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The Implications of Brexit

Ever since the referendum result was revealed on 24th June 2016, Brexit is all anyone seems to be talking about – and rightly so: it could have a huge impact on everyone. Many parts of the NHS are heavily reliant on workforce from other EU countries and work to quantify this and address the potential problems is now starting. Unfortunately right now, nobody knows for sure how everything will pan out – it’s all guesswork and ‘what ifs’. In this article, we speculate what some of the consequences could mean for dentistry, which looks as though it is the area of NHS care that is most heavily dependent on EU graduates.
Essentially, there are two major aspects where a hard Brexit might cause significant issues – supply of dentists in the UK and costs. With regards to the former point, 17 per cent of dentists currently registered with the General Dental Council (GDC) are from Europe. The most extreme measure would be if the decision were made to withdraw these workers from the UK, the profession would immediately lose nearly a fifth of its workforce. The effect that this would have on dentistry could be devastating, especially to NHS services where it is estimated that European dentists carry out as much as 30 per cent of the work. As it is, there is already a shortage of clinicians in rural areas, with vacancies remaining unfilled for long periods of time. If the profession loses any more staff, this problem is only going to be exacerbated.

The fact that there will be 10 per cent fewer graduates in the future, as a result of the decision to reduce the number of undergraduate places available, will compound this further – though, of course, we won’t see the extent of the problem for another two years. 2017, though, will see a reduction in graduates due to the Plymouth University Peninsula School of Dentistry’s decision to extend the length of their course. This is a one off effect, but means the profession has lost out on 60 new graduates just at a critical time.

While there is capacity within the education system to increase admissions, the additional places are not being funded – and that is really the crux of most of our problems in UK dentistry. What’s more, even if action were taken now and university places were somehow increased, it would take six years to see any results, so there really is no solution that we can turn to at present. The previous decision to decrease undergraduate numbers was based on increasing use of skill mix – specifically therapists. The expected increase in therapist training positions has not been realised leaving a potential vacuum.

As such, it is clear to see that the UK dental market relies strongly on the European workforce. Without them, the profession’s ability to recruit would be greatly affected. Importantly, Theresa May has not yet announced any plans for a hard Brexit that would prevent European Union (EU) citizens from working in this country completely, so there is still hope yet! Ultimately, though, the outcome depends on whether or not a satisfactory deal can be negotiated guaranteeing the same job security for UK nationals working abroad. Unless training places can be increased, there will be a continued need for additional European dentists throughout the UK. It is hardly surprising that we are already seeing a slowdown in terms of the number of EU dentists seeking to come and work in the UK.

In terms of cost for the dental practice, we are already seeing a ripple effect as a result of the referendum outcome. Indeed, not only did the pound plummet to a 35-year low shortly after the vote – which will likely continue to fluctuate and generally worsen as we get closer to Article 50 being triggered – but the exchange rate is also extremely poor right now. With 50 per cent of the material products used in practices currently being manufactured and purchased from Europe and America, it won’t be long before practice owners are hit by rising costs of materials and everyday consumables – if they haven’t been already.
Then there is the price of gold to consider. Whenever a country faces a challenging economic time, the cost of precious metals tends to fluctuate. This could cause laboratory-made items containing gold to become more expensive to manufacture. For private practices, inflation can be offset by an increase in treatment fees, but for those who offer predominately NHS services, it is not yet clear where the extra money will come from.

Another aspect that will need to be tackled is legislation. There are a number of EU laws that affect dental practices – including regulations on tooth whitening and the concentration of hydrogen peroxide that can be used. What’s more, current EU legislation prevents the transfer of NHS contracts by any way except through the partnership route, which could change if the UK decides to create its own commissioning rules. The problem is that so much legislation will require changing, that it will be several years after leaving the EU before anything will actually take affect.

While there’s little we can do about the cost of materials, the Doctors and Dentists Review Body do look at costs of NHS practices, so it’s important they take this into account when they’re looking at the NHS inflationary uplift – because it’s impacting practices right now. With regards to the workforce, any announcement made on whether European professionals will be allowed to stay in the UK will be hugely beneficial for dentistry, as at least some stability will be guaranteed.

For more information about the ADG visit www.dentalgroups.co.uk

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1 Cavendish Coalition. Submission to House of Lords EU Internal Market Sub-Committee. Accessed online December 2016 at file:///Users/officeone/Downloads/House%20of%20Lords%20Inquiry%20-%20EU%20Internal%20Market%20Sub%20Committee%20FINAL.pdf