



Wales Evidence

October 2012

to the Review Body on Doctors' and
Dentists' Remuneration



**BDA Wales only version of the 2013/14 submission to
the
Review Body on Doctors' and Dentists' Remuneration
October 2012¹**

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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

- Morale is lowest among those with the highest NHS commitment
- Dentists in Wales feel that they do not have enough time to provide the care they would like to
- 26.7 per cent often think about leaving general practice
- Almost 63 per cent do not feel that NHS pay is fair
- Bureaucracy was the most commonly cited reason for intending to retire
- 42 per cent of those who had attempted to recruit a dentist for NHS work had encountered difficulties
- Time spent on administration has increased

Salaried Services

- The BDA seeks at least the one per cent uplift for those in the Salaried Services in Wales.

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 are working with the Department of Health in England on the development of a new dental contract for the delivery of services in both salaried and general dental practice, which we hope will go some way to reducing the target-driven nature of the current system, and so improve working conditions. 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. We note that the former Secretary of State for Health in England, in his letter to DDRB dated 03 July, supports the use of the formula to provide the best evidence for what contract value uplift is required for the average one per cent pay increase. We continue to support this method, but are very concerned by the suggestion later in the letter that “efficiency savings” could simply negate any uplift and therefore any pay rise. We would welcome DDRB’s assessment of this policy as it appears inconsistent to determine what uplift is required to award a pay increase and then apply a cut, therefore negating or at best reducing the pay uplift.
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 Dentists in Wales were also disappointed that the pay award was only 0.5 per cent and that they too were expected to make further efficiency savings. In Wales this comprises a requirement to implement NICE guidelines on recalls, complete the Quality Assurance annual return, comply with the HTM 01 05 decontamination guidance issued in 2012 and, in addition, there is a proposal to remove the UDA attached to the issuing of a prescription.

Salaried services

- 1.2 The Salaried Primary Care Dental services in Wales were disappointed by the continued application of a pay freeze.

2. Background to the evidence

This section contains our summary of the policy landscape that dentists are operating in Wales. 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 Multiple counting

2.1.1 Following the Review Body's request, we tried to gauge the extent of multiple counting through the DBT survey.

Table 1: Accounting of associates' expenses (source, DBT survey 2012)

Please describe how your associates' earnings appear in your accounts				
	England		Wales	
	Count	%	Count	%
I have no associates	100	34.60%	24	38.10%
I include the associate contributions to expenses in my earnings figures only	50	17.30%	12	19.05%
I pay associates a net payment per UDA and these payments appear in my total expense	121	41.87%	24	38.10%
Other	17	5.88%	3	4.76%
Total	289	100.00%	63	100.00%

2.1.2 So for England, of those practice owners with associates, 64 per cent paid their associates a net amount per UDA; there is therefore no multiple counting for these practitioners. Table 2 is the equivalent table for associates.

Table 2: Self-reported accounting techniques (source DBT survey 2012)

How does your accountant record your earnings and expenses?						
	England		Wales		Total	
	Count	%	Count	%	Count	%
Earnings are gross earnings and expenses are expenses paid to the practice and other business related expenses	131	35.3%	32	53.3%	163	37.8%
Earnings are net earnings received from the practice and expenses are personal business expenses only	221	59.6%	24	40.0%	245	56.8%
Other	19	5.1%	4	6.7%	23	5.3%
Total	371	100.0%	60	100.0%	431	100.0%

2.1.3 The two results appear to suggest that the extent of multiple counting in England is between 33.1 and 35.3 per cent.

- 2.1.4 A working group has been established in Scotland to assess the impact of multiple counting and how it can be managed. We recommend that similar groups are established in the other countries of the UK to determine if it is an issue and, if so, how best to manage it. We do not consider it appropriate for action to be taken on the formula or uplift values until this work has been done and a full evaluation has established what effect, if any, it truly has. Any action taken to manage any impact of multiple counting must be in proportion to its effect and prevalence.

2.2 Overview of policy developments

- 2.2.1 This section provides a brief explanation of the policy developments in Wales. 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.

