

Creating Dental Oases

The solution to
dental deserts

An ADG whitepaper on the state of
the UK dental workforce



2025



Workforce focus will turn today's mirage into tomorrow's reality

Times, and healthcare are changing

Dentistry in the UK is delivered by a very different workforce to that of several decades ago. As with so much of healthcare, expanding the skills and scope of practice of the whole team should bring benefits to patients and more productive delivery of healthcare. That's what patients deserve.

Patients need care

The public should have access to dental services for ongoing care. Even more importantly, they should be able to access services to relieve pain or problems they have with their mouth.

The importance of dental professionals in treating two predominantly preventable diseases, dental caries (tooth decay) and periodontal disease (gum disease) is often underestimated. Focusing on prevention, dental teams are best placed to care for patients' oral health.

Dental care professionals are in an ideal position to spot early signs of oral cancer, and with increasing evidence of the links between oral and general health, solutions to create a bright future for the dental team will benefit not just patients' oral health, but their general health as well.



Sadly, there are areas of the country where the public cannot access even basic care.

'It took me a couple of weeks to get each one out, because they just loosened and loosened and loosened. I used a tissue to get a better grip.'

Linda Colla, 75, on pulling her own teeth. Guardian, Feb 2025.

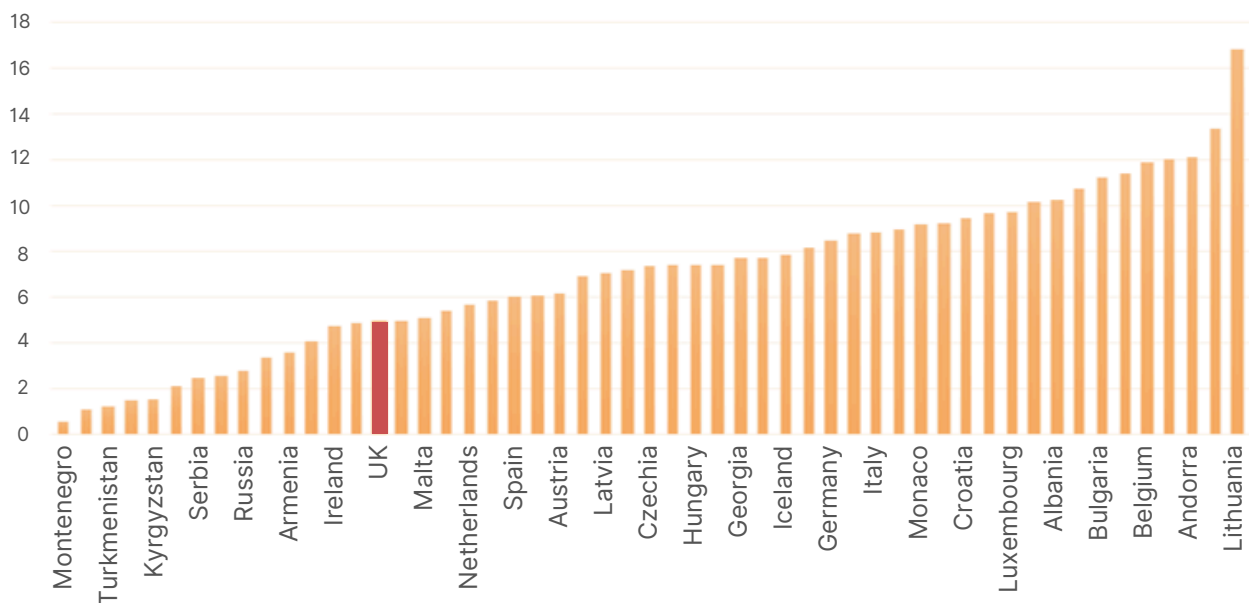


Dental teams deserve more

The headlines in dentistry focus on the lack of dentists working in the NHS, but the issues with workforce include insufficiencies across the whole team, and across private, NHS and Community Dental Services.

