BDA
Northern Ireland

CDS Workforce Roundtable

A BDA Report of Proceedings & Context

Contents:

***Disclaimer:**

This report has been compiled by the British Dental Association (BDA) and reflects the BDA interpretation of the discussion at the CDS Roundtable held on 16 October 2025, along with additional BDA commentary and recommendations. It should be attributable to BDA solely.

While all attendees participated in the roundtable discussion, this report should not be regarded as being an agreed position, or as endorsement of any of the organisations or individuals listed in this report.

Attendees*: CDS Roundtable – The Mount, Belfast

BDA attendees	HSC attendees	Department of Health attendees
Alison Hamill NICDC member (DO)	**Brid Hendron** Postgraduate Dental Dean NIMDTA	**Caroline Lappin** Chief Dental Officer
Ann McAreavey CDS Clinical Director (NHSCT); Chair NICDC	**Catherine McGrade** CDS Clinical Director (WHSCT)	**Jonathan Bell** Deputy Principal Workforce Planning (WPD)
Jen McKay NICDC member (SDO)	**Geraldine McAleer** Assistant Director of Human Resources at WHSCT	**Katherine Ferguson** Acting Head of Pay & Employment Unit (WPD)
Johan Warwick BDA Committee & Admin Support Officer	**Karen Maxwell** CDS Clinical Director (SEHSCT)	**Maria Tumelty** CDO office StR Oral Medicine
Julie Williams-Nash BDA Senior Policy Advisor	**Kathryn McKenna** CDS Clinical Director (BHSCT)	**Scott Brannigan** Deputy Principal Pay and Employment Unit (WPD)
Paul Brennan Chair NI Council	**Michael Donaldson** Head of Dental Services (SPPG)	
Sarah McNally NICDC member (SDO)	**Sarah Foy** CDS Clinical Director (SHSCT)	
Tristen Kelso BDA National Director	**Sinead Preston** Regional Lead CDS HDS and Dental Public Health (SPPG)	

1. Executive summary – Next steps

"Resources are reduced. Demand has increased. Patients are more ready to complain. Politicians are putting increased pressure on the system without addressing the resource needs. Staff morale is low…this is not the service I want to deliver."[1]

The CDS Roundtable was intended to be a strategic re-set, taking a pan-Northern Ireland approach, bringing together Clinical Directors, senior Department officials, BDA representatives, NI Medical & Dental Training Agency (NIMDTA) and CDS staff.

BDA's 2025 survey of CDS in NI provided clear evidence of rising workloads, sub-optimal staff numbers due to absence of workforce planning, and worsening morale at a time when pressures on the service have never been greater. This is compounded by moral injury from patient backlogs and the fallout from a failing GDS.

The latest BDA survey findings show that key indicators around staff morale, job satisfaction, pay, workload and stress levels are considered by colleagues to have worsened further over the past year, from an already low base. This is not an improving picture.

This report details the discussions that took place at the roundtable on 16th September 2025, followed by conclusions and recommendations - as well as relevant contextual information from BDA surveys.

Themes:

- **Problem: the CDS workforce is in real difficulty:**
  - **Workforce has remained stagnant**
  - **Staff morale is low**
  - **The service is perceived to be getting worse**
  - **Recruitment is an issue**
- **The problems are well documented –** we now need to focus on **solutions.**
- **Collaboration:** Together, we need to move these issues forward**.**
- **No single individual can solve these issues in isolation.**
- **How can we actively start to grow the CDS workforce to meet the increased demand now - and projected demand in the future?**

[1] BDA CDS Survey Summer 2025

BDA Recommendations:

