

The new government must protect our oral health: priorities for the government on national oral health



Following the formation of a new cabinet, we encourage the Health Secretary and forthcoming Universities Minister, to work with national and international counterparts including the Treasury to safeguard dental teaching and secure and improve the supply of future dentists.

Introduction

There is an intense shortage in the supply of dentistry in the UK, and there are regional and local inequalities in access to NHS dentistry (ADG, 2022:7). Benefits of improvements to patient care through dental research and technological innovations are increasingly inaccessible to the public due to limited appointment availability. With increasing understanding of the importance of preventative dental care and the mouth as one of the earliest diagnostics for many body-wide diseases like diabetes, there is a growing contribution dentistry can bring to improve UK health. However, the supply to deliver this care is declining.

Access gaps will become worse without urgent intervention as legacies of previous investment will expire, and our aging population has greater health needs. We have many expert world-leading individuals and institutions who can advise on how to address supply gaps in UK dentistry. The deans of UK dental schools have three main proposals to improve oral health and the sustainability of dental provision in the future.

Proposal 1 – Extra funded places for students to do Bachelor of Dental Surgery at existing institutions

We do not train enough dentists for the NHS to meet UK requirements. We are not replacing retiring dentists and this gap cannot reasonably be made up through international recruitment. In Autumn 2021, 1109 new students were recruited for training as dentists (source: OFS), while in that same year nearly 1000 retired in England alone (source: BDA). Dental schools have capacity to train more students with the right investment. Funding

would need to be maintained or increased per student, including for clinical rotations, since there are not many opportunities for economies of scale. Increasing dentistry places is expensive due to the many fixed costs involved in teaching, such as equipment and staffing.

Proposal 2 – Maintaining and increasing training of Dental Therapists by resolving funding streams

The capacity of the dental team has potential to expand by enabling Dental Therapists to work to their maximum permissions. This is in line with government plans (HEE, 2021) and a change in the General Dental Council rules since 2013 (GDC, 2022). However, there are currently not enough dental therapists to meet demand, especially as the sector's acceptance grows of their increased scope of practice.

Capacity to offer the Dental Therapy course has not been increased in universities as there is little incentive since the funding falls far short of what it costs to deliver. Dental Therapy students are allocated far less HEE tariff funding than Dental Surgery students even though there are similarly expensive aspects to both courses. Some universities have stopped offering the course altogether while others are considering scaling down. Recent changes in funding from the Department of Health and Social care in England, have also drastically reduced funding to train these professionals.

Proposal 3 - Sustainable capital investment for schools and clinics

Since its explicit exclusion from dental funding from HEE in England and DHSC, dental schools and hospitals have not been able to obtain alternative sustainable investments to keep estates up to date: to fix wear and tear, and to meet new standards and requirements. Dental schools and hospitals have addressed the shortfall by appealing to the wider university or hospital, however, without a dedicated strategy or funding source, efforts have been piecemeal. Sourcing funding is time-intensive, it wastes staff by not providing the most efficient teaching spaces and it wastes initial investments, since the maintenance forecast costs are unable to be met. Future infrastructure projects and dedicated budgets will be required to increase capacity for students and to meet infection control requirements. Several dental schools were built in the 1940s and are unable to meet current needs, a fact made evident during the pandemic when modern buildings were better able to adapt to improve ventilation and air flow at lower costs.

Conclusion

DSC is working with a range of stakeholders to address these and other challenges, collaborators have included national health funders and the General Dental Council. However, allocations and prioritisation of dentistry are required from the highest levels of government. The risks of not addressing the supply and demand for dentistry are huge for the future of dental hospitals and the country's oral health. Opportunities to make the most of the dental team to improve health should be seized.