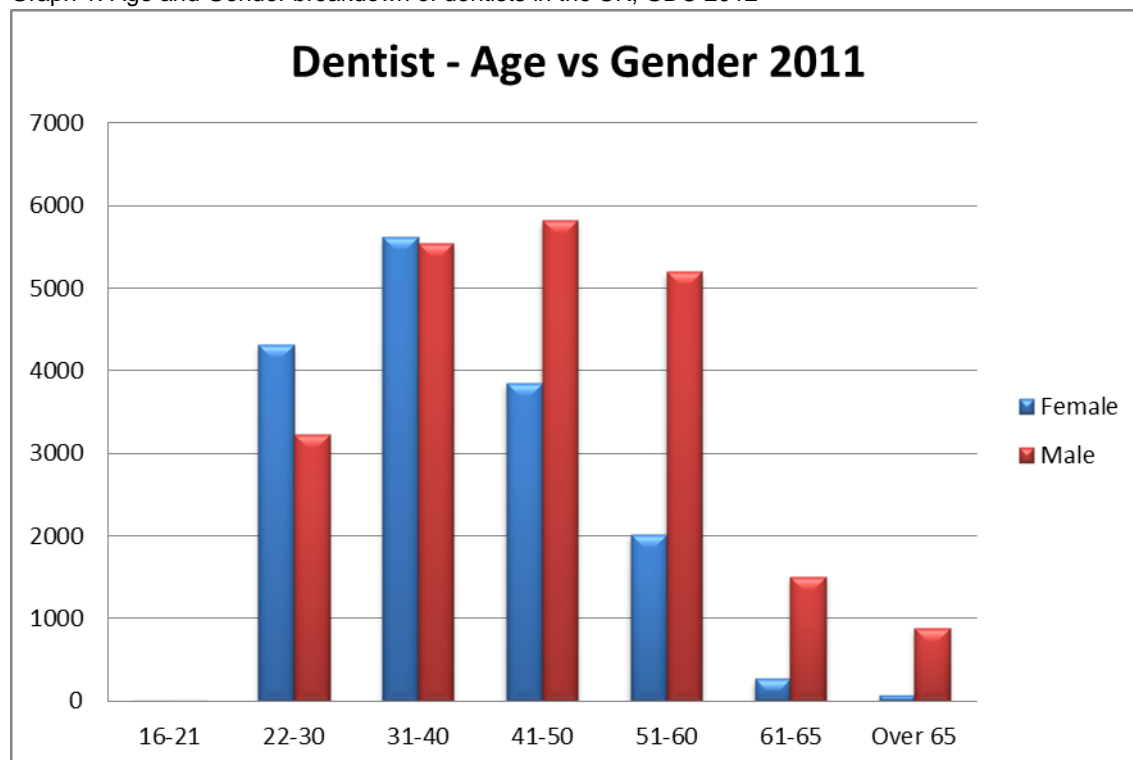
Foundation training

- 2.2.2 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

- 2.2.3 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:

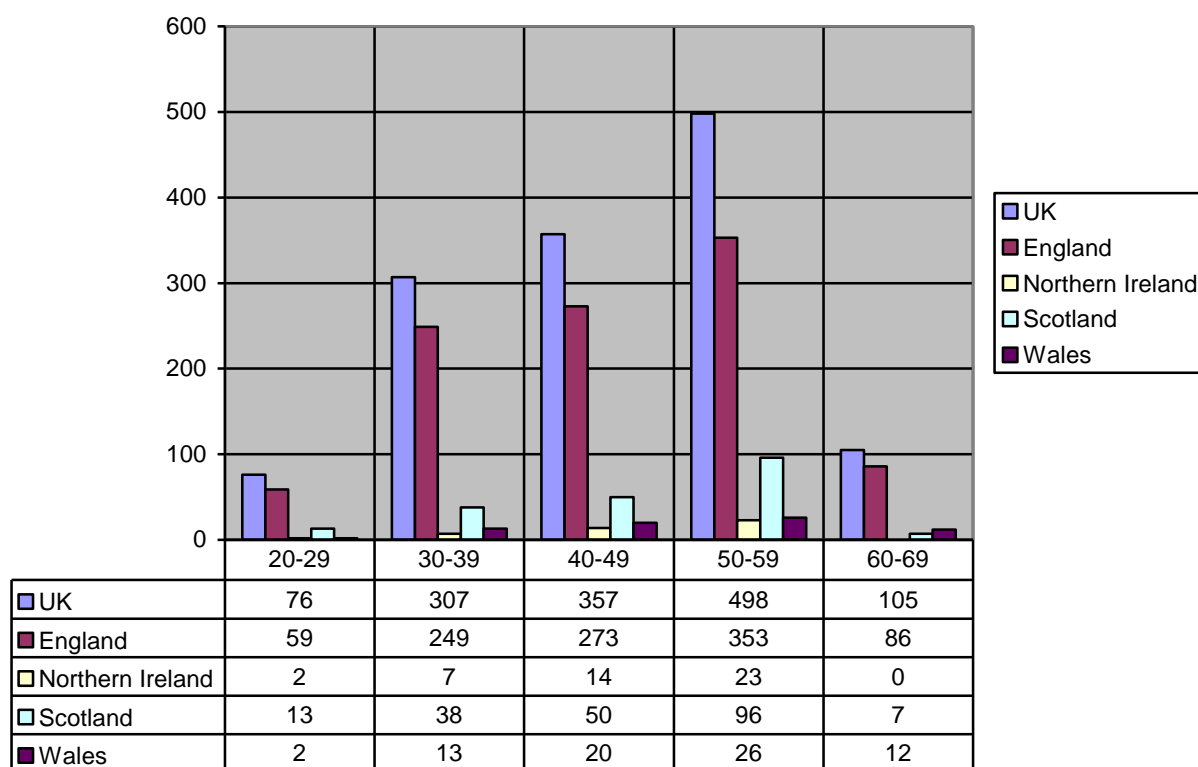
Graph 1: Age and Gender breakdown of dentists in the UK, GDC 2012



