Scotland Evidence

October 2012

to the Review Body on Doctors' and Dentists' Remuneration

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BDA Scotland only version of the 2013/14 submission to the Review Body on Doctors' and Dentists' Remuneration October 2012[1]

Contents

[1] Please note that this version was not submitted to DDRB. The BDA's submission consisted of a single UK wide submission.

Executive summary

General dental practice

- We are unable to supply expenses evidence for Scotland as the NHS Information Centre does not publish its data until after the submission deadline for DDRB.
- Over 30.8 per cent of respondents to the BDA's DBT survey reported their morale as low or very low
- 36.2 per cent of practice owners reported their morale as low or very low and 37 per cent of those with an NHS commitment of 75 per cent or more reported their morale as low or very low
- 58.7 per cent of respondents were satisfied with being a dentist, however.
- Over 42 per cent did not feel they had enough time to provide care
- Over 70 per cent did not feel that NHS pay was fair
- Less than half of those with an NHS commitment of over 75 per cent would recommend a career in dentistry
- 44 per cent of dentists with an NHS commitment of over 75 per cent report that the amount of time spent on administration has increased
- 44.9 per cent of dentists sought to recruit a dentist for predominantly NHS work
- 34.4 per cent of these had encountered problems in recruiting for predominantly NHS dental posts
- 35.1 per cent intend to buy or expand a practice but 24.1 per cent intend to retire
- Practice owners reported spending 7.9 hours a week on administration

Salaried Services

- We recommend that dentists in the salaried services receive at least the one per cent uplift available to public sector employees
- Morale is very low in the salaried services in Scotland
- Most dentists in the salaried service (53.2 per cent) do not feel that there is an opportunity for career progression
- Over 63 per cent do not feel managers involve them in decision making
- Almost 47 per cent do not consider pay in the NHS to be fair
- Excessive caseloads are considered to be impacting on patient care

Introduction

1. The British Dental Association (BDA) is the professional association and trade union for dentists practising in the UK. Its 23,081 strong membership is engaged in all aspects of dentistry including general practice, salaried primary care dental services, the armed forces, hospitals, academia and research, and includes dental students.

2. Every year the BDA provides information or evidence to the DDRB covering general dental practitioners and salaried primary dental care practitioners. For the last three years we have been very disappointed that governments in England and Wales and Northern Ireland have seen fit not to ask the DDRB to make recommendations, as we value the independent scrutiny it provides. The British Medical Association (BMA) submits evidence on behalf of all hospital medical and dental staff. We ask DDRB to note that the issues raised by the BMA are applicable to those working in the hospital dental services.

3. We fully support the DDRB's position on the application of "efficiency savings":

> "We … believe that it is both unnecessary and inappropriate to include efficiency savings in our funding formulae for GMPs and GDPs…If the Health Departments continue to think it appropriate to impose a requirement on independent contractor GMPs and GDPs to make efficiency savings, then we believe that any such requirement should be a contractual matter, rather than abating our recommended increases.[2]"

4. We also welcome the DDRB's independent analysis of expenses in Scotland in last year's round and its recommendations to meet them and consider it inappropriate that "efficiencies" are sought by government simply by failing to meet rising expenses. In our response to the last DDRB report we recommended that DDRB is recalled:

> "It is essential that the Doctors' and Dentists' Review Body resumes its work urgently and that our arguments about escalating expenses and falling incomes are properly taken into account. But associating what appear to be wholly unconnected conditions with this year's uplift will not encourage the profession to keep an open mind going forward into a new contract. Dentists need to be convinced from the pilots that the new way of working will make a real difference to their ability to provide services for their patients and is likely to result in improved oral health and it is premature to anticipate the outcome.[3]"

5. The result is not an increase in efficiency but pay cuts, lower motivation and increased workloads for dentists and their staff. Efficiency should be a positive. The determination to squeeze work and cut the incomes of individuals who have taken a great personal financial risk to provide healthcare is a perverse method of achieving efficiency. The short-term approach of the imposed cuts benefits neither the provider nor the patient and in the longer term does not support the Department of Health's aims of increasing access and improving quality of care.

[2] DDRB 2012. Paragraph 12, Pg. IX.
[3] http://www.bda.org/enews/2012-04/expenses.aspx retrieved 04/09/12

6. We were pleased to note that the DDRB recognised in its last report the low morale of salaried dentists and considered it appropriate to recommend that policy changes take the non-financial causes of low morale into account. We explain the developments in policy, as requested by DDRB, below.

7. BDA members are sensitive to the on-going economic circumstances affecting the UK. After a two-year pay freeze for salaried dentists and a pay cut for general dental practitioners we believe that this year dentists must receive a reasonable increase in net pay.

8. We continue to support the use of a clear and transparent formula for the assessment of appropriate rises in remuneration. We do, however, also consider it important that any significant changes to the formula should be made with the knowledge and support of the parties involved.

9. As usual, the BDA has conducted extensive research into primary dental practice to inform our evidence. Summaries of the research reports are annexed to the evidence. We repeated last year's focus groups of general dental practitioners following their positive reception by the profession. They help provide more detailed and first-hand information about the issues that face general dental practitioners. The 2012 Dental Business Trends survey (DBT) summary report can be found at annex 1. The Salaried Dentist's Morale Survey summary can be found at annex 2, and the Freedom of Information request report of salaried services recruitment at annex 3. A summary of the VDP survey is at annex 4. A summary of the Clinical Directors' Survey is attached at annex 5. At the DDRB's request, a list of dental schools with student numbers is attached at annex 6. Contextual economic background can be found at annex 7. Full versions of all the reports are available via the BDA's website.

1. Response to last year's award

General dental practice

1.1 We welcomed the DDRB's independent analysis of expenses in Scotland in last year's evidence round as requested by the Scottish Government but, at the time of writing general dental practitioners in Scotland were still awaiting the decision of the Scottish Government regarding uplifts for 2011-12 and 2012-13.

1.2 We were disappointed that the DDRB chose to alter the methodology applied to the formula used to derive the uplift but we urged the Scottish Government, in our letter of 15 March 2012, to implement the DDRB recommendations in full for both 2011/12 and 2012/13 as soon as practicable. The prolonged delay on the part of the Scottish Government means that GDPs in Scotland have not received an uplift in over two years, yet they continue to deliver high quality NHS patient care to the population of Scotland, despite the lack of fee increments and in the face of increasing administrative, regulatory and health and safety requirements.

1.3 As well as its recommendations for percentage uplifts to item-of-service fees, the DDRB identified certain gaps in evidence and asked the parties to look at these in more detail. We are able to report that representatives of the Scottish Dental Practice Committee and BDA Secretariat are members of a working group, (the Dental Expenses Working Group) commissioned by the Chief Dental Officer (Scotland). The membership of the Working Group also includes representatives from the Scottish Government Health and Social Care Integration Directorates (Analytical Services and CDO's office) and Practitioner Services Division (Dental).

1.4 The remit of the Group is to work jointly to consider and respond to the gaps in evidence highlighted by the DDRB; to consider options for improving the data, covering estimated timescales and costs and to make recommendations to the CDO on options for improving the data.

1.5 The Group met for the first time on 31 August 2012. It has agreed that there is a large amount of work that will be necessary to identify and populate the data gaps that would enable a more robust formula to be applied to Scotland and to determine the extent of "multiple counting" and the impact this may or may not have on the practice expense ratio. The extent of the work involved should not be underestimated and it is unlikely that any information will be ready before November.

1.6 It should also be noted that the NHS Information Centre report on dental earnings and expenses for Scotland for 2010/11 is not due to be published until the end of October, which is after the deadline for submission of DDRB written evidence. This, combined with the time required by the CDO Dental Expenses Working Group to address the gaps in evidence highlighted by the DDRB in the 40th Report, has meant that the BDA has been unable to provide evidence on earnings and expenses and the development of a Scotland-specific formula within the timeframe requested by DDRB.

1.7 We also still have no indication of the Scottish Government's position regarding expenses uplift for 2011/12 and 2012/13 and are still waiting on a decision. We do not therefore have a baseline from which to work for this next round.

1.8 We wrote to the Chair of the DDRB on 21 September 2012, seeking an extension to the deadline for submission of evidence from Scotland on GDS expenses. We noted in our letter that the Scottish Government had also agreed with our approach.

Salaried services

1.9 We were extremely disappointed with the Scottish Government's decision to continue to apply a freeze on public sector pay and we have seen the detrimental effect this is having on dentists working in the salaried services. As reported in previous submissions, salaried dentists in Scotland still lag behind their counterparts in the other countries of the UK as far as modernisation of pay and terms and conditions is concerned and the continued freeze on pay only serves to emphasise this difference. It is encouraging, however, that the BDA, NHS employers and Scottish Government have now commenced formal negotiations on a new contract.

2. Background to the evidence

This section contains our summary of the policy landscape that dentists are operating in across Scotland. We hope that the DDRB will take into account the wider policy circumstances when developing their recommendations, where they have been asked to, as it is important to ensure that all aspects which affect the financial wellbeing and motivation of practitioners are accounted for, even if they are not directly quantifiable within the formula. Where the DDRB has not been asked to make recommendations we hope that this section will provide interesting background for future consideration.

2.1 Overview of policy developments

2.1.1 This section provides a brief explanation of the policy developments in Scotland. We have included other background information we consider will be of use in assessing the future of the profession. We welcome the DDRB's interest in this area and also consider it appropriate to supply information on the wide range of policy developments that affect dentists' everyday working lives.