Access to dentistry is in crisis. With different funding mechanisms across the four nations for NHS provision, the common theme across the UK relating to problems with access is the workforce shortage.

Number of dentists per 10,000 population¹



According to the World Health Organisation's latest figures, the UK has 4.93 dentists per 10,000 population.² In comparison, Sweden has 7.74, France 6.94, Belgium 11.92 and Germany 8.48. While these figures show the immediate access issue, this is not a short-term problem. Between 1997 and the latest figures, the range in the UK has only been 4.48-5.4 dentists per 10,000.

This is a long-term problem that needs to be addressed to improve access to oral care.





NHS England data collected in March 2024³ showed that as well as 2,749 general dentist NHS vacancies, there were also 1,161 NHS dental nurse vacancies and 497 NHS trainee dental nurse vacancies. In almost all situations, as per the General Dental Council (GDC) standard 6.2⁴, dental professionals must be appropriately supported when treating patients.

A dentist is not permitted to treat a patient without a dental nurse present, except for in the circumstances in the GDC standard. Without a full and functional team, patient care will be affected. What is also important is that in the same NHSE data set there were 411 dentists, 317 dental nurse and 150 trainee dental nurse vacancies in private practice.

The ADG's policy paper 'Fill the Gap'⁵ raised the workforce shortage in January 2024 and this added to our paper on 'Dental Deserts'⁶ released in May 2022 that highlighted the geographical lottery of accessing dentistry.

According to the recent BDJ Jobs Recruitment Whitepaper⁷ which reiterates

the problems raised in the ADG papers, the issue is not just a general shortage but also a geographical one, with the highest rates for responses to job advertisements coming from the South East at 24%, followed by London at 18%.

The GDC published working pattern data for dentists in April 2025 and dental care professionals (DCPs) in October 2024. Of the 30,066 dentists that responded (66% of the register), **fewer than 0.8% were actively seeking work.**⁸ Only 15% of the 43,692 DCPs (58% of the DCP register) who responded worked fully in the NHS, with only a further 12% saying they worked predominantly (over 75% of their time) in NHS care.

An editorial in the British Dental Journal entitled 'We need more dental professionals' and then another one, two weeks later on 'More seats for ORE' reinforces the ADG view that any solution to patient access requires more workforce.⁹

'I've tried unsuccessfully four times to register for the ORE. It feels like a lottery. I've even been told that I might have been unlucky due to the speed of my internet connection!'

Eni Shehu Muco, trained dentist from Albania employed as a dental hygienist and IDO-UK member





These figures show starkly the combined issues of lack of workforce, and the proportion of registrants working in mixed or private practice.

Contract problems and opportunities

It was acknowledged by the Public Accounts Committee on Fixing NHS Dentistry¹⁰, that the dental contract is 'not fit for purpose'. However, even a purpose cannot be delivered without a workforce.

If change of legislation is required to reform the contract, it will take time. This will leave patients needing access to dental care in pain. Interim improvements are needed now if the workforce is to be retained in the NHS and patients are to receive the care they need.

Dentistry operates in a mixed model of payment systems. Practices and indeed individual clinicians will make their choices on which payment model or models they will work in. Often it will be a mixture of NHS provision, pay as you go private fees, or payment and insurance plans, either through the practice or by a patient's employer. In the British Dental Association's (BDA) written evidence to the Public Accounts Committee on Fixing NHS dentistry, they raise that in many practices, private care is now cross-subsidising uncompetitive or loss-making NHS treatments as a matter of course.¹¹

As stated above, the workforce issue is not just an NHS provision problem, however, for patients, access to NHS care is the widest concern across all four nations, regardless of NHS



contract type.

The ADG estimates that the shortfall of dentists treating through the NHS in England means that the profession is unable to treat 4.5m patients annually.

There are¹² 87 million Units of Dental Activity (UDAs) commissioned annually in England. Patients typically need 3 UDAs of treatment per annum. If a dentist delivers 5,000 UDAs per year, the 2,749 dentist vacancies means that if these positions were filled 4.5m further patients would be able to be treated annually.