2.2.4 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 dentists⁴, 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.



2.2.5 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

2.2.6 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, 11 per 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.

2.2.7 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.

Working hours and income

2.2.8 The NHS Information Centre data on Dentists’ Working Hours 2010-11 and 2011-12 in England and Wales⁵ shows that there is a greater tendency among women to work fewer than 35 hours a week. The NHS IC data showed that 46.4 per cent of female survey respondents worked fewer than 35 hours per week, while less than 23 per cent of men worked fewer than 35 hours per week. The BDA’s DBT survey showed that women were twice as likely to work under 35 hours, or part-time, than their male counterparts, with 61 per cent of those working under 35 hours being women and 68.6 per cent of those working over 35 hours being men. Data from DBT survey showed that for England 28.7 per cent of men compared to 58.3 per cent of women worked under 35 hours. In Wales 24.7 per cent of men and 47.6 per cent of women worked under 35 hours. In Northern Ireland only 17.3 per cent of men reported working fewer than 35 hours while 51.9 per cent of women reported working hours of fewer than 35 hours. In Scotland 21.7 per cent of male respondents and 47.1 per cent of female dentists worked fewer than 35 hours. The average taxable income for all female primary care dentists in England and Wales was £60,600, compared to £90,900 for men.

Incorporation

2.2.9 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 companies⁶. 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.

2.2.10 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.

⁵ NHS IC *Dentists’ Working Hours 2010-11 and 2011-12 in England and Wales*

⁶ There is no clear evidence that this growth is replicated in Northern Ireland

Table 3: 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

2.2.11 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.

2.2.12 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 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

2.2.13 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.

2.2.14 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

2.2.15 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.

2.2.16 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.

- 2.2.17 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.
- 2.2.18 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.
- 2.2.19 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.
- 2.2.20 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

- 2.2.21 During the year, the Welsh Government issued a Ministerial letter to health boards reminding them that the primary care dental budget was protected and should not be used to support other elements of healthcare. We have welcomed this as it was apparent that health boards were not using their full allocation for dentistry and that any remainder funds were being used in other areas of healthcare. Demand for NHS dental care continues to increase across Wales, partly due to population increase, but health boards are still finding it difficult to commission additional UDAs from within their budgets. Opportunities to reduce the value of a UDA when contracts are renegotiated are being taken as a means of increasing output at no additional cost.
- 2.2.22 The Welsh Government is consulting on a National Oral Health Action Plan (NOHAP). A main focus is on the 'Designed to Smile' (D2S) project which is being piloted at present but will be rolled out into general dental practices. The pilot practices have, for the duration of the pilot, had their requirement to complete UDAs suspended, which has been welcomed, and have retained their historic funding. Many have employed additional hygienists /therapists to support the D2S workload, increasing practice expenses.
- 2.2.23 The survey showing poor morale amongst dentists in Wales is reflected in day-to-day enquiries from dentists. Their main frustrations are with the health boards which seem unable to commission new dental services and expand the service even in areas of proven need.
- 2.2.24 Orthodontics, which accounts for over 50 per cent of the child dental budget, is under scrutiny in Wales. Any opportunity to renegotiate contracts is being taken and in parts of Wales a number of small provider contracts have been terminated. This is a quality issue.
- 2.2.25 Vocational training has been a concern this year with a large percentage of Welsh graduates failing to find a place on any VT scheme. Welsh Government funding for VT matches the output of the Cardiff dental school. Next year there will be fewer graduates so funding will fall but there may still be graduates left over from this year seeking places which will place more pressure on the VT schemes.