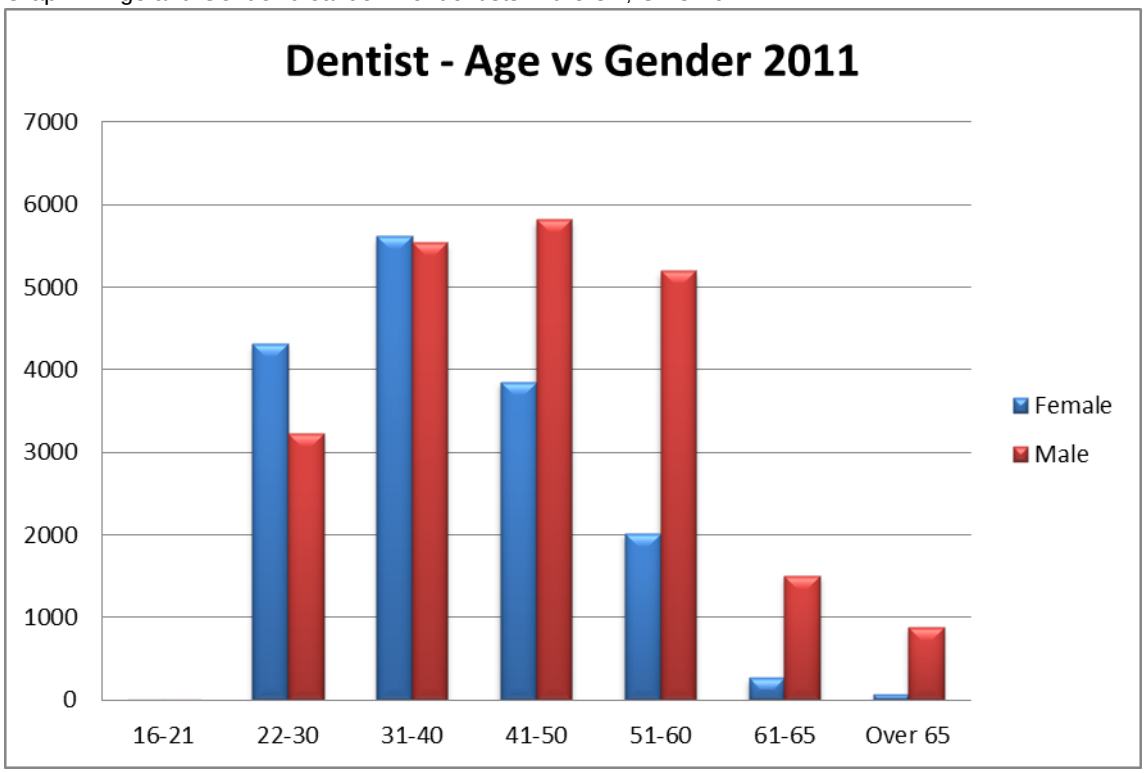
Foundation training

2.1.2 The application system to vocational dental training, or dental foundation training as it is now commonly called, was changed in 2011 for England. The new centralised system was welcomed by the BDA and by students in general who had found the previous system complicated and stressful. The troubled introduction of the new system, however, resulted in a great deal of extra stress and concern for many students. Short deadlines and poor communication were common complaints. While any new system requires time to develop, the reforms caused a significant amount of ill-feeling towards the system from both dentists and students. In an effort to assist in improving the system, we have shared research that we conducted on experiences of the reformed system with the Council of Postgraduate Dental Deans and Directors which runs it.

The dental profession

2.1.3 The demography of the dental profession is changing which has an impact on working patterns, expenses, career pathways and the way services will be provided. The table below shows the gender and age breakdown of the profession using data from the BDA's membership database and the General Dental Council:

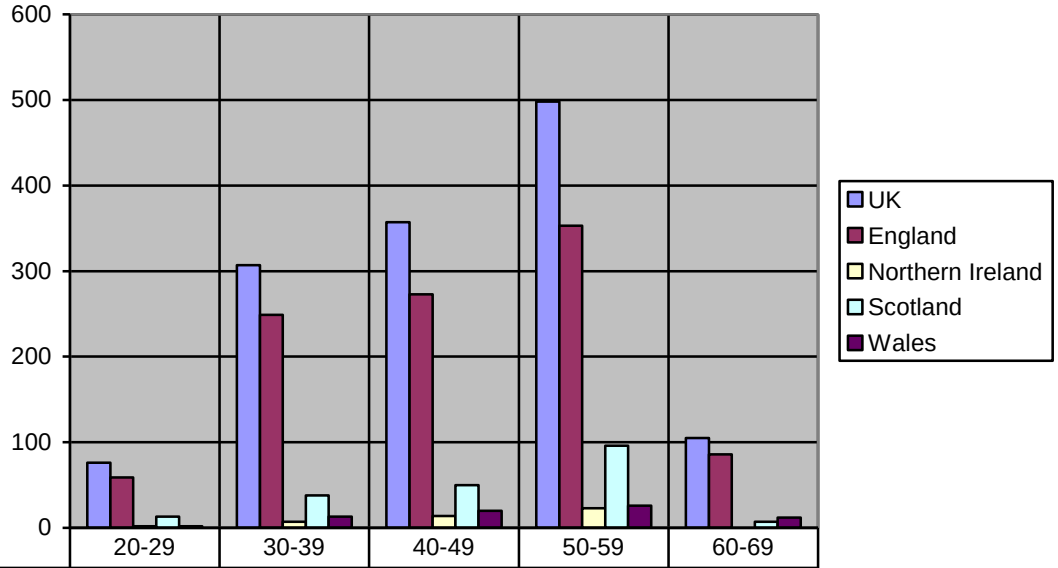
Graph 1: Age and Gender breakdown of dentists in the UK, GDC 2012



2.1.4 The graph above show the changing nature of the profession. The graph clearly shows that the number of women in the profession is increasing, and increasing at a faster rate than the number of men. Overall there are 38,383 registered dentists[4], fewer than half of whom are women. Split by age, however, we can see that the vast majority of male dentists, 13,444, are aged over 41 (this figure includes 34 unknown). Women on the other hand are primarily aged between 22 and 40. This trend of a younger female profession has been building since 2003. The latest data from the NHS IC for England show that 44.5 per cent of the 23,000 NHS dentists were female, up from 43.5 per cent the previous year and 38.8 per cent in 2006/07. The greatest proportion is found in the under-35s, where 55.4 per cent are women, up from 55.2 per cent the previous year.

[4] Figures from the GDC received on 17.02.2012

Graph 2: Age breakdown of salaried services staff in the UK and by country. Data is from BDA's membership of 1343 salaried service members whose age is known and who are registered as working in the UK.



	20-29	30-39	40-49	50-59	60-69
UK	76	307	357	498	105
England	59	249	273	353	86
Northern Ireland	2	7	14	23	0
Scotland	13	38	50	96	7
Wales	2	13	20	26	12

2.1.5 The salaried services in the UK are facing a potential workforce problem as the level of younger dentists lags far behind their older colleagues in each country. Almost 500 of the 1343 BDA members in the salaried services in the UK with a known age are aged between 50 and 59 and only 76 are in their 20s.

Success of VDPs in finding posts

2.1.6 Between June and July 2012, the BDA undertook its annual UK wide survey of *Vocational Dental Practitioners* (VDPs) which asked them about their post-training career plans and experience of searching for a post. 157 VDPs responded to the survey (22% of all those surveyed). Of these, 140 cases gave a complete response to the survey, were in VT/DVT/DFT at time of survey and were due to complete their training in the current year. 78 per cent had found a post by the time of the survey. Whilst there was some difference in the timing of this year's survey compared with previous years, the results are comparable with between 78 and 83 per cent of VDPs reporting that they had found a post in earlier surveys. Among those who had successfully found employment in dentistry by the time of the survey (N=100), 60 per cent said that this post would be in general practice, with 33 per cent finding a role in a hospital and four per cent in the salaried services. Twenty-three per cent of respondents (N=23) stated that their role was in the practice where they had received their training. This figure is similar to that found in the 2011 survey, where 24 per cent of respondents said that they would be staying at their training practice. Both results are, however, lower than that reported in 2006, where 38 per cent of VDPs surveyed planned to stay at their training practice. Finally, 11per cent of those who had found employment in the current survey said that they would be working in a UK country other than the one in which they received their VDP training.

2.1.7 The *Vocational Dental Practitioners* survey also asked VDPs who had found a post about their reasons for selecting a post. The most commonly cited reasons were "career progression opportunities" (65 per cent) and "location of practice" (42 per cent). This suggests that young dentists are motivated by the opportunity to continue to develop skills and do what they are trained to do, rather than being motivated exclusively by pay, which was the fourth most popular reason but was still only cited by just under 20 per cent of respondents. The desire to provide care and feel valued is mirrored in the BDA's DBT survey response as discussed in the relevant sections below.

Incorporation

2.1.8 Last year the Review Body asked for information on dental incorporation. Since 2005 there has been a steady growth in the number of dentists operating as dental companies[5]. This has coincided with the corporatisation of the dental market with the large corporate chains buying dental practices in England, Wales and Scotland. The net effect has been to reduce the number of self-employed dental practice owners and increase the proportion of associates. In October 2010 Laing and Buisson estimated that ten per cent of the UK dentistry market was held by dental corporates (companies owning three or more dental practices). It should be noted that anecdotally we believe that there are considerable numbers of one or two practice companies in existence but there are no figures for the number of these.

2.1.9 There are no official figures that provide the number of dentists that are directors of dental corporates. DBT Survey 2012 gave the configuration of the respondents' main practice and showed that 22 per cent of dentists were working for a corporate body.

Table 1: Practice configuration (source DBT survey 2012)

Which of the following best describes your practice configuration?		
	Per cent	Weighted count
Limited company	22.2	1546
Limited liability partnership	2.3	159
Partnership agreement	13.8	965
Sole trader	53.5	3731
Expense sharing agreement	12.6	881

2.1.10 From 2005 to 2011 there were an increasing number of associates who had incorporated but in November 2011 the Department of Health in England introduced regulations that meant that these dentists were no longer able to be members of the NHS pension scheme. We believe that the effect of this was to promote a move away from incorporated status in this group.

2.1.11 Dentists in England and Wales holding an NHS contract are not able to transfer their contract to their company without the PCT/Health Board's agreement. Agreement is not

[5] There is no clear evidence that this growth is replicated in Northern Ireland

automatic and normally the commissioner will insist on an additional clause in the agreement restricting the change of control of the company. For this reason we believe that the number of new companies being set up has peaked.

