EU/EEA degree; this includes UK citizens who have studied in Europe."[32] In some more deprived parts of the UK up to 30 per cent of NHS dentists are drawn from Europe, notably Poland, Spain and Romania.[33]

Brexit legislation states that automatic recognition of EU degrees will continue for up to two years while a new registration regime is agreed. However a General Dental Council survey found that after the end of the transition period up to a third of EU dentists may leave the UK.[34] The latest figures between 31 December 2018 and 31 December 2019, show the number of EU dentists registered with the General Dental Council has increased slightly from 6,672 to 6,725. However the number of new EEA dentists registering in the UK has been falling over the past decade, from 970 in 2011 to just 398 in 2019.[35]

In May 2019 the Migration Advisory Committee, in a review of its shortage occupations list, concluded that there was no need to include dentists on the list: "We do not recommend including dental practitioners in the SOL, despite evidence received from stakeholders, as the relative vacancy rate is below average and the ranking of the shortage indicators is middle of the range."[36]

Whilst predicting the impact of Brexit on the dentistry workforce is difficult, the uncertainty about future arrangements does highlight the need for investment in the UK workforce, to mitigate any downside upon the UK's exit from the European Union.

Need for overseas professionals

Given the amount of time it takes to train a dentist in the UK and the related workforce shortages in the future maintaining access to European dentists post Brexit and opening up other routes from other countries should Government priorities for the sector.

The main route for overseas professionals to join UK dentistry presently is by passing the Overseas Registration Exam. Health Education England (HEE) then manage a "Performer List Validation by Experience" (known as 'the PLVE') to enable them to practice in the NHS. A major complaint in terms of the process is that each HEE region runs PLVE differently, and this can span application dates, processes, whether or not the process is candidate or practice driven. One process for all regions would be much simpler, resulting in a better candidate experience and recruitment.

CHAPTER 4

Government action: a six point plan for dentistry

The key to easing the burden of unmet population oral health need is investment in the dental workforce. There is a need for investment and better utilisation of the current workforce, plus easier routes into dentistry for highly trained overseas professionals. Below is a six point plan for tackling the crisis in NHS dentistry and ending the thirty years of hurt for the sector.

1. Increase the number of training places

The Government should create a new recruitment campaign backed by a target to increase the number of UK dentist training places and incentives for NHS dentists to move to areas with poorer access to dentistry. This will start to help improve the medium to long-term picture for the sector. Ultimately, there should be an ambition to double the number of training places.

2. Recognition of EU trained dentists

There should be continued access to dentistry for EU-trained professionals. Their qualifications are presently recognised automatically and while more dentists are trained domestically (each takes five years) this recognition should be maintained indefinitely after Brexit.

3. Recognition of overseas qualifications

There is an immediate need for dentists from outside the EEA and an opportunity to make much more of our fantastic links to Commonwealth countries, notably India, which has a surplus of trained dentists. The General Dental Council's (GDC) recognition of dental qualifications should be automatically extended to approved dental schools outside the EEA. Where needed, candidates could work in a "provisional registration" period of close supervision and training for a year before full registration with the GDC is granted, a measure already used by the General Medical Council for overseas doctors.

The Overseas Registration Examination (ORE) is taken by overseas dentists coming to work in England or elsewhere in the UK to ensure they can meet the high clinical standards required here. It only makes around 500 places a year available, which is simply not enough. Government should provide the GDC with the support needed to double this figure. Allowing Part 1 of the ORE to be taken in the candidate's home country would be a huge help – a measure already allowed in testing for overseas doctors. We should also take steps to simplify the Overseas Registration Exam (ORE) process and we should allocate places for the ORE exam to UK dental providers with GDC approved training schemes in place.

4. Simplify and speed up the process for PLVE and Dentists to get an NHS 'performer number'

Once a candidate has passed the ORE there is a complex and lengthy process managed by Health Education England (HEE) to complete the Performer List Validation by Experience (PLVE) for overseas dentists to practice in the NHS.

Each HEE region runs PLVE differently, this can span application dates, processes, whether or not the process is candidate or practice driven. One process for all regions would be much simpler ultimately resulting in a better candidate experience and improved recruitment. Steps should also be taken to speed up the process ensuring that it takes no longer than eight weeks.