1. **Identify Acute Workforce Needs**: Addressing the acute workforce needs in dentistry must be a top priority.
2. **An Operational Approach to Change**: The solution does not lie solely in the Department. It's operational – at Trust level. Collaboration is essential.
3. **A Review of CDS Pay and Progression** is essential. DDRB has recommended this.
4. **Examine options for 'associate specialists.'**
5. **Examine roles within the CDS – 'we need specialists.'**
6. **Specialist care pathway and career progression for the DO route.**
7. **Succession planning –** or we are going to lose a top layer of CDS staff.
8. **Evidence based needs analysis of service at each trust.**
9. **Define the CDS role –** 'There is confusion about what our role is.'
10. **Parameters and Boundaries –** set these so everyone is clear**.**
11. **HSC Trust CDS Budgets**: Regularly portions of the budget are not used, although it's unknown how much. We need to know more about underspend.
12. **GPT scheme** – funding would need to be re-activated for General Professional Training. (*However, the previous GPT scheme could not simply be re-activated. The NIMDTA Post Graduate Dean could consider a suitable alternative given the issues with Single Lead Employer*).
13. **Clinical Director led business cases are required** for SDO or specialist posts.

Next steps:

Four clear actions were identified:

1. Needs analysis

2. What we're commissioning

3. Business Cases

4. Review of Pay and Progression

2. Introduction – setting the scene/overview

BDA's 2025 survey of CDS in NI provided clear evidence of rising workloads, sub-optimal staff numbers and worsening morale at a time when pressures on the service have never been greater. This is compounded by moral injury from patient backlogs and the fallout from a failing GDS.

The latest BDA survey findings show that key indicators around staff morale, job satisfaction, pay, workload and stress levels are considered by colleagues to have worsened further over the past year, from an already low base.

In terms of '*setting the scene'*, some headline statistics from the latest BDA CDS survey:

Staff Morale: 51.8% of CDS NI dentists described their own morale as a dentist as 'low' or 'very low'; 66.7% said morale has decreased further since last year.

Issues impacting negatively on morale include:

- Staffing levels/availability - 81.4% of respondents
- Pay: 74% either 'disagree'/'strongly disagree' that their pay is fair
- Workload - 70.3% of respondents
- Complaints about the service - 40.7%

An eroding service: over half of respondents consider their service has deteriorated over the past year. Areas considered to be most impacted include:

Staff availability: has worsened according to 70.4% of respondents, while staff recruitment has deteriorated according to 66.7%.

Clearly, the CDS workforce is in real difficulty. Together, we need to move these issues forward.

The roundtable was designed to be a collaborative half-day meeting whereby all participants had an equal opportunity to participate in a discussion on the topic of CDS Workforce.

It was an opportunity to exchange ideas, consider a range of perspectives, debate issues and collaborate on solutions.

Collectively, attendees discussed and identified priority areas which offer most potential in supporting the CDS workforce, and in turn the Community Dental Service as a whole.

The premise was that no single individual can solve these issues in isolation.

Collaboration is essential.

Although the focus was on the CDS workforce, there are significant workforce issues impacting right across dentistry, including in Hospital Dental Services, recruitment and retention issues in General Dental Services, and changing demographics within the profession.

Recent years have seen multiple reports recommending CDS workforce growth – including Skills for Health in 2018, the Oral Health Improvement Plans (OHIPs) in 2024, the Dental Workforce day in Craigavon in September 23. Despite this, there has been limited progress.

Even before COVID, it was recognised CDS workforce growth would be essential due to pending retirements, and to meet the demands of an increasing ageing population - that was before the impact of a failing General Dental Service which is rapidly moving away from providing Health Service care.

Over the past year, GDS patient registrations have decreased by c23.8% - almost a quarter, and continue to decline.

The overall HSC workforce has increased by 16.4% between June 2018 and June 24, and by 22% between 2016 and 25. In comparison, the CDS workforce has remained largely stagnant - just 3.9% growth since 2018.

BDA convened this roundtable to bring all key players together, and to begin to shift the narrative towards meeting CDS workforce needs.

How can we actively start to grow the CDS workforce to meet the increased demand now - and projected demand in the future?

CDS colleagues have told BDA in the clearest terms that they are demoralised, and they've had enough.

Addressing acute workforce needs in dentistry must be a top priority.