As the shortfall in delivery of UDAs is annually at least 10%, the ADG calculates that with a full workforce this extra delivery could be carried out **within the existing dental budget.**



The importance of needs-based assessment by Integrated Care Boards (ICBs) of their local population, as with all of healthcare, is critical to commissioning intelligent oral care services. The recent publication of the Oral health survey of 5 year old school children 2024¹⁴ shows the stark difference in levels of both enamel and dentinal decay across England related to deprivation - and also no real improvement on oral health. Children living in the most deprived areas of the country were twice as likely to have experienced dentinal decay (32.2%) compared to those in the least deprived (13.6%).

ICBs should engage with dental care providers in each area to make sure commissioning goes to the appropriate area of provision of oral care, including prevention and specialist services. Flexible commissioning according to need has become more widespread, driven by dental teams, yet the responses from ICBs across England are not consistent and can affect patient care, especially for those most vulnerable.

ICBs should look to innovative commissioning approaches that include using the 'mixed economy' model within dentistry. There should also be more flexibility, for example there are private

practices that would accept NHS contracts to care for children.

Care for patients and for dental teams

In our paper Patients First¹⁵ we considered solutions to the workforce crisis. This will ensure patients have access to care and dental teams are valued and feel supported.

1. Commit to support recruitment

Support the recruitment of dental professionals by accelerating actions on the NHS Long Term Workforce Plan and access to high quality international dentists by unlocking barriers to registration.

Dental professionals need to be registered with the General Dental Council (GDC) in order to be able to work legally, or for dental nurses, be on a recognised training program.



'ICBs should look to innovative commissioning approaches that include using the 'mixed economy' model within dentistry.'



Currently the route for dentists who qualified overseas to gain a place on the GDC register is through the Overseas Registration Exam (ORE) or through the Royal College of Surgeons LDC examination.

There are a number of trained dentists from abroad living in the UK legally employed in non-dental related work e.g. in fast food outlets. There are professionals not using their full scope of practice e.g. dentists working as dental therapists because they cannot get a place on the register to take the ORE. We need to look at the red tape that is holding back these dentists' careers. Not only is it a tragic waste of trained dentistry talent, it is letting down UK residents who continue to struggle to get the oral health care they need.

If dentists wish to work as an NHS provider, as well as gaining registration with the General Dental Council (GDC) they must also gain entry onto the NHS performer list. While for new UK graduates this is a clear path, for those who join the GDC register at a later point in their career due to a non UK qualification, the path is not as easy and has different processes across England and across the UK.

This needs to be addressed. There needs to be equity across each country (and preferably across the UK) for those wanting an NHS Performer number. The ADG have been working to create suggestions for improvements in mentoring to overseas graduates in England.

'Once the ORE places open on the system they are gone in just two minutes! A couple of my friends in the same situation have given up and moved to Dubai. I love the UK - but I just don't want my dentist training to go to waste!'

Sayed Bilal Bukhara, trained dentist from India employed as a care home co-ordinator and part-time dental hygienist and IDO-UK member

The urgency required to solve the workforce issues cannot be ignored. The longer the situation continues, the greater the impact on patient care and the long-term implications on the nation's oral health.

2. Plan the workforce

Undertake a wide-ranging workforce review and strategy development to recognise the relationships between the 'mixed economy', skill mix and devolved nations.

'I am a fully trained dentist with 10 years' experience, but right now my job title is 'Sandwich Artist!' I have been making sandwiches at a Subway outlet. I don't understand why the GDC doesn't create provisional registration, so that we can be tried and tested. I just want to prove myself!'

Shoaib Saiyed, trained dentist from India employed at Subway fast food restaurant and IDO-UK member



In June 2023, NHS England published its Long Term Workforce Plan.¹⁶ Within this, there was no mention of any other GDC registrant groups other than dentists, dental hygienists and dental therapists. There was also no consideration of the 'mixed economy' that dentistry functions in. We understand that this document is under review and would ask that the consideration of the 'mixed economy' of dentistry, and all registrant groups, especially dental nurses, are considered in any plan.