Pension reform

2.1.12 In 2008 following a major review of the NHS Pension scheme tiered contribution rates were introduced for the first time. The initial contribution rates were five per cent, 6.5 per cent, 7.5 per cent and 8.5 per cent. The rates reflected annual pensionable pay. Most dentists found themselves in either the 6.5 per cent or 7.5% per cent.

2.1.13 At the time of publication of the Hutton reports on the future shape of public service pension schemes, the Coalition Government made two decisions:

- To reduce the revaluation factor in public service schemes from RPI plus 1.5 per cent to CPI plus 1.5 per cent
- To increase tiered contribution rates over a three year period by an average of 3.2 percentage points

2.1.14 The increase in contribution rates did not relate in any way to the financial solvency of the NHS Pension scheme but to a need to raise £2.8 billion to reduce the overall financial deficit in the economy.

2.1.15 In addition this increase was not raised equally across public service schemes as the lower paid were to be protected and higher increases were to be met by the higher paid including dentists.

2.1.16 The higher paid, including dentists, would pay 2.4 per cent extra in 2012-2013 and up to six per cent more in total by 2014-15.The highest paid who were paying 8.5 per cent in 2011-2012 would end up paying 14.5 per cent in 2014-2015.In addition those who were in the 6.5 per cent band would pay a disproportionate increase as the band was being split into three separate segments.

2.1.17 Prior to the review in 2008, most dentists were paying a 6% contribution. Many of those individuals ended up paying 7.5% after the review-an increase of 25%. By 2015, those dentists will be paying a tiered contribution rate of 13.5%.This is an increase in cost of 125% over a 7 year period, a huge increase by any standard.

2.1.18 The quadriennial valuation of the NHS Pension scheme which was due to take place in 2008 was postponed by the Government and has not yet taken place and is only likely to be undertaken shortly before the new 2015 NHS Pension scheme starts.

2.1.19 The contribution increases and the replacement of final salary for Officers by a CARE Scheme, together with a delay in Normal Retirement Age to coincide with State Retirement Age, represent a triple deterioration in the terms and conditions of public service workers.

Policy developments in general dental practice

2.1.20 The policy landscape for NHS dentistry in Scotland has remained relatively stable. The Scottish Government's quality strategy for the NHS[6] underpins the delivery of all NHS services and aims to deliver the highest quality healthcare services for Scotland.

[6] *The Healthcare Quality Strategy for NHS Scotland*. Scottish Government, May 2010

2.1.21 For primary care dentistry, a Dental Practice Quality Model has been developed by the Chief Dental Officer's office, an important feature of which will be the new Combined Practice Inspection and Patient Experience Questionnaire. The new process combines the practice inspection requirements of the NHS Boards combined with those required by NHS Education Scotland for practices wishing to offer vocational training. The Patient Experience Questionnaire is linked to the Patient Rights (Scotland) Act 2010 and the corresponding *Charter of Patient Rights and Responsibilities*, which was implemented in April 2012. The accompanying regulations place a new requirement on dental contractors to provide quarterly reports to NHS Boards on complaints and annual returns on patient feedback, comments and concerns.

2.1.22 Access to NHS dental services has continued to improve with increases in the numbers of dentists and also the numbers of practices that are deemed committed to the NHS. From data provided by Practitioner Services Division (Dental) at the end of June 2012, there were 953 practices in Scotland providing NHS dental services. Just over 75 per cent of these were deemed to be fully NHS-committed practices, as measured against criteria set down by the Scottish Government.

2.1.23 The Scottish Government intends to conduct a fundamental review of the GDS Allowances and the BDA will take part in this work. We have, however, made clear to the Scottish Government the importance of the General Dental Practice Allowance, which rewards the NHS commitment of both solely-NHS and mixed practices. The allowance is a lifeline to these practices, for which NHS fees alone are insufficient to enable them to meet the costs of decontamination and other regulatory requirements, employing staff, covering practice expenses and overheads and maintaining the high standards required to deliver quality patient care. The Allowance has brought benefits to patients by increasing access and widening the choice of treatments available in practice. The BDA's policy is that the General Dental Practice Allowance must be protected.

2.1.24 At the time of writing, the Scottish Government had just closed its consultation on *Integration of Adult Health and Social Care*, which proposes the joint planning and delivery of local services by NHS Boards and Local Authorities with integrated budgets. In its response, the BDA has strongly recommended that the status quo be retained for the non-salaried GDS budget so that it remains centrally held and controlled.

Policy Developments in the salaried services

Scotland

2.1.25 As mentioned earlier, the BDA has now entered formal negotiations with the Scottish Government and Management Steering Group on a new contract for primary care salaried dental services. The aim is to have the new structures completed and ready for implementation as soon as possible.

2.1.26 Once an agreement on the new pay and terms and conditions of service package has been reached, a ballot of salaried dentists in Scotland will take place to seek approval for its implementation.

3. General dental practice in Scotland

Key points

- The item of service fees uplifts recommended by DDRB over the last two years are yet to be implemented in full by the Scottish Government
- Lowest morale is found among practice owners and those with high NHS commitment
- Over 70 per cent of respondents to the BDA's DBT survey felt that NHS pay was not fair
- Hours spent on dental administration have increased
- Over 18.6 per cent of respondents to the BDA's DBT survey reported that the amount of time they spend on clinical dentistry has decreased

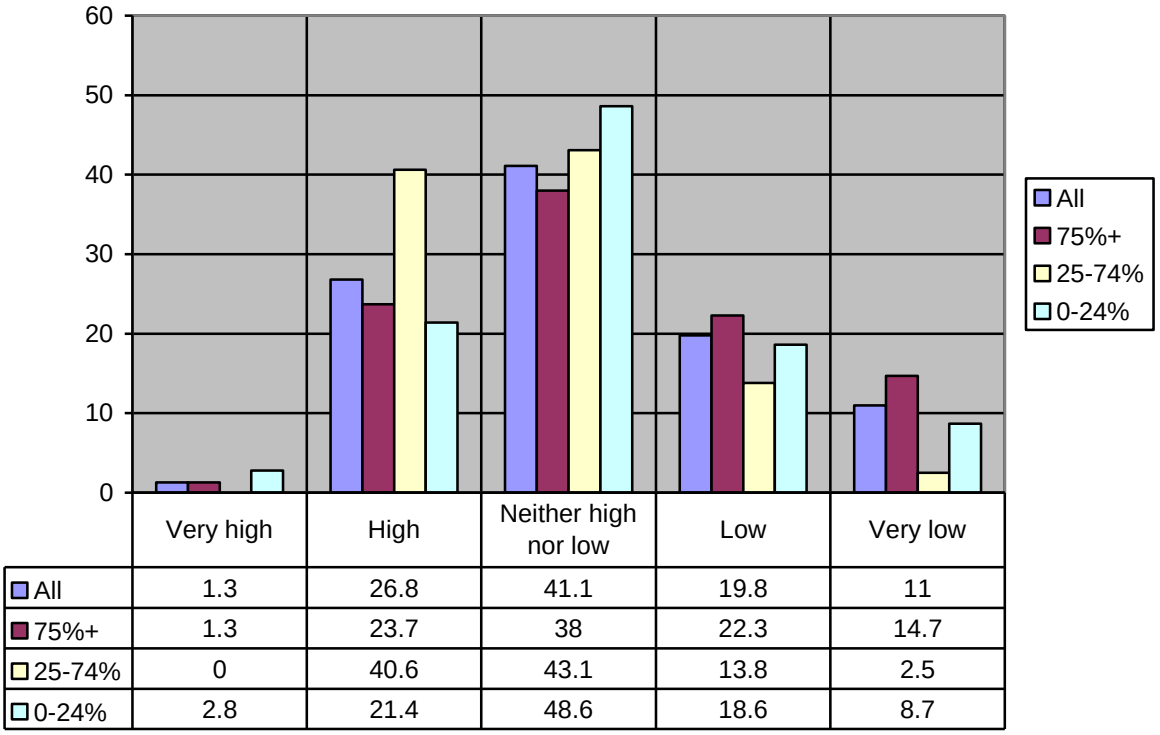
3.1 Morale and motivation in general dental practice

Key points

- Over 30.8 per cent of respondents to the BDA's DBT survey reported their morale as low or very low
- 36.2 per cent of practice owners reported their morale as low or very low and 37 per cent of those with an NHS commitment of 75 per cent or more reported their morale as low or very low
- 58.7 per cent of respondents were satisfied with being a dentist
- Over 42 per cent did not feel they had enough time to provide care
- Over 70 per cent did not feel that NHS pay was fair
- Less than half of those with an NHS commitment of over 75 per cent would recommend a career in dentistry

3.1.1 Motivation and morale continue to be very low in general dental practice. Over 29 per cent of respondents to DBT survey in Scotland said their morale was low or very low. The lowest levels of morale were reported by those with higher levels of NHS commitment, while those with low or no NHS commitment had the highest morale.

Graph 3: Self-reported morale among general dental practitioners in Scotland (source DBT 2012)



	Very high	High	Neither high nor low	Low	Very low
All	1.3	26.8	41.1	19.8	11
75%+	1.3	23.7	38	22.3	14.7
25-74%	0	40.6	43.1	13.8	2.5
0-24%	2.8	21.4	48.6	18.6	8.7

3.1.2 The table below shows the attitude of dentists in Scotland to dentistry with an NHS commitment of over 75 per cent. The majority of dentists consider themselves to be satisfied with being a dentist and with the opportunities the profession can provide.