- 2.2.26 The taxable salary of the average Welsh dentist is lower than in England - £71,400 (England £78,300). Welsh dentists provided more UDAs and more courses of treatment last year which reflects the lower state of the oral health in Wales.
- 2.2.27 NHS IC data shows that the number of UDAs and Courses of Treatment delivered has increased. Combined with the drop in pay noted by the NHS IC of 8.2 per cent, we consider that this represents a considerable “efficiency gain” beyond the four per cent required of the NHS. The increase in output of UDAs while the dental budget remains static should be taken as an efficiency by the Welsh Assembly Government.

3. General Dental Practice

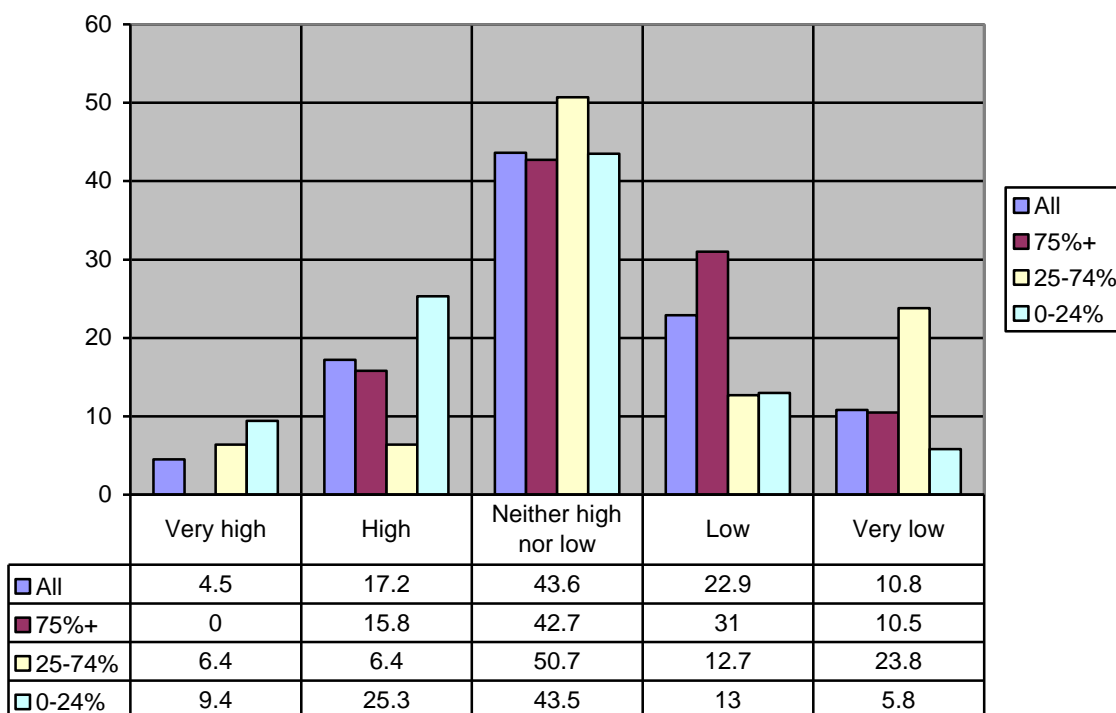
Key points

- Morale is lowest among those with the highest NHS commitment
- Dentists in Wales feel that they do not have enough time to provide the care they would like to
- 26.7 per cent often think about leaving general practice
- Almost 63 per cent do not feel that NHS pay is fair
- Bureaucracy was the most commonly cited reason for intending to retire

3.1 Morale and motivation in general dental practice

3.1.1 Motivation and morale continue to be very low in general dental practice. Over 33 per cent of respondents to our DBT survey in Wales said their morale was low or very low.