3. Strategic rationale

Context: A workforce overlooked

The CDS dentist workforce has remained largely stagnant, at odds with significant growth across HSC as a whole: as of 30 June 2024, there were 65.83 WTE (84 headcount) CDS dentists employed in all HSC Trusts, an increase of just 3.9% from WTE position at 30 June 2018 (63.36 WTE), while the HSC workforce has grown by 16.4% (9,316) in same period[2], and by 22%[3] (11,944.8 WTE) between 2016 and 2025.

Previous recommendations made regarding CDS workforce growth:

1. **Skills for Health Workforce Review for Dental Services in NI**[4] - many of the [then] 92 CDS dentists approaching retirement, with up to 40% approaching retirement by 2025; a total of 61 additional dentists could be required to meet future demand.

2. **DoH Dental Workforce Review, Craigavon September 2023** – CDS identified as a specialist area requiring further discussion and future planning.

3. **Oral Health Improvement Plans for Children & Older Persons** -Consultation Report 2024 – '*The Department recognises the increasing demands placed on the Community Dental Service from an increasing older persons population. The Department will continue to engage with dental representatives at all levels to maximise the workforce and ensure that population oral health needs can be met.'*

   Recommendation 2.4: *Increase capacity within the CDS for increased demands on service and support wider skill-mix within the CDS team.*

4. **BDA Correspondence with Minister Nesbitt**, 'Actioning Dental System Reform', 11th November 24 – *'address pressures from inadequate staffing levels/increasing workloads in CDS, and take action on growing the salaried dental workforce.'*

[2] HSC Workforce Strategy 3rd Action Plan
[3] DoH NI Health and Social Care Workforce Census March 2025
[4] Skills for Health Workforce Review for Dental Services in Northern Ireland, August 2018

Impact on staff[5]:

1. **Staffing levels**:

- 81.8% of CDS staff consider staffing to be a 'very negative/somewhat negative' influence on morale.
- 50% of CDS dentists in NI are 'extremely concerned and a further 40.9% are 'slightly concerned' about staff availability; 63.6% are 'extremely concerned' about staff recruitment.

2. **Workload:**

- 36.4% say workload is having a 'very negative' influence on morale, and 27.3% say workload is having a 'somewhat negative' influence on morale.

3. **Job strain**:

- 77.3% of CDS dentists describe their current workload as 'very high/high'.
- 57.1% of dentists are 'extremely concerned' and a further 28.6% 'slightly concerned' over patient backlogs.

4. **Pay:**

- CDS dentists are increasingly dissatisfied with their pay: 54.5% of CDS respondents 'strongly disagree/disagree' feel that their pay is fair.
- That each government undertakes **a Review of pay and progression** for salaried dentists working in CDS *to assess whether the reward structure is appropriate to support recruitment, retention and service delivery* was included as one of the **DDRB recommendations** in their 53rd Report.[5]
- Overall, 36.4% of CDS dentists said their morale is 'very low/low' plus a further 50% 'neither high nor low'; 54.5% regard their wellbeing as having decreased.

[5] Review Body on Doctors' and Dentists' Remuneration Fifty Third Report – 2025

4. Roundtable discussion – key themes: Questions 1-4

Question 1:

What do you consider to be the most positive attributes of the CDS workforce in Northern Ireland?

Views expressed include the following:

Passion for the job

- *'People go into CDS for a number of reasons – it's about the nature of patients that you want to treat.'*
- *'I did and do love the fact that I'm treating people who need a range of services. It's highly advanced work. For me, the positivity is the nature of the staff.'*
- *'We are genuinely passionate about our work – we are not there for the money. The dentists we have are fantastic – but – all are feeling it. Conditions need to improve.'*
- *'We are unable to recruit – we need to cherish the people we have.'*
- *'Our population is set to grow. There is evidence to show in any business case – but – the dire straits of finances is an issue.*
- *There is £400k for Happy Smiles – but there's a bunch of issues.'*
- *'With special care dentistry – you're not in it for the money. It's vocational.'*