Table 2: percentage of respondents with over 75 per cent NHS commitment agreeing with the following statements (source DBT survey 2012)

Statement	Strongly agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagree (%)	Not applicable (%)
I am satisfied with my current job as a dentist	14.7	44	17.4	12.8	11.1	0
I receive recognition for the work I do	4.4	34.9	24.8	27.5	8.4	0
There are opportunities for me to progress in my career	0.9	39.3	37.3	16	5.7	0.9
There are opportunities available to me to develop my	8.9	56.1	21.3	9.7	1.7	2.2

skills						
The practice involves staff in important decisions	6.7	48.2	18	16.7	10.4	0
I have full clinical freedom in my job	26.2	43.3	7.9	18.1	4.4	0
My job gives me the chance to do challenging and interesting work	9.4	43	32.7	11.9	3.1	0
I have sufficient time to complete all my work	2.2	32.1	23.5	24.9	17.3	0
I feel good about my job	4.9	47.2	24.4	14.7	8.9	0
I often think about leaving general practice	16.9	17.4	19.9	27.7	18.2	0

3.1.3 Owing to the changes to the DBT survey the data is not directly comparable with previous years. There are however strong parallels, with a continued level of disagreement about the level of clinical freedom/autonomy dentists have and an agreement that dentistry itself is an interesting career provided clinicians can focus on the provision of care.

Table 3: Satisfaction with pay and conditions in Scotland among dentists with over 75% NHS commitment (Source DBT survey 2012)

Statement	Strongly agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagree (%)	Not applicable (%)
The environment I work in is comfortable and safe	31.9	47.4	11	7	2.6	0
I get support from my work colleagues	23.5	47.3	19	7	3.1	0
I feel good	21.7	47.1	15.8	11	4.4	0

about working at this practice						
I feel secure about my job	23.9	41.2	23	9.4	2.6	0
I have all the equipment I need to do my job properly	18.2	45.2	13.3	19.8	3.5	0
There are sufficient staff in my practice to complete the required work	27.6	48.3	11.9	9.6	2.6	0
I feel that my pay is fair	9.3	16.7	29.2	27.1	17.7	0
I feel that remuneration for NHS work is fair	4	12.8	11.1	33	39.1	0
I am satisfied with the terms and conditions of my employment	7.4	31.2	22.6	17.4	21.4	0

3.1.4 Over 72 per cent of respondents felt that NHS pay is not fair. This result shows clearly that the profession considers itself to be undervalued. The Practice Owner Focus Group Survey for Scotland supported the DBT's findings that morale was at a very low point and the problems with increased regulation and other burdensome requirements were identified as well as the change in expenses:

> "I think there's too much interference at so many levels. You've got to comply with this for practice inspections, you've got to comply with this for regulations for NHS, you've got to comply with something else for data protection and it's just all coming at you from all different bodies..."

> "We never used to have to think about so much, think about expenses and covering your cost and things like that 20 odd years ago... you just did your work, dentistry, went home at night, you didn't worry about things so much, you knew you were comfortable enough to cover your expenses."

3.1.5 The negative feelings about the future of the profession were echoed in the DBT survey where over 30 per cent of all respondents from Scotland said they would not recommend a career in dentistry and only 49.7 per cent said they would, though this level dropped to 46.7 per cent among those with an NHS commitment of over 75 per cent.

3.1.6 Those who stated an intention to retire were asked if there were any factors affecting their decision other than age. Of the 24.1 per cent who stated an intention to retire the contributing reasons can be seen below. Respondents could choose as many as applied (excluding age).

Table 4: Contributing reasons to retirement in Scotland (Source DBT survey 2012)

Reason	Percentage
Increasing levels of bureaucracy	71.5
Increasing administrative burden	63.2
Introduction of new and/or onerous regulations	62.8
Increased feelings of stress and pressure	60.1
Decreasing morale	52.9
Changes to NHS pension scheme	44.3
Increasing costs of running a practice	43
Falling earnings	28.5
Health	27.2
Installation of a local decontamination unit	14.2
None	7.1
An opportunity is available	4.3

3.1.7 The figures for administration and regulation were higher among those with a greater degree of NHS commitment with 75.1 per cent of those with an NHS commitment of 75 per cent or more citing increasing administration as a cause and 64.9 per cent citing regulation. The table also supports the evidence from table 27 above which suggests that dentists are happy to provide dental care and consider that it is the not dental aspect of their work which is the main cause of frustration.

3.2 Recruitment and retention in general dental practice

Key points

- 44.9 per cent of dentists sought to recruit a dentist for predominantly NHS work
- 34.4 per cent of these had encountered problems in recruiting for predominantly NHS dental posts
- 44 per cent of dentists with an NHS commitment of over 75 per cent report that the amount of time spent on administration has increased
- 35.1 per cent intend to buy or expand a practice but 24.1 per cent intend to retire

3.2.1 The majority of practice owners who responded to the DBT survey did not recruit an associate, or see their associates' hours increase. More did, however, recruit into dental nurse roles:

Table 5: Recruitment by all dentists (source DBT survey 2012)

Role	Sought to recruit (%)	Did not seek to recruit (%)	Problems recruiting (%)	No problems recruiting (%)
Dentist (predominantly NHS work)	44.9	55.1	34.4	62.6
Dental Nurse	53.2	46.8	29.7	67.7
Dental Hygienist	8	92	35.9	55.1
Dental Therapist	10.1	89.9	26.9	64.1

3.2.2 It is clear that recruitment levels in Scotland in the whole of dentistry remain low. 44.9 per cent reported that they had attempted to recruit an associate for NHS work and 34.4 per cent of these had problems with their recruitment. Recruitment rates were higher among dental nurses: 53.2 per cent.

3.2.3 The amount of clinical work being undertaken by dentists has decreased slightly according to the DBT survey. This is occurring as the amount of time being spent on administration is increasing dramatically. Dentists are having to do more of both in order to meet their NHS commitments:

Table 6: Time spent on clinical and administration in Scotland among dentists with over 75% NHS commitment (Source DBT survey 2012)

	Increased substantially (%)	Increased somewhat (%)	Stayed the same (%)	Decreased somewhat (%)	Decreased substantially (%)
Hours spent performing clinical dentistry	2.3	8.9	69.8	12.9	6.1
Hours spent on dental administration	7.2	37.2	51.6	1.3	2.7

3.2.4 We do not consider that it is appropriate for a clinician to have to focus on administration over clinical work, and it is clear that they would rather do what they are trained for than administration. We are disappointed that administration appears to be taking up more and more time at the expense of valuable patient-facing activity. Average working hours for dentists with a high NHS commitment were 38 hours per week, with practice owners reporting working hours of 40.8 per week. Practice owners reported spending 7.9 hours per week on administration, out of average working hours of 41 hours per week, 19 per cent of their time is spent on administration rather than dentistry.

3.2.5 35.1 per cent of all respondents intended to buy or expand a practice in the next year, while 34.9 per cent intended to retire or sell a practice.

Table 7: Future intentions (source DBT survey 2012)

Intention	Percentage
Buy a practice	16.2
Expand a practice	18.9
Sell a practice	10.8
Retire	24.1

3.3 Conclusion

3.3.1 Previous item of service fee uplifts are yet to be implemented

3.3.2 Morale is lowest among those with high NHS commitments

3.3.3 Over 70 per cent of dentists do not consider NHS pay to be fair

3.3.4 Time spent on administration is increasing

4. Salaried Primary Dental Care Services Scotland

Key points

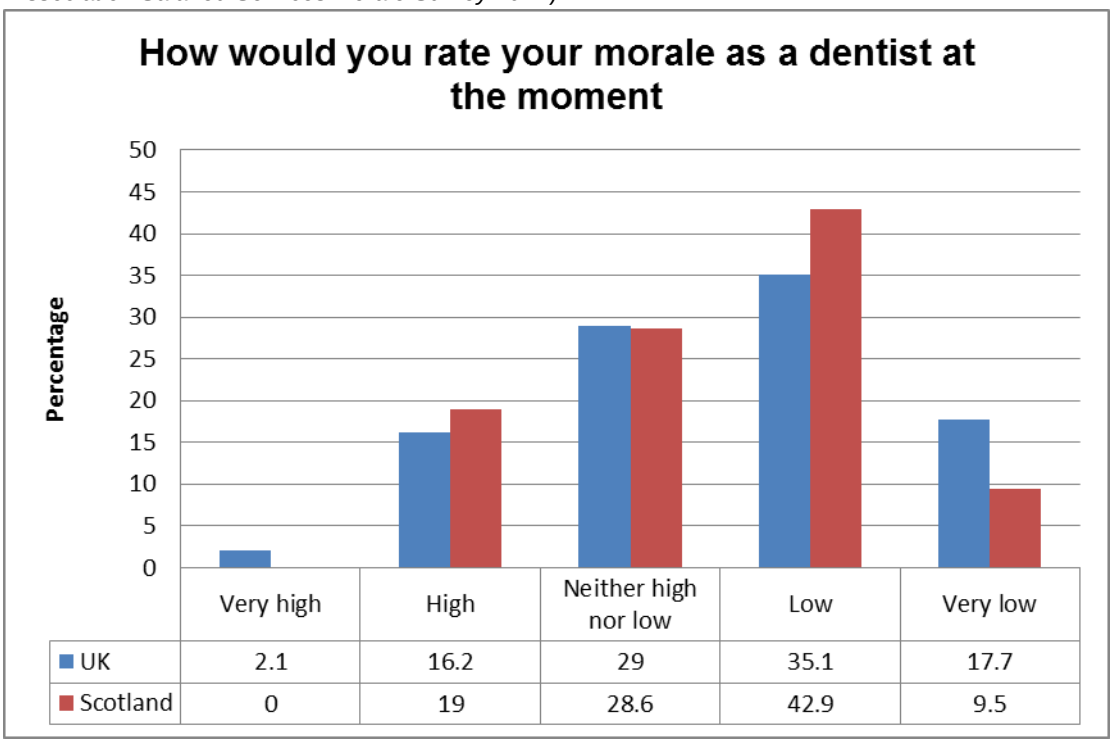
- Morale is very low in the salaried services in Scotland
- Most dentists in the salaried service (53.2 per cent) do not feel that there is an opportunity for career progression
- Over 63 per cent do not feel managers involve them in decision making
- Almost 47 per cent do not consider pay in the NHS to be fair
- Excessive caseloads are considered to be impacting on patient care

This section provides information on the morale and motivation of the salaried services in Scotland. It is based on the BDA's Salaried Services Morale Survey, which is available via our website.

