

Resourcing roundtable

Experts and key stakeholders from across the sector discuss the future of staffing in the dental sector

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Sue Gregory OBE

Chairing the event, Sue Gregory was previously deputy chief dental officer at the DH



Ben Atkins

A general dental practitioner and clinical director of Revive Dental Care, Manchester



Catherine Barton

General manager of Bupa Dental Care and a non-executive director of Sabre Insurance



Julie Deverick

President elect of the British Society of Dental Hygiene & Therapy



Fiona Ellwood

Patron and one of the founders of the Society of British Dental Nurses



James Green

Immediate past president and council member of the Dental Technologists Association



Shalin Mehra

CEO of Roderick's Dental, a group with over 70 dental practices and a dental lab



John Milne

A qualified dentist and senior national dental advisor to the CQC



Tom Muir

Group Communications Director at Integrated Dental Holdings



Tom Riall

CEO of Integrated Dental Holdings and former CEO of Priory Group



Ross Scales

Head of upstream regulation, General Dental Council, where he has worked since 2004



Malcolm Smith

Postgraduate Dental Dean in Health Education North East (formerly the Northern Deanery)



Dr Nael Taher

Engagement manager at strategy and consulting firm Mansfield Advisors



Agi Tarnowski

A working dentist, recently elected to the GDPC and ECDSC groups at the BDA



Nicholas Taylor

Postgraduate Dental Dean, Health Education England NW, Chairman of COPDEND



David Worskett

Chairman of the Association of Dental Groups and former CEO of the NHS Partners Network

Key stakeholders from across the dental sector gathered at a roundtable event hosted by the **Association of Dental Groups** in partnership with LaingBuisson to discuss the challenges of delivering modern dental care in the wake of a changing workforce and identify potential solutions to ensure the long-term sustainability of NHS dentistry

Resourcing dentistry

The latest statistics continue to show that access to NHS dentistry is stable or improving and that the number of dentists in training is on the increase. However, the figures mask regional disparity and the undersupply of dentists in some areas of the country is as acute as ever. What's more, the sector could be storing up resourcing problems for the future unless it adapts to the changing nature of the workforce and prepares carefully for the UK's withdrawal from the EU and consequent potential disruption to the supply of overseas dentists.

Attended by some of the key figures in UK dentistry, this roundtable hosted by ADG in partnership with LaingBuisson, aimed to unpack some of the key issues and identify the levers that government,

regulators and corporate dentistry providers need to pull in order to ensure that NHS dentistry can continue to provide the level of care that patients need and expect.

Chair and former deputy chief dental officer at the Department of Health & Social Care (DHSC) **Sue Gregory** kicked off the proceedings by asking the panel if NHS dentistry is sustainable?

Nicholas Taylor, postgraduate dental dean, Health Education England North West and chairman of COPDEND, said that one of the key issues was education and training, which has been provided in much the same way since the start of the NHS. HEE is currently working on 'Advancing Dental Care' - a major project to reform dental education and training to ensure it delivers the right workforce for the future. The initial report is now with the HEE. However, Taylor said

reforms such as new training pathways and changes in the skill mix of the dental workforce could take between five and 15 years to implement.

In the meantime, he said, problems with under-supply of dentists were 'very geographic'. 'It depends where you are in the country as to where the difficulties are. If you're in the South East I think you have less of a problem than up in the North West and places like Cumbria,' he explained.

Regional variation

Nael Taher, engagement manager at consultancy and research firm Mansfield Advisors, said the company's latest research confirmed that under-supply of dentists was regional. 'Dentists tend to cluster first around dental schools and major cities,' he said. 'We see real under-



Key stakeholders gathered at the RAC Club in Pall Mall to discuss the challenges and the solutions

supply in more rural areas to the north and to some of the areas in the east.

From a provider's perspective, **Shalin Mehra**, CEO of Roderick's Dental thought recruitment of dentists had become more problematic in recent years. 'Things seem harder at this point than I've ever known in the recruitment of dentists and my colleagues from other organisations are having the same issue,' he said.

General dental practitioner and clinical director of Revive Dental Care, Manchester, **Ben Atkins**, agreed that recruitment did appear to be getting more difficult. 'We've not recruited someone into one of our positions, so is this a bubble that's going to burst with Brexit?' he asked.

