

**Supplementary written evidence submitted by the British Dental Association (RTR0157)**

Dear Mr Hunt,

**Inquiry into NHS dentistry**

I am writing to thank you for the opportunity earlier this week to outline to the Committee the extreme challenges facing the NHS dental workforce, and to pick up on points raised during Tuesday's session.

Clearly NHS dentistry in England is in uncharted territory. I know tens of thousands of colleagues, and the tens of millions of patients we treat will welcome you saying you would like the Committee to look more deeply into these issues.

We are encouraged by your desire to complete the work commenced by your predecessor Committee. The timing of that could not be any more opportune.

Stated commitments have been made by Government to 'level up' dentistry. While negotiations on a new dental contract have yet to commence, we are very concerned that there does not yet appear to be the ambition or the wriggle room across government to even consider – let alone deliver – the change my colleagues and our patients desperately need.

As you rightly noted, the contract we work to is designed principally to ration care, and budgets have failed to keep pace with inflation or population growth. In real terms, net government spend on general dental practice in England was cut by over a quarter between 2010 and 2020, with dentists' pay dropping by about 40% in real terms in that period. That has long suited the Treasury, but without any movement here, worthy stated goals to improve patient access and make the service a place dentists would choose to build a career are frankly undeliverable from the get go.

We want NHS dentistry to have a future, yet an exodus is in motion, and appears to be accelerating. We have lost thousands of colleagues since lockdown, and based on our latest survey evidence from the frontline, it appears that for every dentist that has left the NHS entirely, ten have significantly scaled down their NHS commitment. For the sake of our patients, I can only hope we have not yet reached the tipping point.

I am convinced you have recognised the urgency here. We are facing an unprecedented backlog, with a workforce in genuine crisis. I truly believe failure to take swift and meaningful action now would mean the end of NHS dentistry as we know it.

The recommendations your Committee could offer at this critical time could help achieve what has proved impossible in the 14 years since your predecessors dubbed this contract 'unfit for purpose'.

I am available to pick up on these matters at any time.



Shawn Charlwood  
Chair, General Dental Practice  
Committee British Dental Association

Dear Mr Evans,

### **International recruitment in dentistry**

I am very grateful for the opportunity earlier this week to outline to the Committee the crisis facing the NHS dental workforce. I am writing, as promised, to outline in a bit more detail the challenges involved in recruiting dentists from overseas.

You questioned during Tuesday's session whether we should be taking steps to support bringing in more dentists to the UK from places like e.g. India to help address the problems patients are experiencing with access to NHS dental services.

When discussing the perceived "shortage of dentists", we often hear solutions put forward such as training more dentists or making it easier to 'import' dentists from abroad. Let me start by pointing out that the current primary care Minister Maria Caulfield MP recently concluded "there is a shortage not of dentists, but dentists taking on NHS work". As I explained during Tuesday's session, while we lack Whole Time Equivalent data, since the start of the pandemic the total number of dentists registered with the General Dental Council increased by about 2,000. In the same period, the number of dentists providing NHS care in England fell by 3,000, with many more reducing their NHS commitment. This shows that when addressing the shortage of NHS dental staff our focus first and foremost must be on retention.

I do believe we must reform the processes which allow foreign dentists to join our workforce urgently, while not compromising on patient protection requirements. The current legislation governing the assessment of overseas candidates for registration dates back to 1984; it is outdated and inflexible. This, coupled with the impact of the pandemic – as a result of which the Overseas Registration Exam (ORE) did not take place for two years – means we now have thousands of overseas dentists waiting for long periods of time for a chance to take the ORE or the Licence in Dental Surgery they need to pass to work here. The Government has recently proposed a number of changes to increase flexibility in this process.

However, passing the ORE is not enough to work in NHS dentistry. To join the NHS workforce, following their exam dentists are required to undertake either formal Dental Foundation Training or 'Performer List Validation by Experience' (PLVE) which generally take a year and require an appropriate training practice. It is therefore crucial the provision of such placements is enhanced if any increased numbers of dentists, whether educated in the UK or abroad, are to have a route into NHS dentistry. These processes are potentially in jeopardy at the moment given the exodus of experienced dentists from the NHS, as this will affect the availability of training practices.