4.1 Motivation and morale

4.1.1 Morale in the salaried services in Scotland is low. This trend of low morale is echoed across the United Kingdom:

Graph 4: How would you rate your morale as a dentist in the SPDCS at the moment? (Source *British Dental Association Salaried Services Morale Survey 2012*)



4.1.2 Despite having low morale, dentists in the salaried services in Scotland are more likely than others in the UK to recommend a career in dentistry, with almost 42 per cent saying they would. Despite being higher than other countries in the UK this is still very low and we are concerned that this service may suffer from under-recruitment in the future.

4.1.3 Data from the Salaried Morale Survey shows that most dentists are satisfied with the work that they do, that they have clinical freedom, and that NHS Boards are good employers. Most, 73.5 per cent, also feel well supported by colleagues. This is consistent with anecdotal evidence and suggests that dentists enjoy the work that they do and find it challenging. The causes of low morale are not, as a result, about dentistry but about factors that impinge on the ability to provide care to the highest levels. This is supported by over 53 per cent of dentists saying that they do not feel they have any chances to progress, over 44 per cent feeling unrecognised for the work they do and over 63 per cent saying that managers do not involve them in decisions.

Table 8: Dentists who agreed with the following: (Source *British Dental Association Salaried Services Morale Survey 2012*)

Statement	Strongly agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagree (%)	Not applicable (%)
The environment I work in is comfortable and safe	25	56.3	4.7	12.5	1.6	0
I get support from my work colleagues	26.6	46.9	14.1	9.4	3.1	0
My trust/local health board is a good employer	11.1	30.2	36.5	14.3	7.9	0
My immediate supervisor does a good and efficient job	17.2	28.1	20.3	17.2	17.2	0
I feel secure about my job	12.5	34.4	23.4	23.4	6.3	0
I have all the equipment I need to do my job properly	15.6	48.4	7.8	25	3.1	0
There are sufficient staff in my service to complete the required	9.4	23.4	18.8	34.4	14.1	0

work						
I feel that my pay is fair	4.8	30.6	17.7	33.9	12.9	0
I am satisfied with the terms and conditions of my employment	4.7	39.1	23.4	20.3	9.4	3.1

4.1.4 The table above shows that dentists in the salaried services are broadly satisfied with the working conditions in the salaried services, and the table below supports notions of clinical freedom and challenging work. The table below does, however, also demonstrate quite clearly that particular areas of their working life are responsible for low morale:

Table 9: Dentists who agreed with the following: (Source *British Dental Association Salaried Services Morale Survey 2012*)

Statement	Strongly agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagree (%)	Not applicable (%)
I receive recognition for the work I do	7.9	19	28.6	28.6	15.9	0
There are opportunities for me to progress in my career	4.8	21	21	38.7	14.5	0
There is strong support for training in my service/trust	9.5	30.2	22.2	30.2	7.9	0
Managers involve staff in important decisions	3.2	11.1	22.2	30.2	33.3	0
I have full clinical freedom in my job	6.3	44.4	19	25.4	4.8	0

My job gives me the chance to do challenging and interesting work	20.6	44.4	20.6	12.7	1.6	0
I have sufficient time to complete all my work	11.1	39.7	15.9	23.8	9.5	0
I often think about leaving the salaried service	9.5	28.6	22.2	22.2	15.9	1.6
I feel good about my job	6.3	31.7	34.9	17.5	9.5	0

4.1.5 While dentists in the salaried service in Scotland are less likely than colleagues in other countries to characterise their workload as excessive, those who do so consider it to be a major problem. The biggest impact the excessive caseload has is on the frequency with which patients can be seen, with 56.5 per cent of dentists citing this as an effect of excessive workloads.

5. Clinical academic staff

5.1 We are providing evidence on the recruitment and retention of clinical academic staff. Although this staff group is outside the formal remit of the Review Body, they have a profound influence on the quality of the education received by dental undergraduate students and so ultimately affect the recruitment of young people into the profession. Clinical academic staff play a key role within dental schools and exhibit very high levels of teaching, research and clinical skills which should be rewarded. We thank the Review Body for considering our evidence on clinical academic staff in previous years and invite it to do so again this year.

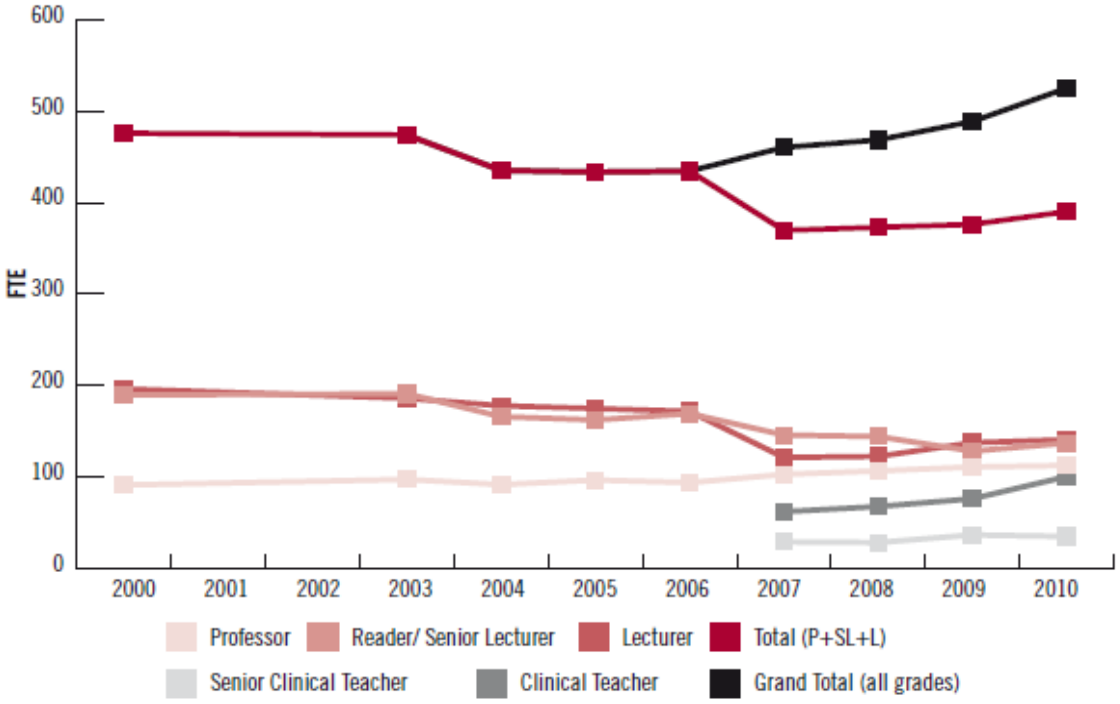
5.2 The Dental Schools Council (DSC) carried out its annual report on academic staffing levels and published the most up-to-date figures in May 2011. Although the DSC recorded an increase of 7 per cent in the number of clinical academic staff it notes that this disguises an alarming 18 per cent drop in the number of professors, senior lecturers and lecturers. The DSC also notes that:

> "Analysis reveals that six of the fifteen dental specialties have a total academic staffing level of less than 18 FTE, compared with three specialties in 2000. Less than 15% of the academic team is at Lecturer grade for Oral & Maxillofacial Surgery and Oral Pathology. Across all specialties, there were 44 FTE vacant posts. Nine dental schools report other difficulties in recruitment, including a small pool of potential applicants with sufficient expertise, and uncertainty around future funding leading to recruitment freezes."

5.3 As a strong academic presence is important to the continuing high standard of education and development of new technologies and techniques, we are alarmed that some specialties are so understaffed and that universities have trouble recruiting. Issues with staffing at professor and senior lecturer level appear likely to continue as these groups are ageing faster than clinical teachers.

5.4 The graph below from the DSC report shows that the academic branch of the profession is continuing to suffer from low recruitment:

Graph 5: Timeline of clinical academic staffing level by academic grade since 2000 (FTE) (source DSC 2011)



5.5 The number of dental students is also increasing every year and, with the increase in tuition fees, students will be expecting greater value for money which may well include expectations on academics' time. In order to support strong education we urge increasing support to ensure that dental academia is a strong, viable and appealing career choice.

Annex 1

Summary of Dental Business Trends Survey 2012

Summary

This report provides the findings from a survey of dentists carried out by the British Dental Association (BDA) to assess current business trends in UK dentistry.

The survey was carried out in the summer of 2012 with practice owners and associates who are current members of the BDA. The survey sought to investigate the following areas:

- Dental workloads
- Morale and motivation in the profession
- Financial circumstance of dentists
- The dental workforce

Fieldwork for this survey took place between 21st June and 8th August 2012 via a paper survey. The survey population included all dentists working in general dental practice (GDP) who were members of the BDA and for whom the BDA had current and reliable information.

Of the 4,225 members who were invited to participate, 1,120 participants responded, giving a response rate of 27 per cent.

Findings from the survey fell into four main areas:

About the respondents and their practices

- Almost two-thirds of participants were from England.
- Over half of the participants were male. However, there were some differences between the genders split of practice owners and associates. Almost three quarter of practice owners were male, compared to 42 per cent of associates.
- The majority of participants were aged 45 to 54 years, with an average age of 44. The average age of practice owners was 49 and the average age of associates was 41
- Almost half of all responds claimed that 99 to 75 per cent of their income derives from NHS dentistry.
- Two-fifths of practice owners had a high NHS commitment (74-100 per cent NHS), while a fifth of practice owners had an income that was exclusively from private dentistry.
- The large majority of associates had a high NHS commitment (75-100 per cent NHS); while one in ten associates had an income that was exclusively from private dentistry.
- A quarter of practices had five or more dentists with an average of 3.6 dentists per practice.
- The majority of practices had two or three surgeries in their practice with the average number of surgeries being 3.4 surgeries.
- Most practices were held as a sole trader while almost a quarter were held as a limited company.