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



3.1.2 The highest levels of morale are seen in those with the lowest NHS commitment. The reasons for this are explored in the table below which shows the attitude to dentistry of dentists in Wales with an NHS commitment of over 75 per cent:

Table 4: 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	6.3	37.4	31.9	18.5	5.9	0
I receive recognition for the work I do	3.9	31.8	37.6	14.7	12	0
There are opportunities for me to progress in my career	1.2	25.6	45.8	17.1	7.7	2.7
There are opportunities available to me to develop my skills	1.2	56.3	30.3	9.5	2.8	0
The practice involves staff in important decisions	12.8	36.9	20.6	18.2	11.6	0
I have full clinical freedom in my job	17.9	49.6	12.4	12.8	7.3	0
My job gives me the chance to do challenging and interesting work	2.7	43.4	28.7	17.4	6.2	1.6
I have sufficient time to complete all my work	1.2	32.1	13.6	37.6	14	1.6
I feel good about my job	2.3	31.4	39.9	19.4	5.4	1.6
I often think about leaving	11	35.8	26.8	19.3	7.1	0

general practice						
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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.

3.1.4 As the professional association for dentists we are very concerned that only 46.8 per cent of respondents state that they actively wish to stay in general dental practice, while 26.4 per cent often think about leaving. We urge the DH to take steps to address this worrying response as it is in no-one's interest for large numbers of skilled professionals to leave the Health Service.

Table 5: Satisfaction with pay and conditions in Wales 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	16.5	66.3	11.9	2.3	3.1	0
I get support from my work colleagues	17.3	52.8	18.8	6.5	3.1	1.5
I feel good about working at this practice	18.8	46.7	25.7	6.5	2.3	0
I feel secure about my job	16.5	39	28.3	10.7	5.4	0
I have all the equipment I need to do my job properly	12.1	48.6	13.2	23.3	2.7	0
There are sufficient staff in my practice to complete the required work	16.9	52.2	9.9	14.5	6.5	0
I feel that my pay is fair	7.3	28.7	16.7	31.8	15.5	0
I feel that remuneration	2.7	8.8	25.7	29.5	33.4	0

for NHS work is fair						
I am satisfied with the terms and conditions of my employment	5	21.8	31	26.8	15.4	0

3.1.5 It is clear from the responses above that dentists in Wales with an NHS commitment of over 75 per cent are not satisfied that the NHS pays fairly. As less than half think that their pay is unfair we can conclude that the majority of blame is placed at low contract values. To ensure that morale for those with higher NHS commitment does not drop steps must be taken to review the pay for dentists in Wales.

3.1.6 The Practice Owner Focus Group Survey 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 failure to match costs while expecting increased service provision:

“My challenges at the moment are just keeping up with all the rules and regulations which are sort of changing all the time and managing my costs and, you know, just trying to make the cash flow go up, and also sort of making sure that the staff are keeping up to their protocol and regulations.”

“Stop throwing all these new, all right, change is okay and it's really good, but just stop one after the next, you know, when the next one comes you know there's another one coming, and it just seems, it keeps on, bang, bang”

“Everything, expense is going up and income is fixed, because our UDAs are fixed, and there's no increase in the costing, you know, we're not, 0.1 per cent increase or whatever doesn't bear it. Materials costs are going up by more than that”

3.1.7 The negative feelings about the future of the profession were echoed in the DBT survey where 40.3 per cent of respondents with an NHS commitment of over 75 per cent said they would not recommend a career in dentistry and only 35.2 per cent said they would. Those with an NHS commitment of between 0 and 24 per cent were, however, more likely to recommend a career in dentistry, with 52.5 per cent agreeing and only 25.2 per cent saying they would not.

3.1.8 Those who stated an intention to retire were asked if there were any factors affecting their decision other than age. 18.4 per cent of respondents stated that they intended to retire. In explaining why, they could pick as many options as they wished from the table below.

Table 6: Contributing reasons to retirement in Wales (Source DBT survey 2012)

Reason	Percentage
Increasing levels of bureaucracy	86.9
Increasing administrative burden	70.5
Introduction of new and/or onerous	68.9

regulations	
Increased feelings of stress and pressure	62.3
Increasing costs of running a practice	57.4
Health	31.1
Falling earnings	24.6
Decreasing morale	24.6
Changes to NHS pension scheme	13.1
Installation of a local decontamination unit	13.1
An opportunity is available	11.4
None	6.6

3.1.9 Although the sample size is small it is interesting to note that for this cohort of dentists it is again issues which restrict the practice of dentistry that are cited as the main causes.

