

Dental  
Protection



# Priorities for the new Government

July 2024

## What we are calling for

Dentistry in the UK is at a crossroads. Important decisions - ranging from changes to the NHS General Dental Services Contract to regulatory reform – have been deferred and delayed must now be addressed. This new government needs to implement a wide package of much needed reforms to secure, strengthen and safeguard dental services fit for the future and the decisions made in these areas will likely shape dental services for the rest of our lifetimes.

Dental Protection is keen to support the government in overhauling policy and making positive progress particularly in the following high-priority domains :

- **Access to NHS dentistry.**
- **Child oral health.**
- **Growing and supporting the dental workforce.**
- **Regulation and claims reform – with dentistry no longer at the back of the queue.**

These are key strategic areas which and each requires sustained effort and an unwavering commitment to change if these are to be implemented within the course of a five-year Parliament.

## Improve patient access to dentistry

Patient access to an NHS dentist has decreased significantly since the pandemic with statistics from June 2023 showing that just 41% of adults had seen an NHS dentist in the last two years - a fifth lower than the 50.9% who had done so in in September 2019 before the pandemic<sup>1</sup>. With more than a quarter of pensioners fearing they will have to carry out their own dentistry <sup>1</sup> it has become increasingly clear that access to dental care has grown more challenging in recent years, with certain regions experiencing greater impacts than others.

While these overall numbers are concerning, they mask the extent of the unequal access across different regions and groups within the country. The Local Government Association (LGA) data collected by the Care Quality Commission (CQC) shows that no local authority area in the country has more than 1 dentist per 1000 people of the population who provides NHS treatment. The data also showed that rural and more deprived areas are more likely to have shortages in NHS dentists.<sup>2</sup>

It is widely accepted that action is needed to improve access to NHS dentistry across the country.

As dental care professionals with patient care being our core focus, all of us support improved access as being a priority.

As a dental defence organisation, we also believe that better access could play an important role in improving the patient experience thereby reducing the risk of complaints.

Contract reform needs to enable dental care professionals to work in different ways and to make the best use of the skill mix within the practice. Work on a so-called 'new contract' started in 2010 and although the focus is now on contract reform, the length of time this has taken has left dentists disillusioned about

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<sup>1</sup> [Dentist shortages signal 'broken, underfunded system' as 40pc of patients would 'do it themselves'](https://www.telegraph.co.uk/health/2023/06/23/dentist-shortages-signal-broken-underfunded-system-as-40pc-of-patients-would-do-it-themselves/) (telegraph.co.uk)

<sup>2</sup> [NHS "dental deserts" persist in rural and deprived communities – LGA analysis | Local Government Association](https://www.local.gov.uk/news/nhs-dental-deserts-persist-in-rural-and-deprived-communities-lga-analysis)

future prospects. A clear commitment from this new government to deliver a ‘new’ contract within this Parliament is key to preventing further deterioration of the service.

Retaining the current dental workforce while increasing the numbers in training and supporting those coming to work in the UK is essential. Action is also needed to support, encourage and incentivise both UK and overseas trained dental professionals to work in high need areas and so-called ‘dental deserts’.

## Improve child oral health

Nearly a quarter of 5-year-old children in England experience obvious dental decay<sup>ii</sup>.

Tooth decay is the most common reason for hospital admission in children aged between 5 and 9 years<sup>iii</sup>. New figures published in February 2024 by the Office of Health Improvement and Disparities (OHID) have shown that there were just over 31,000 hospital admissions during the 22/23 financial year – equating to 119 per day.

The costs to the NHS for hospital admissions related to tooth extractions in children aged 0 to 19 years were estimated at a staggering £64.3 million, with £40.7 million specifically for decay-related procedures

This is inexcusable and embarrassing in a developed country and must be addressed. Tooth decay is a totally preventable disease and yet remains a key reason for why children are admitted to hospital. We urge the new government to take tackle this crisis.

Funding for public health enables councils to offer crucial early interventions, breaking the vicious cycle of delayed care that can lead to more severe dental problems in the future and further strain on dental services.

Contract reform and a review of the scope of practice for each registrant group would also enable the skills mix within the dental team to be utilised more fully. With changes to the scope of practice for groups to carry out screening, we could better identify children most at risk of developing dental disease, with those most at risk getting an intervention from another member of the team.

## Grow and support the dental workforce

We support a multi-pronged approach which includes training and retaining the dental workforce, supporting overseas qualified professionals, and making the full use of the skills mix within the dental team.

### Training and retaining the dental workforce

We welcome the intention set out in the NHS Long Term Workforce Plan to significantly increase dentistry training places by 24% by 2028/29 and by 40% by 2031/ 32. Increasing the number of dental professionals is a key part of improving patient access and we would encourage the new government to continue this plan.

The Plan did however lack focus on retention. This is an area that needs a real focus as once dentists have left the profession it is very hard to get them back. If the increase in those being trained is less than the number who are leaving the profession, then we will have made little progress.

We therefore encourage the government to work with NHS England to develop a dental workforce retention strategy.

Key to this should be supporting the wellbeing of dental professionals. A recent survey of Dental Protection members found that 57% report their mental health to be worse now than it was during the pandemic, that 56% were considering their future in the dental profession due to mental wellbeing concerns, and that 50% feel pessimistic about the future.