Dentists' financial circumstances

- Practices saw an average increase of one per cent in practice turnover from 2010/11 to 2012.
- Practice expenses increased by nine per cent on average from 2010/11 to 20111/12.

- On average the gross profit practices made fell by four per cent from 2010/11 to 20111/12.
- The resulting change to practice turnover and expenses saw the expense ratio rise from 0.66 in 2010/11 to 0.68 in 2011/12.
- Practice owners reported an average increase in materials of ten per cent, equipment consumable of eight per cent, and laboratory expense of 6 per cent.
- The modal average of gross earning for practice owner was between £80,001-£100,000; and for associates between £60,001-£70,000.

Morale and Motivation

- A third of respondents reported that their morale was low or very low.
- The most common contributing factor to low morale was excessive regulation and administration, remuneration under the NHS and falling income.
- Almost 60 per cent of respondents had a high level of job satisfaction; however, those who work in predominantly private practice were more likely to have high job satisfaction that those that had a high NHS commitment.
- Forty per cent of those with a high NHS commitment felt that they were recognised for the work that they do, compared to almost 70 per cent of those with a low NHS commitment.
- While just over 40 per cent felt that their pay was fair, only 11 per cent felt that remuneration on the NHS was fair.
- Only two-fifths if respondents would recommend a career in dentistry.

Workload

- On average dentists spend just under 37 hours in their week working, of which almost seven hours is spent on administration.
- There is a clear difference between the working patterns of practice owners and associates. Practice owners spend an average of 41 hours per week working, of which 22 per cent is administrative. Associates spend 32 hours per week working, of which 11 per cent if administrative.
- Over half of participants have seen an increase in the number of hours they spend on administration per week.
- Missed appointments account for over two hours per week on average.

Workforce

- The average number of dentists working in a UK practice is 3.6 with a whole time equivalent of 2.4.
- Within the dental workforce, the dental nurse was the position that was most commonly recruited for in the past 12 months. However, it was the position that practice owners had the most difficulties with recruitment.
- Practice owners were more likely to recruit a dentist for predominately NHS work rather that predominately private work.
- Almost a quarter of dentists stated that they are planning to retire over the next three years. The main contributing factors for this, other than age, were the introduction of new and onerous regulations, increasing levels of bureaucracy, and the increasing administrative burden.

Annex 2

Summary of the Salaried Primary Dental Care Service Morale Survey

Summary

This report provides the findings from a survey of salaried dentists carried out by the British Dental Association (BDA) to assess morale and motivation in the salaried primary dental care service (SPDCS) in the UK.

The survey was carried out in the summer of 2012 with dentists in the salaried services who are current members of the BDA. The survey sought to investigate the following areas:

- Levels of morale in the service
- Levels of motivation in the service
- Impact of understaffing in the service

Fieldwork for this survey took place between 20st July and 8th August 2012 via a paper survey. The survey population included all dentists working in SPDCS who were members of the BDA and for whom the BDA had current and reliable information. Of the 1,264 individuals who were invited to participate, a total of 415 participants responded. This gave us a response rate of 33 per cent. Findings from the survey fell into four main areas:

About the respondents and their practices

- Three-quarters (74.1 per cent) of respondents were based in England.
- Over two-thirds (69.1 per cent) of respondents were female.
- Just over half of respondents (52.3 per cent) of respondents are over the age of 50.
- The majority (77.9 per cent) were based in an urban location.
- Over a third of respondents were employed in Band A positions, and a similar proportion were in Band B positions.
- More than two in five (44.8 per cent) respondents had been working in the service for more than 20 years, at an average of 18 years.
- Three in five (60.3 per cent) respondents had been at their current grade for ten years or less years, with an average of 11 years.

Dentists' morale

- More than half (52.7 per cent, N=206) of respondents reported that their morale as low or very low.
- Those in Band C Managerial roles were less likely to report low or very low in comparison with those in more clinical roles.
- Three in ten (30.4 per cent, N=31) respondents who had been working in the SPDCS for less the ten years reported high or very high morale. This is in contrast to 13.7 per cent (N=39) those who have been working in the SPDCS for 10 years or more.
- Participants were asked what is having a negative impact on their morale. Participants most commonly cited inadequate staffing levels in their service and that there is an inability or unwillingness to fill empty positions, as the issues which were impacting on their morale

- Dissatisfaction with management was frequently noted among participants as an influence on their morale. One of the main complaints regarding the managers in the service was their general lack of understanding of the service, as well as their unwillingness to consult or take advice from clinical staff.

Motivation

- Over 40 per cent of participants did not consider their pay fair and a third are not satisfied with the terms and conditions of their employment.
- Only one in five (20.8 per cent, N=81) salaried dentists felt there were opportunities to progress their career in their service; while more than half (53.0 per cent, N=207) did not believe that this was true.
- A third (33.7 per cent, N=132) of salaried dentists feel that they receive recognition for the work that they do compared to 39.6 per cent (N=155) who feel they do not.
- Less than half (48.7 per cent, N=192) of salaried dentists felt that their supervisor was doing a good job.
- A third (33.8 per cent, N=133) of salaried dentists felt secure in their job, Under a quarter (23.6 per cent, N=34) of participants with a Band A job role felt secure about their job, in comparison with 43.5 per cent of those in Band C Managerial posts.
- Three in five participants (61.0per cent, N=240) considered the staffing levels inadequate with only a quarter (25.6 per cent, N=101) stating that there they have sufficient staff in their service.
- Two in five salaried dentists (41.0 per cent, N=167) often think about leaving the salaried services. Only a third (33.0 per cent, N=128) would recommend a career in the salaried services.

Workload

- Almost half of participants (46.8 per cent, N=184) believe their current caseload is excessive.
- The majority of participants (76.7 per cent, N=141) felt they were unable to see patients as frequently as clinically necessary due to their excessive caseload.
- A third of participants (38.1 per cent, N=71) felt they were under pressure to cut clinical standards because of their excessive caseload
- Half of participants (51.3 per cent, N=95) felt that they are not given sufficient time in appointments to complete the all the necessary treatment.

Staffing

- Almost three quarters of participants felt that their service was currently understaffed.
- Participants stated that the main impact of the understaffing in the service has been on patient waiting times and lists. This, in turn, has led to increase pressure on staff and an increase in patient complaints.
- Many participants felt that the current levels of staffing has is threatening the quality of care patients receive.
- Participants have seen an increased stress levels and stress related illness among staff because of inadequate staffing levels.

Annex 3

Summary of the Freedom of Information Request on the Recruitment of salaried primary dental care dentists in England

Summary

This report provides the findings from a FOIA request of providers of community dental services by the British Dental Association (BDA).

The survey was carried out in the summer of 2012 with providers of community dental services. The survey sought to investigate recruitment of dentists in community dentists.

Fieldwork for this survey took place between August and October 2012 via electronic FOIA requests. The targets for the requests were identified using existing BDA data sources. However, many of the service providers had merged or changed provider making identification of all services challenging.

Of the 109 originally identified services, which accounted for all PCT areas, 109 services were contacted and responded. The original 109 services providers have been condensed to 65 providers, of which 31 have currently responded. This provided a current response rate of 48 per cent, and coverage of 65 PCT areas

The main findings were:

- Half of the identified community dental services (accounting for 40 PCTs) advertised for at least one position between 1st September 2011 and 28th February 2012.
- A total of 59 positions for dentists were advertised during this period, accounting for 45.8 WTE.
- Almost half of positions advertised were for Band A posts and almost half were for Band B posts.
- Only 2 Band C positions were advertised for during this period.
- On average 7.2 applications were received for each position.
- In 5 cases no applications were received.
- Band A had the highest average number of application for a role.
- On average 2.3 applications were shortlisted.
- In a quarter of cases no applications were received for Band A positions.
- Band A vacancies were the most likely not to have any applications shortlisted.
- In total only half of all advertised positions led to an appointment.
- Band A vacancies were the least likely to result in an appointment.

Annex 4

Summary of the Vocational Dental Practitioner's Survey

The BDA has conducted annual surveys of Vocational Dental Practitioners (VDPs) since 2006. The survey was initially commissioned to assess the impact of the reforms to NHS dentistry on the ability of VDPs to secure employment. The aim of the 2012 survey was to understand the labour-market experience of VDPs in the UK and had the following objectives:

- To assess levels of recruitment among VDPs;
- To understand VDPs' experiences of finding and looking for a post;
- To identify any barriers to finding employment among VDPs.

The target population for the survey was all VDPs in the UK who were due to complete their VDP training before October 2012. The effective survey population included BDA members and non-members who had not opted out of receiving communications from the BDA and for whom up-to-date contact data were available on BDA data systems (N=741). Fieldwork for this survey took place between 11th June and 23rd July 2012. The survey was administered online using SurveyMonkey®.

Of the 741 VDPs who were invited to participate, 157 responded to the survey (22 per cent of those surveyed), with members being slightly more likely to respond than non-members. Among respondents, 140 completed the survey, were in VT/DVT/DFT at the time of survey, and were due to finish their training before October 2012.

The main findings from the survey were as follows:

- The majority (92 per cent, N=130) of respondents planned to work in dentistry in the UK in their post-training year, down from 97 per cent in the 2011 VDP survey;
- Almost all VDPs (95 per cent, N=133) agreed that their VT/DVT/DFT year had prepared them well for their next post in dentistry;
- Just over three-quarters of respondents (78 per cent, N=100) had found a post by the time of the survey. This figure is comparable to previous VDP surveys where the proportion has ranged from 78 to 83 per cent, although variation in the timing of the survey makes it difficult to compare the results from these directly.

VDPs' new posts

Among those who had successfully found employment in dentistry by the time of the survey (N=100),

- Sixty per cent said that their new post would be in general practice, with 33 per cent finding a role in a hospital and four per cent in salaried services;
- Twenty-three per cent said that their new post was in the same practice where they had received their training. This figure is similar to that found in the 2011 survey, where 24 per cent of respondents said that they would be staying at their training practice;
- Around one in five expected to work in two posts;
- Among those VDPs who knew the number of hours they would be working in their new position, the majority (87 per cent) expected they would be working 35 or more hours per week;
- Finally, 11 per cent said that they would be working in a UK country other than the one where they received their training.