5. Allow whole teams to initiate treatments

The largest barrier to better use of the skill mix under current contractual arrangements is that allied dental professionals are unable to open a course of treatment meaning they cannot raise a claim for payment of work delivered. The impact of this is that many dental practices are unable to fully utilise therapists, who can support with routine dental treatment (such as fillings) and prevention work, to the level appropriate to their training. To prevent the waste of a highly trained workforce, whole teams should be allowed to initiate treatments.

6. Create a new strategy for NHS workforce retention

The Government could boost retention of NHS dentists by reforming the NHS dental contract. Clinicians canvassed for this report cite widespread dissatisfaction across the sector with the contract, introduced in 2006, which is viewed as no longer fit for purpose and a major driver of dentists leaving NHS dentistry. Government should open a constructive process with industry to deal with this – creating a new contract focused on the oral health needs of patients targeting access and focusing on preventative care to improve the nations oral health.

Endnotes

1 https://www.dentalhealth.org/oral-health-statistics

2 https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health/child-oral-health-applying-all-our-health

3 https://www.nao.org.uk/report/dentistry-in-england/

4 https://publications.parliament.uk/pa/cm200001/cmselect/cmhealth/247/1021512.htm

5 http://news.bbc.co.uk/1/hi/health/240538.stm

6 https://pubmed.ncbi.nlm.nih.gov/11191191/

7 https://publications.parliament.uk/pa/cm200001/cmselect/cmhealth/247/24704.htm

8 https://blogs.deloitte.co.uk/health/2019/03/what-has-been-happening-to-nhs-dentistry-since-the-introduction-of-a-new-contract-in-2006-.html

9 https://publications.parliament.uk/pa/cm200405/cmselect/cmpubacc/167/167.pdf

10 https://publications.parliament.uk/pa/cm200405/cmselect/cmpubacc/167/167.pdf

11 http://news.bbc.co.uk/1/hi/health/7483182.stm

12 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216670/dh_122789.pdf

13 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216670/dh_122789.pdf

14 https://blogs.deloitte.co.uk/health/2019/03/what-has-been-happening-to-nhs-dentistry-since-the-introduction-of-a-new-contract-in-2006-.html

15 https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

16 https://hansard.parliament.uk/Commons/2017-09-12/debates/1709132000001/AccessToNHSDentists

17 file:///C:/Users/Richard%20Sloggett/Downloads/LLN-2019-0096.pdf

18 https://hansard.parliament.uk/Lords/2019-07-11/debates/13CD1281-CADA-4B78-BCD3-19F9119A6946/NHSDentistryServices

19 https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

20 https://www.england.nhs.uk/statistics/2020/07/09/gpps_dent_3758-78929/ , Table 5

21 https://bda.org/news-centre/press-releases/Pages/1-million-new-patients-unable-to-access-NHS-dentistry.aspx

22 https://www.england.nhs.uk/statistics/2020/07/09/gpps_dent_3758-78929/ , Table 5

23 This data is collected from the 'NHS Dental Statistics for England' series: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics

24 https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-annual-report Annex 1 tables 4a and 4B

25 See, e.g., British Dental Association comments in Sunday Times, 4 October 2020

26 If it was, then the figures would suggest that only 623 urgent care centres and some telephone-based advice could replace over two thirds of the normal dentistry provided by over 12,000 dental surgeries across the country.

27 https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2017-18-annual-report

28 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7243224/

29 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7243224/

30 https://bda.org/news-centre/press-releases/75-per-cent-of-nhs-dental-practices-now-struggling-to-fill-vacancies

31 https://bda.org/news-centre/press-releases/75-per-cent-of-nhs-dental-practices-now-struggling-to-fill-vacancies

32 https://bda.org/about-the-bda/campaigns/sustainable/Pages/brexit.aspx

33 https://www.ft.com/content/fca7362c-dee3-4158-8486-88f248f41716

34 https://www.dentistry.co.uk/2019/01/22/third-european-dentists-may-leave-uk-brexit/

35 https://www.ft.com/content/fca7362c-dee3-4158-8486-88f248f41716

36 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7243224/

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