3.2 Recruitment and retention for general dental practice

Key points

- 40 per cent of respondents with a high NHS commitment sought to recruit a dentist for predominantly NHS work
- 42 per cent of those who had attempted to recruit a dentist for NHS work had encountered difficulties
- Time spent on administration has increased

3.2.1 77.6 per cent of respondents with an NHS commitment of 75 per cent or more responded to the DBT survey saying that they had seen no change in the number of dentists in their practice and only 7.5 per cent had responded that they had increased numbers, while 3.7 per cent reduced numbers.

Table 7: Recruitment by dentists with over 75 per cent NHS commitment (source DBT survey 2012)

Role	Sought to recruit (%)	Did not seek to recruit (%)	Problems Recruiting (%)	No problems recruiting (%)
Dentist (predominantly NHS work)	40.4	59.6	42	58
Dental Nurse	44.2	55.8	13.8	86.2
Dental Hygienist	8	92	19	81
Dental Therapist	7.7	92.3	19	81

3.2.2 Levels of recruitment in practices with a 75 per cent or more NHS commitment 40 per cent reported that they had attempted to recruit an associate and over 42 per cent had problems recruiting.

3.2.3 The amount of clinical work being undertaken by dentists with more than 75 per cent NHS commitment has increased 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. This increased amount of work for diminishing levels of financial return appears to be one of the main causes of dissatisfaction with working in the NHS. Anecdotal reports from the BDA focus groups and also in the free text areas of the DBT survey show that increasing administration is a major source of frustration for dentists.

Table 8: Time spent on clinical work and administration in Wales 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	5.6	18.4	69.7	4.9	1.5
Hours spent on dental administration	15.4	34.8	47.6	2.2	0

3.2.4 The amount of clinical work and administration being undertaken by dentists with more than 75 per cent NHS commitment has increased according to the DBT survey. Figures from the NHS IC's *Dental Working Hours: England and Wales 2010/11 and 2011/12* report show that provider-performer dentists were working 27.1 hours on NHS work but spending 23.8 per cent of their time on administration, while performer-only dentists worked 28.4 hours a week on NHS dentistry and spent 14.5 per cent of their time on administration. In total, dentists in England and Wales spent 17.3 per cent of their time on administration. Dentists have to do more of both in order to meet their NHS commitments:

3.2.5 32.8 per cent of respondents intended to buy or expand a practice in the next year, while 36.5 per cent intended to retire or sell a practice.

Table 9: Future intentions (source DBT survey 2012)

Activity	Percentage
Buy a practice	16.5
Expand a practice	16.3
Sell a practice	18.1
Retire	18.4

3.3 Conclusion

3.3.1 Morale is lowest among those with high NHS commitments

3.3.2 Almost 63 per cent of respondents to the BDA's DBT survey do not consider NHS pay to be fair

3.3.3 42 per cent of dentists had problems recruiting an associate for NHS work

- 3.3.4 Dentists do not feel they have enough time to provide the care they would like to
- 3.3.5 Time spent on dental administration is increasing, with 20 per cent of a practice owner's time spent on administration

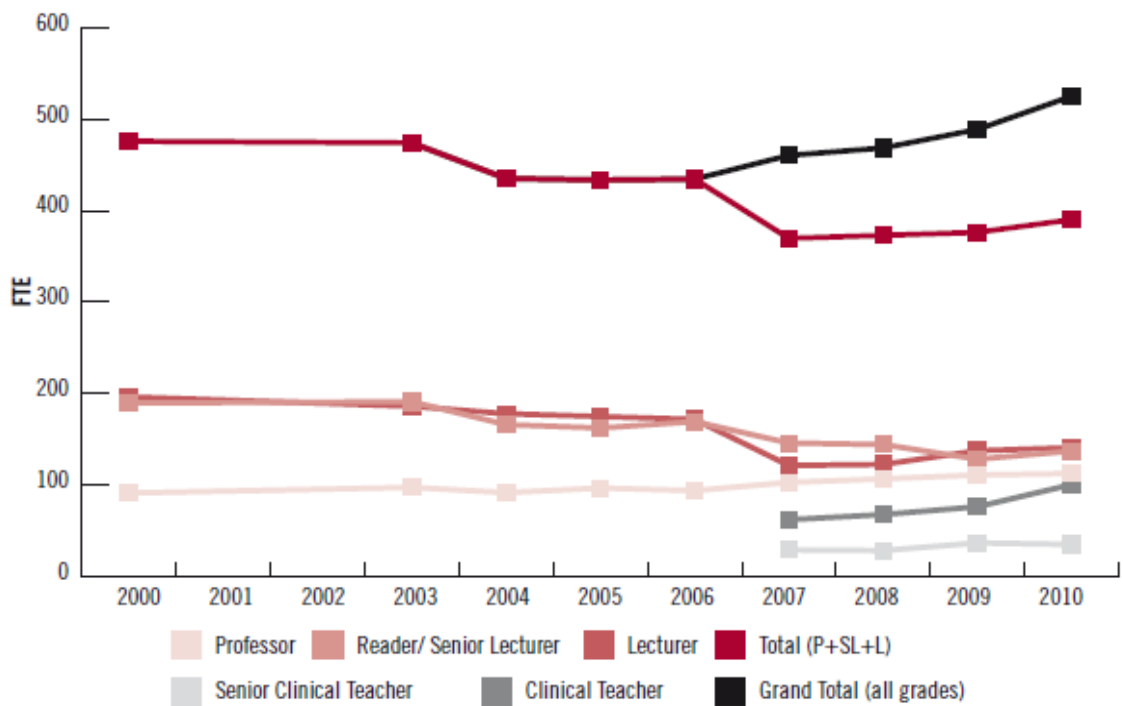
4. Salaried Primary Dental Care Services