The Most Vulnerable

- *'We focus on the most vulnerable that no one else can see.'*
- *'There are pressures around Encompass and administration.'*
- *'When you see a complex patient – it's niche. We are a small team and patients value what we do.'*
- *'Special Care GA – pressure comes with increased demand and complexity.*
- *'We can't become a safety net for the GDS.'*

Care Homes

- *'There are 110 care homes in the South Eastern Trust alone.'*
- *Oral health in care homes is a massive challenge. We are seeing some green shoots, but the current climate is difficult, and it takes a lot of time.'*
- *Nursing homes are increasingly a priority –but CDS staff can't do it all.*

Question 2:

What do you feel are the greatest challenges impacting on the CDS workforce, and why?

- Recruitment and Retention Issues
- Pay versus GDPs
- Lack of progression
- Specialist posts / career pathways (can't regrade/grandparenting)
- Confusion regarding CDS role – feeling overwhelmed
- 'What are we actually commissioned for?'
- Clear demand versus capacity gap
- Inappropriate referrals to CDS
- Workforce planning

Discussion:

Recruitment and Retention.

- *'We can't get permanent posts filled. We regularly have maternity gaps. This puts pressure on staff with so many practices not providing NHS – they can do two days in private and earn more than f/t in CDS.'*
- *When recruiting for senior dentists, the number of applicants is low*.
- *'Recruitment is an issue – if you come in as a DO (Dental Officer) then you get stuck at the top of that grade – there is a lack of progression.'*
- Incentives: '*We need a carrot to get people in.'*
- *'It's a mainly female workforce – maternity leave increases the burden.'*
- *'Recruitment is very slow – the whole process is slow and frustrating.'*

Career Progression

- There is a lack of progression and career pathways.
- *'There are lots of challenges. We rarely have a full complement of staff – then they stick at the top of the grade with no prospect of going anywhere else.'*
- People are sitting on specialist registers but can't be employed as such.
- A potential solution is to consider associate specialists.
- Some dentists who have undertaken specialist registrar training elsewhere, then return to Northern Ireland to find there is no option for progression:
- *'I applied for registrar training in England – but why leave my post to go and come back and find I'm back in the post I'm in now?'*

Specialist training:

- For those who undertake specialist training – '*where will they secure an appointment when they have finished their specialist training?'*
- *'Elsewhere in the UK, the structure is different. People who have done specialist training in England have Band ABC – but we don't have that here. Trusts can create their own posts (so it's a Trust issue).'*
- '*Career development is stymied.'*

HSC Trust CDS Budgets:

It's unknown what each Trust budget actually is for CDS. Trusts have control of their own budget and information. Regularly portions of the budget are not used, although it's unknown how much.

Question 3:

How would you describe morale, motivation, workload and wellbeing of dentists working in CDS?

- Low morale/high workload/shortage of Dental Officers (DOs)
- Paediatrics Senior Dental Officer (SDO) – this specialist post is needed.
- Clinical fellows needed
- Pay gap – the gap between DOs and SDOs is £16-17K
- Unrealistic expectations and pressures are put on staff
- There is confusion regarding priorities
- Lack of career progression impacts all of the above.
- Exposure to CDS – e.g. DCTs in CDS, GPT scheme etc

Discussion:

- *'Staff are stressed. The level of anxiety is through the roof. More are seeking career breaks, sick leave, maternity leave'.*
- Trusts elsewhere in the UK are surprised that NI does not have specialist posts.
- *'People have gone away to get specialist posts elsewhere so they can progress from a DO to assistant CD or CD.'*
- *We need to look at roles within the CDS – we need specialists.*
- *We need succession planning.*
- *We are going to lose a top layer of CDS staff.*
- *We need to recruit people who want to stay in the service.*
- *Confusion about what our role is.*
- *Overwhelmed (care homes)*
- *Need boundaries so people's roles are clear.*
- *Unrealistic pressures.*
- *Highlight career opportunities.*
- *Need specialist pathways.*
- *Specialist care pathways and career progression for the DO route should be clear.*
- *Tackle barriers to specialist training and lack of progress. Trusts need to make the case internally for specialist posts.*
- *There should be no barrier on any community dentist taking up specialist training.*

'We need people to undertake specialist training, and to facilitate placements within the CDS. There is work to be done – but there is never a good time."

