

‘Mind the workforce gap’ ADG warns of a shortfall of over 3,000 dentists

As the Association of Dental Groups (ADG) awaits the Labour Government and DHSC’s action plan to deliver on their election manifesto pledges for NHS dentistry, the trade association for dental group providers in the UK warns of the significant gap in the dental workforce.

Critical numbers

The gap in the dental workforce is significant. ADG estimates that this shortfall means that the profession is unable to treat 4.5m patients annually¹. Data published by NHS England for the period to March 2024 show there are 2,749 full-time equivalent (FTE basis) NHS dentist vacancies, which make up 87% of total dentist vacancies currently open - at 3,160 (FTE basis). These are roles that have been open for an average of 180 days per post, and most are more than three months old.

Furthermore, with 411 private vacancies (FTE basis) still open, it is clear that irrespective of the need for NHS contract reform, there is a system-wide shortage of dentists in the UK across the profession’s ‘mixed-economy’. The result of this huge gap in the dental workforce means that there is an issue with the number of patient treatments that can actually be carried out.

Three steps to plug the gap

There are three key actions that can come together to address the gap in the dental workforce. These interventions can be put to work in the short-term, without legislative change, and with no extra cost to the Government – since the current dentistry underspend provides sufficient funding:

1. **Integrated Care Boards (ICBs) to use their full commissioning powers:** To meet the needs of the population and put to use fully the current dental workforce team available in the UK, ICBs either need to spend in full their dental budget or have it supplemented from central clawback funding.
2. **Improve workforce planning:** Recognise the relationship between the ‘mixed economy’ and skills mix across the full dental workforce, including Dental Care Practitioners (DCPs - dental therapists, dental hygienists and dental nurses) and support improvements of dental schools.
3. **Commit to support recruitment:** Accelerate long-term workforce planning and unlock barriers preventing high-quality international dentists registering and undertaking the Overseas Registration Examination (ORE). Recently granted changes to the international registration legislation should now allow the General Dental Council (GDC) to put this into action (see notes to editors).

Most dentists provide some NHS care

This year the GDC published data showing that dentists are willing to take on NHS appointments. Most dentists provide some NHS care, with only 19% saying they provided only private care and a further 14% said they predominantly provided private care. There is also effectively full ‘employment’ in dentistry with only 0.7% of dentists actively seeking work.

¹ Approximately 88m Units of Dental Activity (UDA) are commissioned per annum, 72.5m were delivered 23/24 (18.4m adults / 6.7m children) which equals on average 3 UDAs per patient. With an approximation of 5,000 UDAs per FTE basis dentist and NHSE vacancies at 2,749, this totals a gap of 13,745,000 UDAs. Divide this by the 3 average UDAs per patient per annum - and that implies 4.5m patients treated per annum could be treated if all vacancies were filled.

Part of the solution to the current crisis in dentistry in the UK, should also be to embrace the full dental workforce. DCPs are critical to providing patient care, and are now trained to carry out approximately 70 percent of the treatments that dentists can.

Neil Carmichael, Executive Chair, ADG said: *“ADG keeps banging the drum for ‘Recruitment. Recruitment. Recruitment – and Retention’! Much focus has been put on the need for NHS dentistry contract reform, and whilst this is important, our Association’s members know that without the ‘boots on the ground’ in the form of more Dentists and Dental Care Professionals the benefits of any new contract simply cannot be brought to life.*

“With the UK’s dentistry needs so high, the Government’s promise to deliver 700,000 appointments isn’t nearly ambitious enough to fix the current crisis in dentistry. The need is far greater to address patients’ needs, and also to fulfil the significant number of open vacancies across the UK dentistry’s ‘mixed economy’. Only approximately 400 additional FTE basis dentists would deliver this 700,000 pledge – whilst there are seven times as many vacant positions for dentists open currently that need to be filled to meet demand!

“Improving patient access and taking the pressure off NHS services across the country has to be the priority. However, currently there isn’t the commissioning capacity to achieve this. ADG is here to support the new Government to deliver on dentistry reform.”