As someone relatively new to the dentistry sector, **Catherine Barton**, general manager at Bupa Dental Care, asked if the right incentives existed for dentists to work in remote rural areas? 'The thing I'm observing is there are

certain practices that are struggling to deliver on UDA targets which means they are really struggling to deliver to patients the services that the government is trying to provide but some of that, from my observation, seems to be that what's being offered isn't sufficiently attractive in terms of a location at a price that a dentist wants to be there because there's an economic argument there that for the right price a dentist will be in the right place,' she said.

Also a relative newcomer to the sector, IDH CEO **Tom Riall** said regional recruitment difficulties were impacting all areas of healthcare, including the mental health sector where he spent five years heading up The Priory Group. However, he thought that in some areas, it was becoming increasingly difficult to recruit dentists even at a price.

'From my experience inside my own business it is definitely more of a regional issue and in areas like Cumbria, East

Anglia, parts of the South Coast it is becoming really difficult to recruit and even if the financial incentives were there, we're still seeing even with high UDA rates it is really difficult to get clinicians to go into those 'hard-to-fill' areas and the issue in my view is that it is getting worse, particularly with Brexit around the corner,' he said.

ADG chair **David Worskett** raised concerns that these regional issues meant access to NHS dentistry could suffer more acutely in deprived areas. 'It seems to me that in prosperous areas where dentists want to work, the service will be sustainable for some time to come but in areas like the East Coast and some parts of rural England I think we could find the sustainability of NHS dentistry actually deteriorates very fast,' he said.

Overseas supply

Research by Mansfield reveals that numbers of overseas dentists, particularly from the EU, have dwindled in recent years, compounding the problem of recruitment in deprived areas.

Tom Riall said that although he didn't have hard data, he suspected that 'hard-to-recruit' areas relied more heavily on EU and other overseas dentists to fill positions.

'As someone who is new in, I've inherited practices in those parts of the world that are simply not sustainable so the UDA rates are not sufficient, we are unable to recruit dentists and we have actually commenced a programme of disposing, of closing practices in some of those difficult areas so already we're seeing access to dentistry being significantly reduced, the problem exists today and if anything it's going to get worse,' he said.

The Mansfield research indicates that corporate groups employ higher numbers of overseas dentists than their independent counterparts and, according to **Nael Taher**, this is something they will need to address going forward.

'I think one of the issues you are seeing is because of reliance on European dentists, the corporate groups are the ones seeing the most under-delivery of UDA targets and that's one of the things you'll have to address because some of these more difficult UDA contracts, [UK dentists] don't want to take up, so they





(l to r) Sue Gregory, Shalin Mehra, Malcolm Smith and Tom Riall

end up going to foreign dentists,' he said. 'As a corporate, you want to ensure that the government will maintain supply of European and foreign dentists - the commonwealth was an area we could get dentists from and that's potentially a model we can go back to.'

However, group communications director at IDH **Tom Muir** said that under the current rules, it was almost impossible to recruit dentists from non-EU countries. 'For people who come from outside the EU, it is extremely difficult and lots of hurdles have to be jumped, partly because we haven't yet gone back to a situation where we can effectively pre-approve dentistry schools in other parts of the world and make that process much more straightforward,' he said.

General Dental Council representative **Ross Scales** acknowledged that the possibility of automatic recognition for other country's qualifications was an area that warranted more exploration. However, he added: 'At the General Dental Council, we have to assure every person coming through meets the standard. Currently, we have the overseas registration for that purpose - taking India as an example, it has

probably got some of the best dental schools in the world and some of the worst dental schools in the world and to accept people from a country without a thorough assessment would not be in the interests of the profession.'

David Worskett said the sector needed to be careful not to demand a higher standard from overseas dentists than it does from its own professionals. However, **Tom Riall** argued that mutual recognition of dentistry qualifications remained academic, since under current rules, dentists cannot be brought in from outside the EU anyway.

'The Tier 2 visa system is capped at the moment at 18,000 visas a year and dentistry doesn't get any of that at all so we are just unable at the moment to bring in dentists from outside the EU unless they have some form of UK heritage and that means that we are cutting off the entire commonwealth and the biggest pool of English speaking dentists in the world. It would be very easy to open up some form of improved visa system to attract dentists from overseas into this country,' he said.

However, according to **Malcolm Smith**, postgraduate dental dean at Health

Education England, North East, recruiting from overseas will not necessarily solve the problem of improving access in 'hard to recruit' areas.

'The applications for dentistry from dentists in Europe go through London and the South East almost exclusively yet there is no [dentist] shortage in London and the South East and they are not going to Cumbria and they are not going to similar places,' he said. 'General medical practice has a scheme called the inductor and refresher scheme and we could look at that and overseas dentists coming through that would be paid a bursary and would get support through a training approved practice but they would be allocated to particular areas of greatest need - is that something we should be pushing for?'