Question 4:

What role does pay and progression play?

- Pay wasn't an issue a few years ago – now it is.
- DDRB has recommended that each country reviews pay and progression for the CDS across the UK.
- Training pathways seem to have stalled. GPT – could this be a training pathway?
- Who is the commissioner? Pay and progression does not all fall to the trusts.
- Maxillofacial – a complex picture.
- In the past, students went out to community for experience. Gerry McKenna does get students out into care homes. Students need to see more difficult vulnerable groups.
- *'Where does responsibility lie? If the service is led by Clinical Directors – then it's the responsibility of Clinical Directors if their service needs more DOs.'*
- **There is a need to put business cases together for SDO or specialist posts.**
- **Business cases then go forward to SPPG - it has to be driven at Clinical Director level.**
- ***'You won't know unless you try. The more evidence there is the more chance of success. It must be robust and evidence based.'***
- CDS is a comparatively tiny service – 68 wte across the region – but with unique issues in each trust.
- *'You can't even get a Band 3 for basic admin roles – so it's hard to put in the case for a specialist.'*
- *'Every Trust is different. Shouldn't there be an NI wide approach?'*
- WPD referred to an 'operational assessment' of the workforce and the environment – which is not the same as a workforce review. The CDO is liaising on this, in partnership with SPPG from a workforce policy perspective.
- From a clinical perspective, dentistry has changed. GDS is struggling for staff – and also running into workforce issues. GDS can offer more money and progression opportunities.
- The 2018 Skills for Health report is still a living document, but growth has been in AHPs and nursing.

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Roundtable Discussion

Part II

5. Roundtable discussion – key themes: Questions 5-8

Question 5:

What are the top three priorities for action which would have the most positive impact on the CDS workforce/service?

There was a fulsome conversation at the Roundtable – the essence of which is captured below in bullet point format:

- Needs analysis of service at each trust – must be evidence based.
- What is CDS commissioned to do? Define/clarify scope of service (SPPG).
- Take a step back – look at what we are actually commissioned to do.
- A minimum service agreement (SPPG & CDS).
- Priorities for Care – shouldn't be a postcode lottery.
- Review of CDS Pay and Progression
- Business case for specialist posts – a collective approach.
- **HSC Leadership Centre** – could get help from a consultant to pull business cases together.
- Could SPPG provide support for Business Cases?
- Previous service reviews – set out the remit of CDS (2008)
- Approach to commissioning – the trusts decide how to use their money to serve their local populations.
- Lack of capacity up the line – to SPPG and CDO
- From all the survey data, the service feels that all the pressure is on them.
- What are we doing in the care homes?' (e.g. Care homes x (n) – what can we sensibly offer)?
- If care homes are identified as a need, then CDS needs staff to do it. This needs to be defined – this is where workforce planning comes in. There are vast variances between the Trusts about frequency of visits, number of staff involved, and so on, so it is a big factor which should be considered in determining CDS numbers (not least relating to the OHIPs for Older Persons report).
- Should CDS be screening specialist schools? The landscape has changed – it's much more complex now.
- OH assessments – but these are not our patients.
- Needs assessment/screening – service agreements required to end up with a service that's fit for your budget – rather than what you need.
- CDO doesn't have capacity. Need to be mindful of unintended effects.
- CDS can't keep taking on every vulnerable group.
- The over-arching workforce needs and issues impacting on staff are similar across all Trusts, despite different approaches being taken, and a lack of a standardised approach. Yet, judgements are made within each trust with levels

of variation that exist amidst different requirements (within trusts). This makes it difficult to have a top-down solution.