Another problem many overseas dentists face right now is that to apply for PLVE, they need to prove clinical experience from the previous two years. This often poses a challenge, as the waits to pass the ORE are currently so long, many candidates are prevented from practising for long periods of time, and as a result struggle to join the NHS workforce once they successfully pass the exam. This process clearly needs reform.

When considering calls for more dentists from abroad to come and work in the UK it is important to bear in mind that we must first have systems in place, including ORE capacity and PLVE placements so any newcomers can actually join the workforce, particularly if we hope they will work in the NHS. Crucially, however, we can't lose sight of the fact that bringing in more dentists while most colleagues can't see their future in the NHS is a sticking plaster approach, akin to trying to fill a leaky bucket.

Unless we address the extremely serious underlying issues which are causing the dentists we already have to leave the National Health Service, any new arrivals will soon either simply follow suit and pursue private practice, or opt to return home. I believe our focus in tackling the extreme workforce challenges we face in NHS dentistry should be first and foremost making NHS dentistry a more attractive place to work, so we can retain the existing experienced and dedicated staff, and attract colleagues already in the country back into the NHS. I hope the Committee can take a deeper look at the crisis in NHS dentistry in the near future and help make this goal a reality.

I hope this is helpful; please do let me know if you have any questions at all, or if there is any more information I can provide for you.

A handwritten signature in black ink, reading "Shawn Charlwood". The signature is fluid and cursive, with a small flourish at the end.

Shawn Charlwood  
Chair, General Dental Practice Committee  
British Dental Association

CC     Jeremy Hunt MP, Chair, Health and Social Care Committee

## **Recruitment and retention in General Dental Practice – summary of a British Dental Association members survey**

*EMBARGOED UNTIL 00:01 ON TUESDAY 24<sup>TH</sup> MAY 2022*

Further to the written evidence already submitted to the inquiry, the British Dental Association carried out an online survey of 2,204 General Dental Practitioners practicing in England between 9<sup>th</sup> and 17<sup>th</sup> May 2022. The summary of the results can be found below.

Unless otherwise stated data for each question is from all respondents.

### **A new survey of 2,204 high street dentists in England reveals:**

- **Nearly half (45%) report they have reduced their NHS commitment since the onset of the pandemic**, by an average of over a quarter.
- **75% say they are now likely to reduce – or further reduce – their NHS commitment in the next 12 months**, the highest level in any BDA surveys since the first lockdown. 45% say they are likely to go fully private. Nearly half (47%) indicate they are likely to change career or seek early retirement.
- **Two thirds (65%) say their practices have unfilled vacancies for dentists**. 82% of those reporting vacancies cite working under the current NHS contract as a key barrier to filling posts, over half (59%) cite issues relating to remuneration levels, and 30% difficulties attracting candidates to remote, rural or deprived communities. 29% say posts have been unfilled for more than a year.
- **Nearly 9 in 10 (87%) state they have experienced symptoms of stress, burnout or other mental health problems in the last 12 months**, with 86% reporting colleagues in their practice have received physical or verbal abuse from patients. 75% say they are unable to spend sufficient time with patients, and only 25% say they are able to offer the kind of care they want to provide.

Since the start of the pandemic around 3000 dentists are understood to have moved away from NHS work entirely. However, BDA survey data suggests that this underestimates the real drop in NHS capacity as the proportion of dentists who report having reduced their NHS commitment is 10 times higher than those who report having quit altogether.

Most dentists provide a mixture of NHS and private care - in varying proportions. The BDA has established that most of the dentists reporting a move into exclusively private dentistry have come from a background of providing predominantly NHS care.

The BDA stresses this new data gives the clearest indication yet of the scale of the crisis facing NHS dentistry. The government makes no official estimates on the number of 'Whole Time Equivalent' NHS dentists in England, with a practitioner providing a single NHS treatment in a year carrying the same weight in workforce data as one providing NHS-only care.