Ends

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Notes to editors:

Read more: [UK Parliament dentistry workforce](#)

Read more: [NHS England dental workforce](#)

Read more: [General Dental Council Overseas Registration Examination](#) (ORE)

Read more: [gov.uk changes to GDC international registration legislation](#)

Read more: [About the Association of Dental Groups \(ADG\)](#)

Read more: [ADG Seven Steps to Save UK Dentistry](#)

ADG’s position on how to address the ORE backlog:

- **Increase the frequency of part 1 and part 2 of the ORE:** Part 1 of the exam currently takes place twice a year and part two takes place four times a year. By scheduling both exams more frequently, GDC can reduce the backlog of applicants whilst running the procurement process to add additional providers to the list of those who can administer the exam.
- **Deliver part 1 of the ORE online or in British Council offices overseas:** Secure online examination rooms could be created to allow candidates to take the exam remotely. Alternatively, British Council offices overseas could be used as examination centres, as already happens for the Performance and Linguistic Assessment Board – the equivalent exam used for General Medical Council registration.
- **Improve the processing time for new applicants wanting to take the ORE:** Candidates are routinely waiting in excess of eight months for the GDC to process their application for permission to sit the ORE – before they have started trying to secure a place in the exam. GDC must act to stop the current trend of increased processing times for new applicants, which has risen 59% over the last two years.
- **Prioritise candidates who will work in the NHS and will most likely pass the ORE:** Candidates who already have job offer in a UK dental practice should be given priority access to the ORE. GDC should also consider prioritising applicants who can show they have undertaken a preparatory course and are therefore more likely to pass the exam. This will minimise the number of people who fail the course and ensure that candidates understand the requirements of the exam to prepare properly.
- **Bring forward planned reforms to recognise overseas diplomas:** Through the Section 60 Order, the government has provided GDC with powers to approve overseas diplomas as equivalent to the standards examined by the ORE, yet GDC does not expect to begin this process for another two years. By bringing forward these reforms, GDC could allow several dental schools – including the 14 which, prior to 2001, were already permitted to offer this qualification – to begin offering diplomas this year, taking significant pressure of the ORE as the only means of having their qualifications recognised.

About ADG:

- The Association of Dental Groups (ADG) is the trade association for groups of dental health and care practices and organisations working with and on behalf of members, representing their view and progressing improvements in the working environment for groups of dental providers of oral health care.
- The ADG has 25 members including some of the largest groups of dental practices in the country, but the Association also represents smaller providers with fewer than 5 practices. Of the 2,000 practices which members operate, approximately 1,800 are in England with the balance spread across the devolved nations.

- Across ADG's members there are approximately 10,000 clinicians delivering NHS, community and private dentistry to more than 10 million patients every year.
- ADG members adopt and share best practice to enable their peers to deliver the highest quality service to patients.
- The leadership of ADG members are often experienced dentists themselves, with involvement in professional and vocational training, enabling them to provide expertise as trainers and advisers.
- Areas of focus include working on sector improvements for dental groups, including sharing consistent best practice, supporting innovation, and encouraging the investment and skills development of all dental professionals. The ADG aims to do this by shaping policy, raising awareness and influencing key stakeholders.
- The ADG is involved in policy development, encouraging policy makers to make evidence-based decisions.
- The ADG takes a solutions-focused approach to create the most supportive environment for dental groups where teams feel valued and are able to provide the highest quality dental care for patients.
- The ADG supports, promotes and encourages a prevention approach to improve oral health.
- Workforce support includes campaigning for more dentists to be trained in the UK, identifying key strategies to improve recruitment and the retention of dental professionals from the UK and abroad, including streamlining onboarding processes.
- The ADG works with key stakeholders to contribute to undergraduate, foundation and DCP training and provide opportunities to create a learning and supportive environment for dental teams.
- When it comes to commissioning, the ADG influences in key areas to ensure both private and NHS dentistry are developed in a financially sustainable way.
- The ADG's six strategic objectives are:
 1. Developing an agile, inclusive, and professional workforce across dentistry.
 2. Fighting for fair access to quality NHS Dentistry.
 3. Supporting the work of private dentistry.
 4. Promoting the work of dental groups in public, private, and community operations.
 5. Shaping public policy to improve oral health in the United Kingdom.
 6. Building a safer and sustainable environment.