- Clinical Directors need to be communicating with each other with regards to Business Cases.
- Very small number of people have responsibility for a 'yes' or 'no' (regarding Business Cases).
- If there are vacant posts, then review so people can progress up – how else can you attract people?
- Even if these posts are created, you can't get people to take these posts.
- How can we attract people?
- Could train more dentists in NI.
- CDO – 'a fundamental shift is needed.'
- New grade expectations – why can't that start now?
- The expectations of new grads have changed.
- GPT scheme – funding would need to be re-activated for General Professional Training. NIMDTA Postgraduate Dental Dean to take this away and look at it.
- What exposure do QUB students get to special care dentistry? QUB doesn't employ anyone to the fourth year module (but it is a requirement under GDC).
- Exposure to CDS among under-grads is lacking.
- Demonstrate in the business cases how to think laterally and how to economise.
- *'We are trying to be dentists and also trying to manage services*.'
- Regarding Business Cases – there is a need to decide specifically what is required, as there are different 'levels' of business cases.
- What type/level of Business Case/s should be taken forward? (This is where support from the Leadership Centre should be utilised).
- Value for Money (VfM) needs to be demonstrated. The reconfiguration of services requires funding for specific posts.
- However, it was pointed out that Trusts can apply to the Department for incentives.
- The various Business Case options should be explored by Clinical Directors.

Will each Trust need to take forward its own Business Case, rather than one collective business case? (These are issues and matters to be discussed by the Clinical Directors when they meet in November 2025).

Four Actions Identified from the above discussion:

1. **Needs analysis** - to determine the gap between capacity v demand.
2. **What we're commissioning** - clarity from SPPG as commissioner.
3. **Business Cases** from Trust level with Clinical Directors working together and moving in same direction; also, to move to standardise data capturing towards a single CDS across NI.
4. **Review of CDS Pay and Progression** to determine if this remains fit for purpose.

The Roundtable included a PowerPoint presentation by Maria Tumelty on CDS Workforce Data trends. Key points included:

- Static workforce since 2008
- Lack of standardised data across HSCTs
- If data was standardised – there would be improved understanding for demand at Northern Ireland-wide level
- Is there scope to utilise Encompass, to provide NI-wide figures to support the case for workforce growth?

Maria Tumelty had been tasked with gathering information for CDO relating to the CDS and Special Care Dentistry workforce and their activity. The information is being forwarded to SPPG.

The current WTE is 62.06. Since June 2018, there has been a decrease of 2.05% - or an increase, depending on which source – so levels are basically static.

The presentation covered a summary of activity carried out by the CDS and the services provided; the total contacts from 2018/19 until 2024/25; paediatric GA across the same period; waiting lists for outpatients (new/review/recall) and waiting lists for GA treatment and assessment. There is a need to scrutinise the data in more detail – there are **variations in processing and collection of data.** Demographics have changed and will continue to change.

Ideally, the Encompass data should be standardised across all trusts.

Question 6:

What additional data is needed to identify gaps in CDS staffing/dentist capacity versus existing demands and projected future pressures?

How will we obtain this?

Four strong points emerged following the PowerPoint presentation:

- **POC's should be recorded similarly as agreed at a regional level**
- **Data required to show changing patient profile.**
- **Data collections need to be standardised.**
- **Workforce needs analysis is required.**

Question 7:

What are the key steps in progressing these positive changes?

a) **What role can individuals/respective organisations play?**
b) **How can we work together to maximise our chances of success?**

Key themes:

1. There is a need to clarify roles and work together to develop a standardised approach – **a collaborative approach** by the Clinical Directors, SPPG and the Department

2. The need for a **Pay and Progression Review** came through strongly owing to discontent on pay, recruitment and retention issues and lack of progression opportunities.

3. **Business Cases** are required for extra posts – in particular specialist posts. This should be taken forward by the Clinical Directors collaboratively. Support can be accessed via the Leadership Centre at the Beeches. The Clinical Directors will meet in the first instance to discuss.