- 4.1 Recruitment, retention, morale and motivation in the salaried service in Wales remain largely consistent with the position in England. We direct DDRB to the evidence for England when considering the salaried services in Wales.
- 4.2 As with the rest of the UK, and shown in graph 2 above, we are concerned about the ageing workforce and consider that more funding is required to increase the number of dentists at all grades at appropriate times in their careers. Insufficient investment in the workforce at this time will result in increased pressure on the service in the future.

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 4: 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 2011/12.

- On average the gross profit practices made fell by four per cent from 2010/11 to 2011/12.
- 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 than 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 of 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 is 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 than 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 than 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 (61.0 per 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 UK⁷:

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

School	Student numbers					Total
	Year 1	Year 2	Year 3	Year 4	Year 5	
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 billion⁹.

3. With consumer confidence weak and unemployment high spending on healthcare, especially on services that patients regard as non-urgent or routine, come under threat¹⁰. Despite this the dental profession has managed to increase access and provide more care to more patients at any other time since 2006¹¹. 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

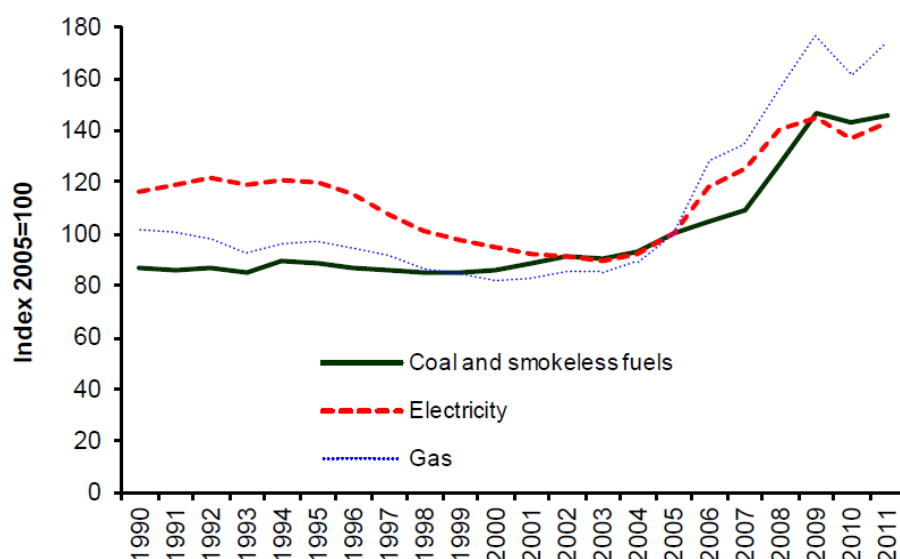
support them through these tough economic times and to recognise the contribution dentists make to the NHS through increased access and activity as an efficiency.

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 2014¹². 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 economy¹³.

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 2011¹⁴. 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 clearly¹⁵:

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 2012¹⁶:

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 (see footnote 10 below)

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 0.62¹⁷.
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 cent¹⁸, far above the Bank of England's intended target¹⁹. 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 cent²⁰, 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 costs²¹. 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.