There was overwhelming support from the panel for the idea but some thought resourcing issues could be better solved internally by reforming training for UK dentists.

Training pathways

According to **Nicholas Taylor**, one of the potential solutions HEE has been working on in the Advancing Dental Care



Roundtable chair and former deputy chief dental officer Sue Gregory

project is transforming training pathways. Currently, training pathways are very rigid, he said, and one of the things the project has looked at is developing pathways that dental professionals can 'step on and off of' over the course of their careers.

'When we look at general medicine and the progression for general medical practice we need to look at that model and use it to elevate the dental practitioner, give them career progression, it allows them to learn additional skills,' he said.

Malcolm Smith agreed that dentist training has to adapt to the needs of the current workforce. 'What we wanted all those years ago were people who were happy to sit down and do the same job, working carefully with patients, but doing much the same thing for 40 years and were very happy doing it. Now, the people we're taking on today are the high flyers and they are going to get bored if that's

all we can offer them, we have got to start to develop and to stimulate a progression for those who are dentists and that needs to work through to the whole profession,' he said.

John Milne, senior national dental advisor to the CQC, felt the workforce hadn't adapted to the changing needs of society. 'It seems a growing number of younger dentists don't see a future for themselves in the NHS,' he said. 'The interesting counter argument to that is where do they see their future? What do they see their future as doing? It's an interesting dynamic because in a world where the statistics in modern Western countries show that oral health is improving, you've then got to be finding a diminishing market in the things that the dentists who are leaving the NHS want to do, be it major reconstructions, be it implants, whatever it might be the dynamic is probably reducing demand as

the future goes on so dentists have got to ask some important questions about themselves.'

Agi Tarnowski, a working dentist recently elected to the ECDSC and GDPC groups at the British Dental Association (BDA), questioned whether the NHS provided dentists with a sustainable career under the current system.

'We're talking about the difficulties of recruiting in hard-to-recruit areas yet those practices were not new tenders that had failed, they were practices that had existed under a previous arrangement... which raises to me whether the buy-in is different. This is a dentist who maybe has different aspirations now to they had in the past and had a buy-in to their particular patient group and their practice and the difficulty dentists have now in becoming practice owners and working on that model may also effect where practices are. It's very difficult for dentists to have a pathway where you get more to stay in the NHS,' she said.

New work patterns

Another issue raised by the panel was the changing nature of the workforce. There was widespread agreement around the table that more women coming into the profession, along with the changing work expectations of younger dentists, was leading to a growing part-time workforce.

Nael Taher said that although graduate numbers were increasing, a growing proportion wanted to work part-time - a trend being seen across the whole of healthcare and not just dentistry. Research by Mansfield on the veterinary sector shows that around 80% of graduates are now female, which has led to greater demand for flexible working, with roughly 26% of vets opting to work part-time. However, the number of young male vets wanting to work flexibly has also gone up to around 15%.

'It goes back to that point about how junior dentists would like to schedule their practice hours vs more senior dentists who used to work six days a week,' Taher explained. 'You'll see this trend across the whole of healthcare. It's not to say they don't have the same work ethic but they have desire for a better work life balance.'

Sue Gregory said the lifestyle choices of younger dentists meant figures showing an increase in the number of graduates

could not be viewed in isolation. 'We need more numbers than we would perhaps when I qualified to meet the same level of need just because people want to do other things with their lives,' she said.

According to **Nael Taher**, however, the corporate sector is well placed to deal with the changing nature of the workforce. Drawing again on Mansfield's work in the veterinary space, he said: 'They are seeing a greater trend towards part-time work in the profession and one of the ways that corporate groups have been able to adapt to this because of their scale is that they've been able to adjust the rotas within the practices to better meet the needs of vets to have that flexible working schedule and they've mitigated their recruitment risks that way. In terms of dentistry, you could create a similar kind of system.'

Other solutions, he added, would be to restrict practice opening times and improve the use of allied professionals, such as dental technicians and hygienists.

Improving the skill mix

Indeed, the overwhelming consensus among the panel was that the sector needed to greatly enhance the skills mix to enable allied professionals to carry out more of the routine work of dentists.

Returning to the HEE Advancing Dental Care project, **Nicholas Taylor** said: 'The thing that came out at a very high level is we don't fully use the scope of practice as it is at the moment, we don't skill mix very well.'

According to Taylor, Business Service Authority data shows that between around half to three quarters of all dental activity could be done by someone other than a dentist.