## **Supporting overseas qualified professionals**

The UK dental workforce is increasingly reliant on dentists and dental care professionals who trained overseas.

About 30% of all dentists on the GDC register qualified outside of the UK. This is increasing with 46% of new additions to the register in 2022 trained overseas.

The previous government started taking steps to ensure overseas-qualified dentists would be able to start practising in the UK as quickly as possible. We are keen to ensure that overseas trained dentists benefit from the training and supervision they need while adapting to working in a new country and in a different healthcare system. We encourage the government to work with NHS England and other stakeholders to ensure that these professionals are not seen as a way to plug gaps in a strained system but instead as part of the team that need the necessary support, supervision and development to thrive.

## **Enabling dental professionals to work in different ways**

As well as taking the above measures to increase the size of the dental workforce, NHS contract reform is also needed in order to fully utilise the skills mix within the dental team.

Key to this will be GDS contract reform and a review of the scope of practice for each registrant group.

## **Regulation and tort reform – with dentistry no longer at the back of the queue**

### **General Dental Council reform**

82% of dental professionals who were recently investigated by the GDC said the process had a detrimental impact on their mental health. 14% quit dentistry due to the investigation, a further 38% considered leaving, and 28% said they experienced suicidal thoughts. This was revealed as part of a Dental Protection survey of 125 dental professionals who have been investigated by the dental regulator in the last five years.

The GDC can and must introduce improvements. We recently welcomed a range of reforms including to make their communications more empathetic, the piloting of efforts to expedite simple cases, and changes to the level of detail put into the public domain for interim investigations. This progress is welcome and also shows that the lack of legislative reform cannot be used as an excuse for the lack of progress.

The absence of government-led reform is however a significant barrier to progress.

The Dentists Act, which provides the GDC with its powers, turned 40 years old in July 2024. The Act is an anachronism, drafted for an era that has passed. In some sections, it sets out in an unnecessary level of detail how the GDC should conduct its operations. With reform to the legislation, the regulator would be

more able to streamline its processes, improve efficiency, reduce the number of investigations into less serious allegations to ensure that investigations conclude more quickly.

The GDC itself has been calling for legislative reform for some years, as the current framework continues to limit its ability to deliver functions with efficiency<sup>iv</sup>.

Successive governments have however failed to deliver on substantive reform to the legislation. For too long, proposals to reform professional regulation have focused on other larger regulators such as the GMC and NMC with much needed reform to the GDC relegated to an afterthought. .

As recently as December 2023, the government confirmed its commitment to introducing reforms that would benefit the General Medical Council, Nursing and Midwifery Council and Health and Care Professions Council - with no commitment or even any reference to when GDC reform might progress<sup>v</sup>.

It is time for GDC reform to be placed at the front of the queue. We urge the government to commit to delivering reforms to the professional regulators within this parliamentary term and set out the timescale for how long it will take.

## **Tort reform**

It is important that there is appropriate compensation for patients harmed following clinical negligence, but a balance must be struck to ensure the costs of claims are affordable.

With the huge cost of clinical negligence claims facing the NHS, it is understandable that any government places particular focus on what reforms are needed in order to ensure clinical negligence claims that are incurred by the state are affordable to society. The amount spent by the NHS in England on clinical negligence claims rose to £2.6 billion last year, compared to the £0.6 billion 16 years ago<sup>vi</sup>, driven by a rise in the number of high value claims. There has been a four-fold increase for claims of up to £25,000.00

We do however strongly encourage the government to ensure that dentistry is not an afterthought when developing any further proposals for tort reform. As the cost of clinical negligence increases, so must the cost of professional protection and this cost is borne by individual dental professionals. Working in an increasingly litigious environment also takes its toll on dental professionals when they are striving to provide the best possible service and care to their patients.

We urge the government to bring forward a strategy that sets out a package of legal reforms to tackle the rising cost of clinical negligence – and in particular to ensure that the impact of claims on dentistry is central to considerations.

We suggest that this should include proposals to increase the Fixed Recoverable Costs (FRC) scheme to cover cases up to £50,000 rather than the £25,000 recently proposed. It is worth noting that the low value fixed recoverable costs scheme only relates to pre-litigated claims, and we would support extending the scheme to also cover lower value claims which settle post issue of proceedings. This would supplement the Ministry of Justice' current fixed costs process applying to matters which are allocated to the intermediate track for civil claims. We would suggest that the government review the effectiveness of the existing FRC scheme 12 months' post implementation with specific reference to whether the same is effective in tackling the overall cost of dental claims.

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- i [NHS Dental Statistics for England, 2022-23, Annual Report - NHS England Digital](#)
  - ii [National Dental Epidemiology Programme \(NDEP\) for England: oral health survey of 5 year old children 2022 - GOV.UK \(www.gov.uk\)](#)
  - iii [Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023 - GOV.UK \(www.gov.uk\)](#)
  - iv <https://www.gdc-uk.org/about-us/our-organisation/regulatory-reform>
  - v [Consultation response to regulating anaesthesia associates and physician associates - GOV.UK \(www.gov.uk\)](#)
  - vi [Government to introduce legal costs cap to support victims - GOV.UK \(www.gov.uk\)](#)