Remuneration in VDPs' new posts (general practice settings only)

Across all UK countries, among those who expected to work in general-practice settings (N=60), almost all (92 per cent, N=56) expected that they would be working in a practice providing a mixture of NHS and private care. None expected to be working in an exclusively private practice.

VDPs who had secured a new post in general-practice settings were also asked about their remuneration packages. Because of the variation in dental contracts, those whose new posts were in England or Wales were asked a different set of questions about their pay than those with posts in Scotland or Northern Ireland.
Among VDPs planning to work in a general-dental practice setting in England or Wales (N=48),

- Almost all (96 per cent, N=46) expected to receive a set payment for each UDA they complete;
- They expected to receive a median UDA value of £21.00 (N=32) before expenses are deducted, or £10.00 after expenses (means of £21.38 and £10.31 respectively);
- Two-thirds expected to receive a percentage of the private fees they earn and a median of 50 per cent of gross earnings for private work (N=33).

Among those VDPs planning to work in a general-dental practice setting in Scotland or Northern Ireland (N=12),

- All said that their new post(s) were in practices providing a mixture of private and NHS care;
- All expected to be paid on the basis of a percentage of fee per item and all but one expected to receive a percentage of fees earned;
- Seven VDPs said that they expected to receive the NHS GDS allowances as part of their remuneration package, and none expected to receive a bonus;
- On average, they expected to receive 48 per cent of gross earnings for their NHS work and 50 per cent for private work (N=10).

All VDPs who expected to work in general practice in the UK (N=59) were asked about their expected earnings in the year following VT/DVT/DFT. Fifteen per cent of VDPs expected to earn between £30,000 and £40,000 per annum; around one in five expected to earn between £40,000 and £50,000; and one third expected between £50,000 to £60,000. Finally, a minority (one in five) expected to receive earnings in excess of £60,000.

Finding and choosing a post

Among those who had already found a post (N=100),

- just under half said that they had found finding a post either "very" or "moderately easy";
- By comparison, three in ten said that they had found it "moderately" or "very difficult" to find a post;
- On average, it took just under five weeks for them to find a post (N=93);
- However, for almost one quarter of these VDPs, it had taken them between six and ten weeks. And it took more than one in ten of these VDPs 11 or more weeks to find a post;
- Finally, they made an average 5.7 applications and attended an average of 1.3 interviews before securing a post.

VDPs were also asked about the reasons for selecting their new post. The most commonly cited reasons for selecting were "career progression opportunities" (65 per cent, N=64) and "location of practice" (42 per cent). Whilst pay was the fourth most common reason for

selecting a post-training post, it was still cited by almost one in five (19 per cent, N=19) of those who had already found a post.

VDPs who had not found a post by the time of the survey

VDPs who had not yet found a post (N=29) were asked about their experience of looking for a post. Among these,

- Almost all (93 per cent) said they were looking for a post;
- While all were considering posts in general-practice settings, just three were considering a hospital post and two were interested in working in salaried services;
- These VDPs identified the pay rate as the most important factor when choosing a post (82 per cent did so, N=22), followed closely by patient mix (78 per cent, N=21) and the availability of posts in their preferred locality (74 per cent, N=20).

Those VDPs who had not yet found a post were asked about their experience of looking for a post. For example,

- They said that they had already spent a median of eight weeks looking for a post by the time of the survey;
- The majority (61 per cent, N=14) said they had spent between six to ten weeks searching for a post;
- On average, they had made 30 applications by the time of the survey. However, these VDPs had only attended an average of 1.5 interviews (N=25);
- Almost all of these VDPs reported experiencing difficulties in their job search and they cited a number of barriers to finding a post including: limited availability of suitable posts; limited opportunities in their preferred locality; lack of experience; and too much competition.

Annex 5

Summary of the Survey of Directors of Salaried Dental Services in the UK

A survey of clinical directors is conducted annually as part of a BDA research programme that underpins its submission of evidence to DDRB. The aim of the 2012 survey was to examine changes in the recruitment and employment of the dental workforce in the Salaried Services. The specific objectives of the research were to:

- Estimate current levels of recruitment and retention among SPDCS dentists;
- Examine the changing pattern of recruitment and retention in Salaried Services over the past year;
- Identify any barriers to recruitment into the Salaried Services.

The survey was administered by post and with fieldwork taking place between 1st May and 23rd July 2012. Taking into account the relative population size and historic response rates, it was decided to survey all those in the population (a population sample).

The target population of the survey was all Clinical Directors of salaried dental services across all four UK countries: England, Scotland, Wales, and Northern Ireland. The effective survey population included only those for whom there were up-to-date contact information held within BDA data systems (N=93).

Of the 93 clinical directors surveyed, 40 responses were received, one of whom was not a clinical director. This gives a response rate of 43 per cent, which compares with a response rate of 47 per cent in the survey of clinical directors conducted in August 2011.

Key findings from the survey include:

Changes in Labour force between 31st March 2011 and 31st March 2012

Among clinical directors in England who had posts that were approved to be filled, we found:

- An increase in the headcount total for Band A dentists of +5.60. However, this overall increase can be accounted for by reported increases in just two salaried services in England. Most clinical directors (N=13) in England reported no change, and one reported a reduction in the number of Band A dentists employed in their service;
- A reduction in the number of Band B dentists employed in salaried services in England (in percentage terms, of 7.5 per cent of the total headcount summed across cases). Corresponding with this, six (out of eighteen) clinical directors in England reported a reduction in the number of Band B dentists employed in their service;
- No overall change in the Band C Managerial/Director headcount figures for salaried services in England.
- Only one service in England reported an increase in Band C specialist posts.

Among clinical directors across all UK countries who had posts that were approved to be filled and where valid data were available (N=28), we found:

- A slight increase of 9.6 (3 per cent) in total headcount numbers for Band A/1 dentists;
- A reduction in the total headcount among Band B/2 dentists (all countries); for example, when summed across all 18 cases for which there were valid data, there were 11.7 fewer dentists employed in this category in March 2012, compared with March 2011.

Numbers of specialists by grade

- Among those salaried services in England which employ specialists, 64 per cent of the total number of specialists employed were found to be inappropriately graded;
- Given that Band C managers are not officially in specialist posts, it is appropriate to exclude them from the base used in this calculation. On this basis, we found that there were 40 specialists employed in salaried services in England (across 24 services). Of these, 30 were specialists paid at Band A or Band B, which implies that 75 per cent were inappropriately graded.

Patient demand

- Between 2010/11 and 2011/12, there was an average increase of 320 patients treated in the services managed by respondents in England; this represents an increase of 3.6 per cent;
- The corresponding figures for all UK countries show an average increase of 216 patients, representing a 1.7 per cent increase.

Revenue budgets

- Between 2011/12 and 2012/13, there was a reduction in average revenue budget for services in England – a reduction of £138,452 or 6.4 per cent;
- For all UK countries, there was a reduction in salaried services' average revenue budgets of £75,538 between 2011/12 and 2012/13 (an average reduction of 3 per cent).

Referrals

- Over three-quarters of clinical directors in England and the UK reported that referrals to their service had increased over the past year;
- Across both England and the UK as a whole, most respondents (70 per cent) reported increases in adult referrals to their services for sedation or due to anxiety or phobia;
- Across all UK clinical directors, two-thirds (N=23) reported increased referrals for domiciliary visits.

Waiting times

- The majority of directors of salaried services in England reported that waiting times had increased over the past year for new patient assessments, treatment and recall appointments; for example, two-thirds (N=16) reported that waiting times for new patient assessments had increased;
- For both England and the UK, around two-thirds of respondents reported that their services were not meeting the 18-week pathway waiting times for special care GA restorative service for adults and children.

Recruitment

Respondents were asked about the reasons for why vacant posts in their service had have been approved to be filled. The reallocation of funding and the removal of funding were most commonly identified as reasons for why those posts that had become vacant had not been approved to be filled.

Respondents were also asked whether dentists in their service had been required to work extra hours or to cover for colleagues (either paid or unpaid). Among the 21 UK clinical directors who responded to this question,

- Almost all said that dentists in their service had been required to cover for colleagues at some point over the past year;

- Around half said that dentists in their service had had to work extra paid hours over this period;
- Around one quarter reported that dentists in their service had worked extra unpaid hours.

Finally, respondents were asked about the impact of not filling vacant posts on their service. Three of the most common issues highlighted included:

- Increased workload leading to staff stress and increased sickness;
- Increase in waiting times. Inability to meet national guidelines/ targets, with consequent negative effect on patient care and oral health;
- Increased patient complaints.

Annex 6

Dental Student Numbers in the UK

1. As requested in the fortieth report we have included information on student numbers. As part of its annual engagement with dental schools, the BDA collects student numbers directly from the schools. The table below shows the current number of students in dental courses in the UK[7]:

Table 1: Dental Student Numbers in the UK, BDA.

School			Student numbers			
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Aberdeen	n/a	19	23	18	15	75
Barts and The London	66	63	57	69	63	318
Graduate entry (4 year course)	n/a	15	27	20	20	82
Total	66	78	84	89	83	400
Belfast (Queens)	56	50	40	52	40	238
Birmingham	79	69	76	80	71	375
Bristol	76	78	77	72	71	374
Cardiff	79	80	71	61	73	364
Dundee	71	68	77	57	61	334
Glasgow	94	85	94	99	85	457
Kings - 5 year course	132	122	130	113	131	628
Graduate entry (4 year course)	n/a	34	25	32	31	122
3 year course	n/a	n/a	8	8	8	24
Total	132	156	163	153	170	774
Leeds	99	89	84	84	92	448
Liverpool - 4 & 5 year	65	84	78	86	81	394

[7] This information was collected over the telephone from the administrators of the departments. It was finalised in October 2011, figures may have changed since compilation.

course						
Manchester	84	77	80	79	72	392
Newcastle	90	101	91	67	92	441
Peninsular	n/a	72	59	56	70	257
Sheffield	79	91	79	77	78	404
University of Central Lancashire	n/a	32	32	31	29	124
TOTAL	1,070	1,229	1,208	1,161	1,183	5,851

2. More detailed breakdowns of student numbers and backgrounds are available through both the Universities and Colleges Admission Service (UCAS) and the Higher Education Statistics Agency (HESA) for a fee.