'If we look at the demographics at the moment we've got my generation with lots of metals and plastic that will need looking after, whereas my children's generation haven't got any fillings and if they have its absolutely minimal. So, we're going to need a progression of a different workforce ... and need to be able to flex the workforce as needed so a pathway approach where you qualify as something, and I'm not saying that has to be a dentist, would make it more interesting after foundation,' he said.

Julie Deverick, president elect at the British Society of Dental Hygiene and

MY WHOLE BUSINESSES ARE RUN BY DENTAL NURSES WHO'VE QUALIFIED, HAVE A FULL CAREER STRUCTURE AND A PATHWAY

Therapy, thought that as dentistry moved from being a treatment to a prevention service, there would be more scope for developing roles for allied dental professionals. 'We're all round this table because we have focused purely on the dentist and there are more professionals out there who can do some of this treatment and we should start seeing ourselves as the preventive service not somewhere that people go for treatment all the time...you have the people there they're just not being utilised correctly and that comes down to the system we have at the moment. As a therapist/hygienist we can't open a course of treatment and

if we could, you would be able to utilise us in those rural areas. In Wales now they're doing it - Wales are using therapists in rural areas and it's working so that's where we need to be looking as far as I'm concerned,' she said.

Ben Atkins said his dental practices were already using therapists and nurses to deliver oral health but that sometimes it was the dentists themselves who were reluctant to adopt more progressive models.

'My whole businesses are run by dental nurses who've qualified, have a full career structure and a pathway so we are there, but it's actually about getting my profession, the dentist profession, to change that behaviour and say, you know what I don't really want to do all this and they are actually better at that than me,' he said.

Fiona Ellwood, patron of the Society of British Dental Nurses, agreed and said she was telling dentists: 'it's not about pinching your roles but about stopping professional burnout and giving you the opportunities to do what you're good at.'

David Worskett said other professions had already reformed the way they used allied professionals and that the dentistry sector needed to identify the cultural and institutional barriers which were hampering change, whether these be with the profession, patients or commissioning arrangements.

Malcolm Smith agreed: 'We are never



Ben Atkins asked if it was time to move the focus away from UDAs?

going to have enough money to support enough dentists and we don't need it because dentists don't have to do everything and the commissioners need to understand that, the government needs to understand that and dentists need to understand it – we can delegate and we don't. We need to draw on the skills and the huge resource that can be made available.'

The role of government

So what role do the government and NHS commissioners have to play in resourcing dentistry? **Sue Gregory** asked if the sector should be encouraging the government to move on more quickly with the contract reform model, which seems to have slowed.

Nicholas Taylor thought changes needed to be made to training regardless of contract reform. 'We've got to start training the right workforce whatever that contract looks like so we have to think about the workforce we need for the future and that's what we've been trying to do...by producing the right workforce we

give [the government] the opportunity to produce a contract that would use those people effectively,' he said.

Shalin Mehra felt that NHS England might be hampering progress. 'They don't seem to be open to new ways of working,' he said. 'It's a very old-fashioned way of UDAs and that's it...There are opportunities locally where you can work and go to care homes, nurseries etc but they are not really open to innovation.'

'Why are we still beating our heads against this UDA model in dentistry?' asked **Ben Atkins**. 'We know that it's not worked to the extreme that we expected it to but getting prepared for the next stage is a real challenge.'

According to Atkins, the sector should do more to focus NHS money on the areas of highest need.

'The middle classes, I would say, have solved their dental decay and we're looking at the worried well whereas some of my patients have got Dickensian dentistry...so if we're looking at steering from the centre, as regards medical areas they are very much looking at dentistry to be focused on these hard to reach groups

so if we can focus our profession on looking at these patients using therapists, using nurses and EDDNS to focus on that preventive end, we can make a massive difference,' he said.

Fiona Ellwood called for a more joined up approach to commissioning and **Agi Tarnowski** thought better incentives could be the answer.

'I think there is an absence of incentivising the direction that you want the health course to travel,' she said. 'You can see this across in medicine in their targets and where they've been given a set target and there are incentives that target is met. Our targets are met and those are the incentives we've been given, those are the drivers, so if we want different outcomes, if we want to achieve different results then we need to incentivise the thing that we want to achieve so if our outcome is to have greater numbers of children seen by dentists, greater preventive interaction ... then we need to incentivise that to happen.'

If one conclusion came out of the discussion it was that NHS dentistry is sustainable provided changes are made to training, skills mix and recruitment, whether from overseas or at home.

