

A briefing from the Association of Dental Groups on what the Government needs to do to solve oral health inequalities.

This briefing is on our “Six to Fix” policies for Scotland’s oral health inequalities.

Scottish Government’s “new measures to improve access to dental care”

The ADG welcomes the reform process announced by the Scottish Government in 2022 underlining its commitment to NHS dentistry. We commend the Government for providing additional funding of £150million over the pandemic period and most recently additional “bridging” payments until October 2023¹ to help with increased costs for business. However, if Ministers truly want to fully recover the backlog of care and sustain NHS dentistry in the years ahead we believe reform must include and embed dental workforce planning. This briefing paper outlines what needs to be done.

1. The problem

Put simply, too many people cannot access a dentist. Some areas in Scotland, particularly poorer and more remote locations have extremely low access rates because practices cannot fill staff vacancies.

The latest Public Health Scotland dental statistics report² published in January 2023 is a stark warning of the growing oral health inequalities in Scotland. Barely half of all “registered” patients have seen an NHS dentist in the two years to September 2022. Of even more concern, children and adults from the most deprived areas were much less likely to have seen a dentist in the past two years – by a margin for children of 55.9% compared to 75.8% - the highest reported difference.

We welcome the Scottish Government’s continued initiatives (Scottish Dental Access Initiative and the recruitment and retention allowances) to open or join a dental practice in remote and rural areas such as NHS Borders, Dumfries and Galloway, Grampian, Inverclyde and the Highlands and Islands where access is poor. However more needs to be done to improve access in these areas if we are to address the growing oral health inequalities in Scotland.

Access cannot improve without building the workforce – since 2019 the number of dentists providing NHS care in Scotland has fallen 10%³. Our own members have found that recruitment difficulties mean parts of Scotland are becoming “dental deserts”, with more deprived or rural areas having fewer NHS dentists than those in more affluent areas. **In more rural and remote parts of Scotland some advertised vacancies for an NHS dentist have remained unfilled for nearly a year.**

“Six to Fix” to narrow oral health inequalities

We believe that we urgently need more training places, dental contract reform and better use of the current workforce, plus easier routes into UK dentistry for highly trained overseas professionals:

1. Increase the number of training places in Scotland

We need government to create a new dentist recruitment campaign backed by a target to increase the number of training places within Scotland and the UK to train more graduates where they are most needed. Post graduate training places need to be better aligned with areas with the highest oral health inequalities. This will start to help improve the medium to long-term picture.

2. Recognition of EU trained dentists

We need continued access to UK dentistry for EU-trained professionals, who made up 29.5% of new GDC registrants in 2021⁴. Nuffield Trust research⁵ has found a sharp drop since the EU referendum which has “never recovered.” Recognition

¹ [Update on bridging payment and reform \(scot.nhs.uk\)](https://www.scot.nhs.uk)

² [Dental Statistics \(publichealthscotland.scot\)](https://publichealthscotland.scot)

³ [Scotland: The year ahead \(bda.org\)](https://www.bda.org)

⁴ [Registration statistical report 2021 \(gdc-uk.org\)](https://www.gdc-uk.org)

⁵ [Health and Brexit: six years on | The Nuffield Trust](https://www.nuffieldtrust.org.uk)

of future EEA applicants’ professional qualifications under “interim arrangements” continues until the beginning of 2023⁶ when a review begins. While we train up our own dentists (each takes five years), this recognition for future EEA applicants to the GDC register should continue.

3. Recognition of overseas qualifications

The Overseas Registration Examination (ORE) is taken by overseas dentists from outside the EEA coming to work in the UK to ensure they can meet the high clinical standards required here. It had been suspended for nearly two years during the pandemic and now has a backlog of 2,000 applicants, many already in the UK. Westminster Government brought forward legislation⁷ to reform the ORE but should also provide the GDC with the support needed to clear the backlog. Allowing Part 1 of the ORE to be taken in the candidate’s home country would also be hugely beneficial – a measure already allowed in testing for overseas doctors. We should make much more of our links to Commonwealth countries. Before 2001, the UK had bilateral agreements with Commonwealth dental schools including Australia, Singapore, Hong Kong, and South Africa whose qualifications met UK standards⁸ and potential agreements should be explored again. 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.

4. More flexibility for dentists to work across multiple practices in Scotland

In Scotland to see NHS patients a dentist needs to hold a list number at a particular practice. To see NHS patients at another practice another list number is needed. The listing process can take up to three months and needs to be reformed. Allowing dentists the flexibility to provide NHS care at neighbouring practices would make better use of the workforce and help improve access to NHS care particularly in the more remote and rural “dental deserts.”

5. Promote prevention

Scotland has much to be proud of in relation to oral health improvement measures – in particular the “ChildSmile” programme, however they were badly hit by the pandemic period. A continued commitment to funding these programmes by all political parties in Scotland is a crucial part of fighting oral health inequalities.

6. Reform the NHS dental contract

The Scottish National Party has promised to abolish all NHS dental patient charges over the lifetime of the current Parliament and “shape a reformed funding arrangement for NHS dentists, so that they are supported for the future.” We welcome the ambition for a more administratively simpler and more clinically focused system which needs to come out of the current reform process to ensure a sustainable future for NHS dentistry which attracts and retains NHS dentists in Scotland.

In summary

Our recommendations are practical and can be delivered if there is the political will to do so. We believe that tackling workforce shortages is a real opportunity for Scottish politicians to demonstrate that NHS dentistry is accessible for all when they need it. We hope this briefing is helpful for you in debates and questions to Ministers. If you would like further information on any of the issues in our briefing please contact Lewis Robinson, Head of Policy and Public Affairs at lewis.robinson@theadg.co.uk

The Association of Dental Groups (ADG) is the trade association for large dental providers in the UK. ADG members represent groups delivering NHS and private dentistry with over 100 practices across Scotland. All members commit to our Quality Kitemark of “People, Patients and Processes.” Further information can be found about us on our website www.theadg.co.uk

⁶ EEA-qualified and Swiss healthcare professionals practising in the UK - GOV.UK (www.gov.uk)

⁷ Changes to the General Dental Council and the Nursing and Midwifery Council's international registration legislation - GOV.UK (www.gov.uk)

⁸ Recognised overseas qualifications (gdc-uk.org)