Annex 7

Economic Background 2011-13

1. 2011 was beset by continuing problems for the economy. The International Monetary Fund described the global status as "weak", and this has affected investment and growth in all areas of the global economy, but especially in areas of business which rely on continuous investment and are influenced strongly by government decisions such as healthcare, and for private contractors of the NHS in particular who have joint commitments.

> Following a barrage of unfavorable (*sic.*) shocks in the first half of 2011, global economic activity has weakened and has become more uneven.[8]

2. Against this backdrop of global uncertainty dental businesses have continued to try to grow and invest to ensure that they can offer the best patient care available. The European Central Bank summarised the situation in the UK in May 2012:

> In the United Kingdom, economic activity has continued to be subdued. In the first quarter of 2012 real GDP declined by 0.2% quarter on quarter, mainly owing to a substantial contraction in construction activity. However, business survey data during the first quarter of 2012 have been relatively upbeat, while industrial production and consumer confidence have shown signs of weakness. The labour market situation has remained weak amid some signs of stabilisation, as the unemployment rate is relatively high (8.3% on average in the three months to February) and employment growth is sluggish. Looking ahead, the economic recovery is likely to gather pace only gradually, as domestic demand is expected to remain constrained by tight credit conditions, ongoing household balance sheet adjustment and substantial fiscal tightening.
>
> Annual CPI inflation increased to 3.5% in March from 3.4% in February, while CPI inflation excluding energy and unprocessed food remained unchanged at 2.9%. Inflation is likely to decline slightly further in the short term. In the longer term the weak economic outlook and the existence of spare capacity will probably contribute to a further dampening of inflationary pressures. On 5 April the Bank of England's Monetary Policy Committee maintained the official Bank Rate paid on commercial bank reserves at 0.5% and the stock of asset purchases financed by the issuance of central bank reserves at a total of GBP 325 billion[9].

3. With consumer confidence weak and unemployment high spending on healthcare, especially on services that patients regard as non-urgent or routine, come under threat[10]. Despite this the dental profession has managed to increase access and provide more care to more patients at any other time since 2006[11]. Far from penalising dentists who are showing themselves to run efficiently already, we consider that it is important for government to

[8] International Monetary Fund, *Regional Economic Outlook: Europe, Navigating Stormy Waters* 2011
[9] European Central Bank, *Monthly Bulletin May*, 2012
[10] As evidenced by the 2009 Adult Dental Health Survey which found that almost 20 per cent of adults had delayed treatment because of cost and more recently HPI's market research in to healthcare spending http://money.aol.co.uk/2012/05/28/worrying-trend-over-health-tests/ last accessed 01.06.12
[11] NHS Information Centre *NHS Dental Statistics for England: 2011/12* 2012

support them through these tough economic times and to recognise the contribution dentists make to the NHS through increased access and activity as an efficiency.

4. Growth in 2011 was slow and inflation finished higher than planned. This made the financial environment tougher than anticipated in that year. While it is anticipated that the economy will improve in 2012, the Office for Budget Responsibility (OBR) does not expect real growth to return to the economy until 2014[12]. Any improvements in the economy are expected, by the OBR, to be offset by continuing difficulties on mainland Europe:

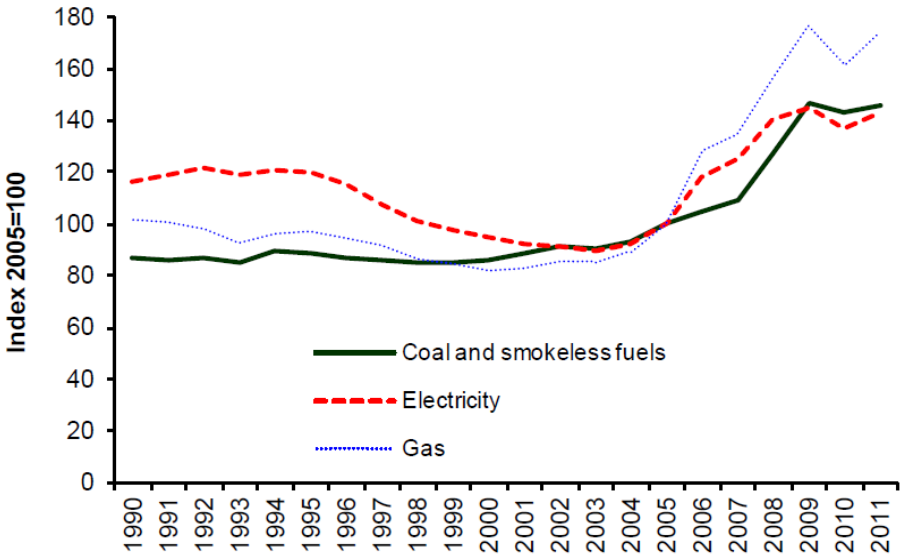
> We expect the beneficial effects of falling inflation to be offset by uncertainty over the euro area and tighter credit conditions feeding through to the wider economy[13].

5. As uncertainty in the Euro-zone continues we can expect this to have an increasingly deleterious effect small businesses and their ability to access credit for development.

6. The OBR reported that average earnings growth was weak with average weekly earnings in the private sector growing by 2.2 per cent at the end of 2011[14]. Overall annual real wage growth the OBR estimates at 0 per cent. This contrasts starkly with the data from the NHS Information Centre showing that dental earnings dropped by 8.2 per cent in England and Wales, and 8.7 per cent in Northern Ireland.

7. The graph below from the Department of Energy and Climate Change shows the increased costs of utilities clearly[15]:

Graph 1: Fuel price indices in the domestic sector in real terms 1990-2011



8. The London Bullion Market Association states that all of the contributors to their forecast report on the price of precious metals expect their cost to rise by at least 10 per cent in 2012[16]:

[12] Office of Budget Responsibility *Economic and Fiscal Outlook* March 2012, pg. 34, paragraph. 3.9.
[13] Ibid. pg. 8, paragraph. 1.18
[14] Ibid. pg. 82, paragraph. 3.102
[15] *Quarterly Energy Prices* Department of Energy and Climate Change September 2012, pg. 10
[16] London Bullion Market Association *Forecast 2012* 2012
http://www.lbma.org.uk/assets/LBMA_Forecast2012_01.pdf retrieved 04.09.12

Table 1: Precious metal prices, the London Bullion Market Association

Metal	1st Week January 2012	Average 2012 Forecast	2011 Year Average
Gold	$1,603	$1,766	$1,572
Silver	$28.96	$33.98	$35.11
Platinum	$1,412	$1,624	$1,720
Palladium	$655.00	$735.52	$733.63

9. This will have a knock on effect on the cost of providing dental care. In addition to the basic increase in the cost of the raw materials, exchange rates continue to fluctuate affecting the cost of purchasing. In 2008 the pound to dollar exchange rate was 0.55, by 2011 it had risen to 0.62[17].

10. Dental practices are performing a vital public service, yet the wider economy is threatening their viability, an exposure not suffered directly by the majority of the NHS. Government priorities in cutting funding to the services in real terms make it harder for dentists to have the personal confidence to invest in their business.

11. In the BDA's annual Dental Business Trends Survey (DBT) survey we asked practice owners if they had applied for a loan and if so, if they had experienced any problems. In the UK 90 per cent of those who had applied for a loan were able to get one. In Northern Ireland, however, this dropped to only 64 per cent. On average across the UK 30 per cent had a problem but in Scotland and Northern Ireland the rates of problems were higher at 57 per cent and 48 per cent. Problems encountered included high interest rates and high securities. Although over 90 per cent of applications were successful, a significant number had experienced problems and this should be borne in mind when considering factors causing stress for private contractors of NHS services. Overall, 57 per cent had still planned to embark on improvements to their practice. The average amount practice owners in the UK intended to spend on practice improvements was £36,000, while the average actual amount spent was £25,297. It should also be borne in mind that this is occurring at a time of increased mandatory expense for the implementation of HTM 01 05 and for any upgrades required to meet regulatory instructions from CQC and other regulators.

12. The profession has continued to be frustrated by the enforced compliance with the non-evidence based decontamination guidance HTM 01 05 and its variable application across the UK. Among the 1100 respondents to our DBT survey 57 per cent had planned to carry out modifications to their practice. 70 per cent of these intended to invest in new clinical equipment or renovation suggesting that compliance with HTM 01 05 and regulators is a core source of spend.

13. As small providers in a quasi-market, dental practices are exposed to wider economic concerns and government priorities looking for efficiencies in the NHS. We question whether the "efficiency savings" that are required from dentistry are best sought from dentists or from the inefficient and variable commissioning structure.

14. Inflation for 2011 finished at 4.5 per cent[18], far above the Bank of England's intended target[19]. This lack of control over the economy and thus over consumers' spending and saving, has made it difficult for business to invest or to grow. The situation at the start of

[17] http://www.forecast-chart.com/usd-british-pound.html
[18] Office of Budget Responsibility *op. cit*. pg. 79, table 3.5
[19] Bank of England *Inflation Report February 2012* pg. 7

2012 was little better. Although interest rates began to drop and most commentators are confident that by the end of the year CPI will be running at around 2.5 per cent[20], the rise in the cost of inter-bank lending has meant that credit remains expensive. Consumer habits are also difficult to predict and there has been a drop in healthcare spending in the private market as people continue to cut back on costs[21]. This will often mean delaying treatment which, under the current system, makes it harder to dentists to provide the care required in a way which is financially viable.

[20] E.g. Confederation of British Industry *Economic Forecast* February 2012, OBR *op. cit.* Table 3.5
[21] See footnote 3 above.