Nicholas Taylor said HEE was trying to move things forward from the educational point of view. In the meantime, some of the panellists felt that corporate dentists could help accelerate the pace of change.

Shalin Mehra said: 'If we really are keen on a new contract, and it seems round the table that this system currently is not working, then we should look to support contract reform and look to see how we can support them to deliver it early or sooner, or a better one that fits their model and hopefully our working model too. If you speak to the younger generation they actually want to be appreciated for what they do and I'm not sure that's always being met or understood or the message is not translated back to the profession. I suppose it's evident today that there are regional variances as to the shortage of dentists and I think that needs to be brought to the forefront to come up with solutions on how to solve that.'



Kamal Dhami and Dr Victor Chua from Mansfield Advisors analyse the latest data on the UK dental workforce and ask what impact Brexit will have on dentist numbers

Working numbers

The latest analysis by Mansfield Advisors reveals that despite under-supply in some areas and potential challenges from Brexit, overall the dental workforce in the UK continues to rise.

Between 2012 and 2016, the number of dentists on the GDC register increased by 1.4% to 41,100. Likewise, the numbers of registered dental nurses, hygienists and therapists also continued their upward trajectory. Numbers of dental therapists in particular have demonstrated strong growth – increasing by 10% over the last five years – as more practices use them to take away some of the routine work from dentists. Only dental technicians, who are responsible for making dental appliances, have decreased in number, falling by 1.2% between 2012 and 2016 as an increasing amount of their work is automated or sent overseas.

Since most therapists, dental nurses and hygienists are UK trained, the analysis suggests Brexit poses a low risk to these segments of the dental workforce in the short to medium term. However, in terms of dentists, the risk is heightened, particularly for corporate groups, which tend to employ higher numbers of overseas dentists.

Approximately 28% of the dentist workforce is trained overseas - 17% in the EU and 12% elsewhere in the world. A proportion of those trained in the UK are non-UK citizens and, likewise, a percentage of those trained overseas have become UK citizens. In either case, it is unclear how many, but the research indicates that up to 16% of the dentist workforce could be impacted by the UK's withdrawal from the EU and that a 'hard' Brexit, which restricts

MANSFIELD ADVISORS UK DENTAL WORKFORCE SUMMARY

	Dentists	Nurses	Hygienist	Technicians	Therapist
Qualification	7 year course including some trainee practice	1 year course Can start working as soon as course starts	2-3 years for Bachelor's degree or diploma.	2-3 years for Bachelor's degree or diploma.	2-3 years for Bachelor's degree or diploma.
Typical salary range	£60,000 - £100,000	£16,500 - £28,000	£22,000 - £41,500	£21,000 - £68,000	£22,000 - £41,500
Number on GDC register	41,100	55,500	6,900	6,200	2,900
'12-'16 CAGR	1.4%	4.0%	3.2%	-1.2%	10.0%
% of workforce foreign trained	28%: 17% Europe 12% Elsewhere	0.6%	3.1%	2.0%	0.4%

SOURCE NATURE; NATIONAL CAREERS SERVICE, GDC, MANSFIELD ANALYSIS

the movement of EU workers, could significantly reduce the supply of dentists.

However, the UK's reliance on foreign dentists has already declined over the last five years. Between 2010 and 2016, the number of newly registered dentists who qualified in the EU fell by 12.1%. During the same period, the number of new dentists who qualified elsewhere in the world dropped by 2.4%. This has been mitigated by a 1.9% increase in UK graduates and despite significant regional variation, there is a national 'oversupply' of dentists, which should help absorb some of the shock from a hard Brexit.

Nevertheless, there are pockets of the country where the supply of dentists is poor. Evidence indicates that most dentists go on to practice near where they qualify, resulting in oversupply in major cities and shortages in some rural areas and parts of the country where there are no dental

schools, such as in the East of England.