Even if the plan had considered other registrant groups and the 'mixed economy', the solutions are many years away. This does not help the immediate crisis in access to oral care.

It needs to be recognised that members of the dental team work throughout the UK and any workforce plan should show cognisance of that.

3. Support the retention of the dental workforce

Continue to reform the dental contract and ensure that pay review processes are transparent.

While patient access must be at the forefront of solutions, it is also important to consider the impact on the profession of stress and pressure. We need to make sure that the working environment means that people stay in the profession and feel valued.

Research shows low morale and burnout across registrant groups.^{17, 18} Not having enough staff is a stressor for the whole team. From the receptionists who are having difficult conversations with patients having to turn them away for care, to members of the team who are trying to deliver quality services covering staff vacancies.

'Some of our members report having as many as 60+ fully trained dentists who they are employing as dental nurses because they can't get the ORE certification they need. Urgent action is required to allow these dentists to use their training to the full.'

Neil Carmichael, Exec Chair, ADG





Summary

We are fortunate to have highly trained committed dental care professionals working across the UK. They are improving the oral health, general health and wellbeing of the patients they see.

They could help more of the population if they had increased numbers.

Patients deserve more and dental teams deserve more.

About the ADG

The ADG is the trade association for groups of dental practices and organisations working with and on behalf of members, representing their views and progressing improvements in the working environment for its 28 members whose practices include over 10,000 dentists, over 22,500 General Dental Council (GDC) registrants who treat over 10 million patients a year through 2,024 sites in the UK. The ADG has a wide understanding of the issues facing dentistry's workforce in the UK.



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Glossary

Flexible commissioning – is used to refer to the flexibilities which exist within the current national dental contractual framework to enable commissioners to tailor services to meet specific population needs, and to take steps to support practices with changes to UDA values, where this presents clear value for money. Guidance provided by NHSE covers opportunities such as

- Additional investment into new or existing contracts to address areas of need including:
 - Increased contracting of mandatory services
 - Commissioning additional capacity for advanced mandatory services, sedation and domiciliary services and orthodontics
 - Commissioning additional capacity for dental public health services and/or further services
- Reallocation of existing contractual funding away from mandatory services into new priorities (commissioned as additional or further services)
- Local negotiation of indicative rates for Units of Dental Activity (UDAs) or Units of Orthodontic Activity (UOAs).

General Dental Council (GDC) – The GDC is the UK-wide regulator for dental professionals. It is an arms-length body which oversees the professional standards for UK dental professionals.

Integrated Care Bodies (ICBs) – ICBs are the statutory NHS organisations which are responsible for delivering

healthcare services in England. They operate at a regional level in England, with 42 in total.

International Dental Organisation UK (IDO-UK) – International Dental Organisation UK is an organisation for overseas dentists and DCPs qualified in the UK or overseas, who are planning to settle in the UK <https://ido-uk.co.uk>

Overseas Registration Exam (ORE) – the ORE is the exam which overseas dental professionals must take to be able to practice in the UK, even if they have existing qualifications. There are two stages to the exam, ORE1 and ORE2, which professionals must pass before being able to practice in the UK.

Unit of Dental Activities (UDA) – NHS England works out how to pay dentists in England by using UDAs. Practices are allocated a certain amount of UDAs each year, with each dentist having to deliver between 96-102% of UDAs each year. UDAs are split across different 'bands', depending on what type of treatment the patient needs.

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[16] <https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.21.pdf>

[17] <https://www.nature.com/articles/s41404-024-2759-x>

[18] <https://www.nature.com/articles/s41407-025-2893-2>

The calculation for 3 UDAs per patient is 73m UDAs delivered divided by the number of adults and children receiving treatment at 18m and 6.6m respectively.