## Questions:

### Approximately what proportion of your income was NHS based prior to March 2020?

100% (exclusively NHS)	9%	204
90-99% (NHS)	32%	711
80-89% (NHS)	14%	318
70-79% (NHS)	9%	207
60-69% (NHS)	6%	123
50-59% (NHS)	5%	120
40-49% (NHS)	3%	56
30-39% (NHS)	3%	67
20-29% (NHS)	3%	69
10-19% (NHS)	4%	94
1-9% (NHS)	4%	91
0% (exclusively private)	7%	144

### Approximately what proportion of your income is NHS based now?

100% (exclusively NHS)	5%	114
90-99% (NHS)	25%	544
80-89% (NHS)	11%	239
70-79% (NHS)	10%	216
60-69% (NHS)	7%	156
50-59% (NHS)	6%	137
40-49% (NHS)	4%	98
30-39% (NHS)	4%	88
20-29% (NHS)	4%	80
10-19% (NHS)	5%	109
1-9% (NHS)	8%	183
0% (exclusively private)	11%	240

Analysis of individual responses indicates **45%** (1000) of dentists surveyed report a decline in the share of earnings from NHS dentistry from the onset of the pandemic, with **4.5%** (100) reporting a move to exclusively private care. The average drop among those reporting a decline in the NHS share of their total earnings is estimated at **27%**.

Of those dentists moving into exclusively private work, the majority (**62%**) have come from a background where more than half their earnings were based on NHS activity prior to COVID.

Please describe the levels of vacancies (if any) in your practice for each of the following roles

	No vacancies	1 vacancy	2 vacancies	3 vacancies	4 vacancies	5+ vacancies	Don't know	Net respondents with vacancies
Associate dentists	33%	32%	19%	9%	2%	2%	2%	65%
Therapists or hygienists	55%	31%	8%	1%	0%	0%	4%	41%
Dental Nurses	27%	28%	26%	10%	4%	2%	2%	70%
Non-clinical staff	59%	26%	7%	2%	0%	0%	6%	35%

Thinking of the current vacancies at your practice for Associate Dentists how long have there been vacancies for? (Data from 1429 respondents currently citing vacancies in their practice)

Vacancy has only just become available (last 1 month)	7%
Vacancy for 2-3 months	16%
Vacancy for 4-6 months	19%
Vacancy for 7-9 months	10%
Vacancy for 10-12 months	15%
Vacancy for 1-2 years	19%
Vacancy for 2-3 years	7%
Vacancy for more than 3 years	4%
Don't know	3%
<b>Net more than a year</b>	<b>29%</b>

What would you believe are the main barriers to filling vacancies for dentists in your practice? Select as many that apply. (Data from 1429 respondents currently citing vacancies in their practice)

Reluctance to work under current NHS contract	82%
Low Unit of Dental Activity (UDA) value	59%
The location (ie: a rural, remote or deprived area)	30%
Difficulties recruiting dentists from overseas	22%

Please indicate your level of agreement/disagreement with the following statements

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Net agree	Net disagree
I feel I am able to provide the kind of patient care I want to provide	10%	16%	10%	34%	30%	26%	<b>64%</b>
I am fairly remunerated for my work	6%	11%	8%	30%	45%	17%	<b>75%</b>
My career allows for a good work-life balance	4%	15%	13%	30%	38%	19%	68%
I feel I am able to spend enough time to fulfil patient need	5%	12%	8%	31%	44%	17%	<b>75%</b>
I would recommend a career in dentistry to my children	2%	8%	16%	23%	51%	10%	74%
I have felt symptoms of anxiety, stress, or depression because of my job in the past year	60%	27%	6%	3%	4%	<b>87%</b>	7%
A member of staff (clinical/ non-clinical) in my practice has experienced physical or verbal abuse from a patient in the last year	57%	29%	5%	4%	4%	<b>86%</b>	9%

What changes in your working life do you anticipate in the next 12 months?

	Extremely unlikely	Unlikely	Neither likely nor unlikely	Likely	Extremely likely	Don't know/not applicable	Net likely	Net Unlikely
I will increase my personal NHS commitment	80%	11%	2%	1%	2%	4%	3%	91%
I will reduce my personal NHS commitment	3%	4%	8%	17%	59%	10%	<b>75%</b>	7%
I will go fully private	9%	17%	16%	22%	23%	13%	<b>45%</b>	26%
I will change career/seek early retirement	15%	18%	14%	23%	24%	7%	<b>47%</b>	33%
I will relocate to practice	47	20%	11%	7%	4%	11%	11%	67%

abroad	%							
My practice will cease operations	39%	30%	14%	6%	2%	9%	8%	69%

**May 2022**