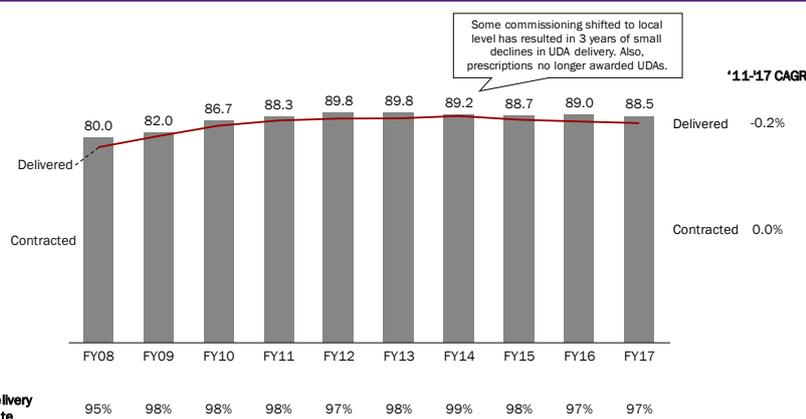
What is more, corporates tend to rely more heavily on foreign trained dentists. Based on Mansfield's analysis of a sample of around 40% complete data from the GDC registry, Colosseum Dental (formerly Southern Dental) has the highest proportion of EU qualified dentists at 46%, followed by IDH at 36%. But since most dentists qualify for permanent residence, in the short-term at least, Brexit is unlikely to have a major impact on the existing workforce.

However, the analysis found that recruitment issues are putting some NHS contracts at risk as practices with higher numbers of overseas and locum staff struggle to fulfil contracted UDAs. After uninterrupted growth since its inception, UDA delivery has declined slowly for the last three years. The NHS has the power to terminate contracts with providers after three consecutive years of UDA under-delivery. Although this option is rarely exercised, the Mansfield analysis reveals that 14% of contracts worth some £296m are currently at risk of commissioner action.

It may still be too early to predict with any certainty what impact Brexit will have on the dental workforce but any decline in the number of dentists that results is most likely to jeopardise provision in those areas where dentists are already in short supply.

With the corporate model becoming increasingly significant in terms of delivering NHS dentistry, their higher exposure to potential shortages needs serious attention if they are to stem the decline in UDA delivery.

MANSFIELD ADVISORS UDA DELIVERY, NUMBER OF UDAS DELIVERED (M), ENGLAND AND WALES



SOURCE NHS DIGITAL; MANSFIELD DENTISTRY DATABASE AND ANALYSIS

As Brexit looms, demand increases and high numbers of dentists leave the profession, ADG chairman **David Worskett** and member organisations IDH and Bupa look at what action the sector needs to take ensure a sustainable future



Resourcing dentistry

Why the debate?

Given all the pressures on the NHS as a whole and the possibility of more funding and a new long term 'settlement', it is only reasonable to ask where dentistry sits in the potential list of priorities. Is it even 'on the radar'?

On the face of it – and reading the Ministerial answers to Parliamentary Questions – one cannot but come away with the impression that the government view is probably that English dentistry

is not in too many difficulties. Access is improving; to quote a very recent Ministerial Answer to a PQ – 'Access nationally remains high. 22.1 million adults saw an NHS dentist in the 24 months ending in 31 December 2017 and 6.9 million children in the 12 months ending in 31 December 2017'. There is a worthwhile new initiative running on children's oral health. And overall costs are being contained, no doubt to the satisfaction of both the Treasury and

NHSE, who are able to redeploy unspent monies elsewhere in the hard-pressed system.

But how true a reflection of reality is that, or does it disguise what lies around the corner?

The Association of Dental Groups, with its national coverage and ability to see the wider picture, is certainly not in the habit of 'crying wolf' but looking across the whole sector, one issue stands out as a truly significant threat. And it is not

IDH CEO Tom Riall discusses the urgent need for a sensible policy on migration

Last year, one child every ten minutes was admitted to hospital to have a tooth extracted, while half of all NHS practices remained closed to new patients, and 20% of people delayed treatment because they felt it was too expensive.

Dentistry in the UK doesn't have to be like this, but it will not change until we fix the biggest challenge in the sector: recruiting enough dentists to meet demand so that patients can access the high-quality care they need.

Yes, we must continue the public health initiatives that are raising awareness of tooth decay, improving oral healthcare, and reducing the need for expensive emergency dentistry. But we must also invest in training so we can solve the recruitment crisis in the long-term and look overseas - to the EU and beyond - to attract the best professionals from around the world to practice dentistry here in the UK.

We urgently need a sensible skilled migration system that recognises the contribution of all NHS workers, including dentists. There are three challenges

that need to be addressed.

Firstly, we need clarity on what skilled migration will look like after Brexit. Right now, dentists trained in other EU countries deliver 22% of all NHS dentistry services; in more deprived areas, this figure is as high as 30%. We need to ensure that mutual recognition of primary qualifications is preserved so that high-quality dentists from across the EEA can continue to practice here.

Secondly, we need to revise the Home Office's shortage occupation list to recognise that there is critically-high demand for a much wider range of NHS professionals, including dentists.

And finally, we need to simplify the process of bringing in skilled dentists from outside the EEA. Currently, prospective dentists trained outside Europe must first pass two Overseas Registration Exams to register with the General Dental Council, successfully apply for a visa, and then find a mentor who is willing to provide the extensive one-to-one training needed to practice in the NHS.

Ensuring all dentists have the training and skills necessary to provide high-quality, safe care is crucial, but the current process is time-consuming, overly-bureaucratic, and is putting off



thousands of outstanding clinicians from around the world every year. India alone produces 20% of the world's dentists, many of whom have excellent qualifications and experience and would make an invaluable contribution to the NHS. We are not doing enough to attract them and make the process straight-forward, transparent and fair.

The NHS relies on skilled workers from outside the UK and there is huge public support for the work these professionals do: the time is right for a bolder approach that invests in preventative dental healthcare, ensures we are training the clinicians we need for the long-term, and that acknowledges the urgent need for skilled dental professionals now.

contract reform, despite the importance of that for all dentistry businesses, large and small.

The issue of real concern is resourcing – of dentists and of the other dental professionals. It is concern driven by facts and in particular:

- The dependence on dentists from the EU/EEA, who deliver 22% of UDAs, when the continuity of supply is failing already and the future is so uncertain.
- The continuing lack of clarity about immigration criteria for dentists from the rest of the world after 'Brexit'.
- The steadily increasing levels of dissatisfaction among current dentists and the high numbers looking to leave the profession or retire early.
- Growing problems for dentistry businesses in recruiting associates and being able to deliver planned numbers of UDAs and courses of treatment.
- Reductions in funding for dentistry education.

THE INTERIM
REPORT OF THE
MIGRATION
ADVISORY
COMMITTEE
HELPFULLY
RECOGNISES THAT
DENTISTRY IS ONE
OF THOSE SECTORS
THAT REQUIRES
ATTENTION

The interim report of the Migration Advisory Committee, published last month, helpfully recognises that dentistry is one of the sectors that requires attention, although it does not at this stage indicate whether or not it regards the problem as severe enough to warrant

any special measures. That will depend on how the MAC evaluates the problem against its stated criteria of concern for the prosperity and welfare of UK society rather than the wish of specific industries to maintain their traditional operating models. One would hope that the pain and distress caused by dental health problems, not mention the number

Catherine Barton, general manager at Bupa Dental Care looks at the changing shape of the workforce

It's no secret that the dental industry is facing a severe skills shortage. In the coming years a 10% reduction in the number of graduates from UK dental schools will have an impact on the available dentist resource. As a sector we have long relied on EEA dentists and other dental clinicians to fill this growing skills shortage, so it goes without saying that the situation is likely to be exacerbated by the UK's decision to leave the EU.

A less prominent challenge is the changing shape of our workforce with a growing proportion of female dentists who, following a similar trend to the GP population, are often looking for flexible working opportunities.

One of the attractions of a career in dentistry has always been the agile working options we can offer, including a wide range of part-time opportunities, flexible hours and career breaks. However, this brings its own challenges, particularly in terms of offering patients continuity of care. We all know being able to see the same dentist regularly and at a convenient time can be the key to building a relationship of trust and a great patient experience.

As a sector, we need to take a focused approach to boosting our dentist population – both male and female. We need to make dentistry more attractive to undergraduates, improve career pathways, and boost training and upskilling opportunities.

Likewise we need to be demonstrating the varied careers available within dentistry, along with the different entry routes. While attracting newcomers is vital for the sector, it would be short-sighted to overlook the wealth of talent we already have in the industry. With support and training, we can help our colleagues' progress,

of working days lost to business and industry, would lead to only one possible conclusion.

Against this background, the aim of this Round Table was to clarify the extent of the resourcing problems and above all to identify realistic solutions, both 'home-grown' and from overseas.



while again ensuring that we've a strong workforce at all levels.

To help highlight this point, we have recently relaunched our career website and developed social media channels dedicated to showcasing the career options available within our business.

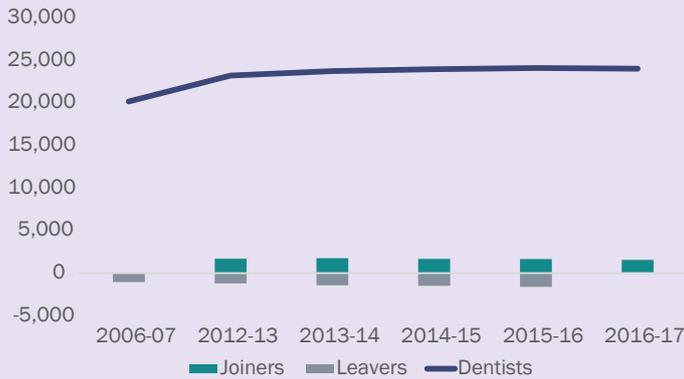
The government decision to stop providing NHS bursaries for dentistry, dental hygiene and therapy students has deterred some students from considering a career in our field. Last year, we launched Bupa Dental Care's Dental Bursary Scheme offering financial support to three final-year students this year and another three students next year. Beneficiaries have access to a mentorship programme and are offered vacancies at the end of their training. While this is a small-scale pilot, we really believe this is a step in the right direction and will encourage young talent to reconsider the industry. Likewise, we're hopeful the move will trigger other initiatives to support our dentistry students.

As a sector we are facing the dual issue of a shrinking pipeline of new talent and a workforce which is changing in shape. These are challenges that we cannot ignore and need to tackle together to ensure that we can continue to deliver the very best patient experience both now and in the future.

Dentistry, UK

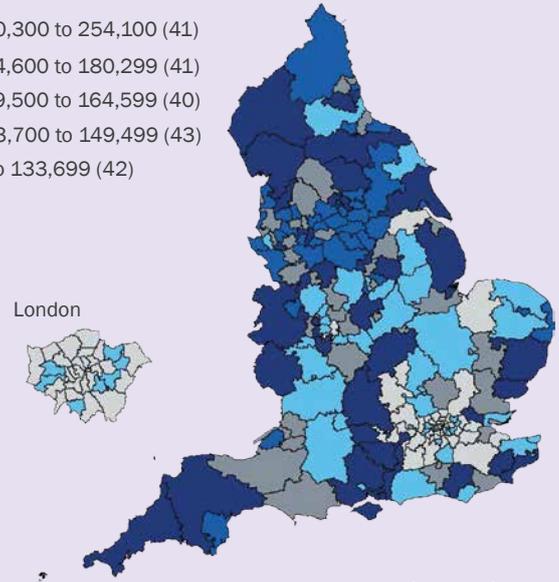


Number of dentists with NHS activity, 2006 - 2017



Units of Dental Activity per 100,000 population, by CCG, 2016-17

- 180,300 to 254,100 (41)
- 164,600 to 180,299 (41)
- 149,500 to 164,599 (40)
- 133,700 to 149,499 (43)
- 0 to 133,699 (42)



Note: contains Ordnance Survey data



Spending on dentistry education, 2013 - 2018

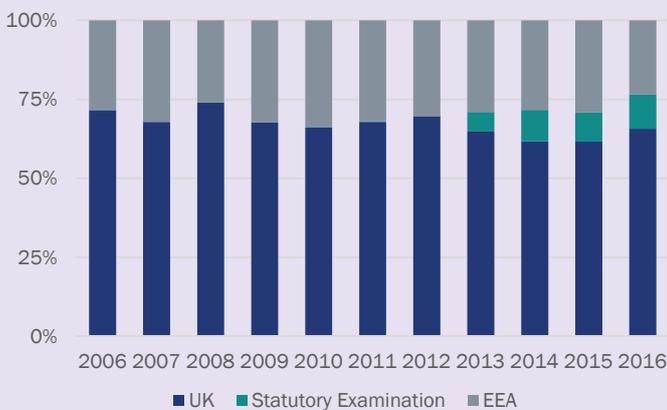


Note: 2017-18 figure reflects planned expenditure, not actual.

Percentage change of Units of Orthodontic Activity by NHS Commissioning Region, 2015-16 to 2016-17



Percentage of entrants onto Dentists Register by route, 2006 - 2016



Other Highlights

- 22.1 million** adults seen by NHS dentists in the 24 month period ending 30th Sept 2017
- 6.8 million** children seen by NHS dentists in the 12 month period ending 30th Sept 2017
- £2.8 billion** gross expenditure on dental care in 2016-17 (-1.3% since previous year)
- 28.3%** of the total expenditure on dentistry in 2016-17 was Patient Charge Revenue (+1.9% since previous year)

SOURCES

NHS Digital, NHS Dental Statistics for England, 2016-17
 Association of Dental Groups
 Batchelor, P. Registration and retention of dentists on the General Dental Council register between 2006 and 2016, British Dental Journal 2018; 224(2)



Non-UK EEA countries with most qualified dentists registered with GDC, 2015

Poland	803
Sweden	770
Spain	683
Greece	671
Iceland	661