Question 8:

What will success look like?

Discussion:

A key theme emerging was the need for detailed quality data to underpin business cases. With each Trust currently measuring data differently, and with the sheer volume of data, this needs to be 'pinned down' otherwise the business cases would be undermined (if figures are not comparable).

This will be challenging. With regard to activity before and after the pandemic – it may 'seem' that less is being done, but staffing has stayed the same, while case complexity has changed. The data doesn't tell the whole story. Encompass has proved challenging.

There was some discussion around PO6s and the coding system for complexity.

Overall, there is work to do regarding the changing patient profile, an analysis of how many community dentists are needed to serve the population (given variations in urban/rural settings and areas of high deprivation).

When a **Business Case** goes to SPPG, it is then a 'to-and-fro' with **finance.** Ultimately, having a business case approved is '**the art of persuasion**.'

Success will look like approved business cases.

Key steps:

1. Each individual to support CDS workforce growth.
2. Work collectively and collaboratively.
3. BDA facilitation – via JNF (Joint Negotiating Forum) etc. The role of the Joint Negotiating Forum in supporting growth and to raise issues impacting the Community Dental Service is a valuable resource. It reports to both NICDC and NI Council. JNF has a role in taking the outcome of this Roundtable forwards.

"Let's make a start"

- There is a need to clarify the CDS role in a standardised way.
- *'There is no point in writing a business case without the data to back it up.'*
- Community Dentists are best placed to decide what the priorities are across trust boundaries.
- Greater clarity from SPPG as commissioner is needed to decipher what can realistically be delivered within the available funding.
- If extra posts are needed – how do we make these positions attractive to recruit the right candidates?
- **A PAY AND PROGRESSION REVIEW** clearly emerged as a recommendation from this Roundtable.

External/Wider Factors:

External/wider factors need consideration. A four nations approach means the needs of Community Dental Services are 'still being considered by each government.' England has a different progression with special degrees – but are all four governments working together to agree a way forward?

What will the outcome be for Northern Ireland?

NIMDTA has been considering dental training posts and dental specialty training in general. NIMDTA is looking closely at CDS needs, although currently, there are only ten posts across all specialties – with two posts for CDS trainees. (Four hospital dentistry developments are in the recruitment stage).

Part of NIMDTA's Business plan is to restructure dental care training – with the possibility of looking at GPT posts to re-activate this. There will need to be conversations about an international workforce. Special care posts will be locally recruited – but it will not be possible to rely on 'home grown' to fill some specialist posts.

Specialist training posts involve four years of additional training – it's 'heart-breaking' when there are not posts available for those trainees.

'There is no shortage of people to take on the training – just a shortage of posts.'

Following this discussion, the need for Business Cases compiled by the Clinical Directors emerged as the best indicator of success.

Data, data, data

There also needs to be complete agreement around the data, how it's collected and compiled, for decisions to be made by SPPG and Finance. All involved need to be confident in Encompass. SPPG is not involved in Encompass – therefore not aware of precisely what the system is capable of collating and collecting (although SPPG is aware of and sensitive to the workload issue).

For specific reasons, care home surveys are particularly difficult.

'Standardisation' is essential when collecting, compiling and collating data.

However, each patient is different. Staff profiles are different.

Next Gen

‘Future proofing’ the CDS service needs factored into what success will look like.

While pay, career progression and workload dominate the conversations, it becomes increasingly difficult to recruit and retain the ‘next generation’ of community dentists and Clinical Directors.

‘Next gen’ dentists want portfolio careers. They want flexible working arrangements. The SAS grade is not open under the CDS contract. There may be a need to consider equivalent recognition for specialist qualifications.

Pay and progression needs ‘fixed’ to attract the next generation of Community Dentists – with opportunities for specialist training.

Conclusion:

Summary of key themes emerging from the Roundtable Discussion - Next steps

"Let's make a start"

- **BDA to develop an Action Plan with other stakeholders**
- There is a need to **clarify what the role of the CDS is in a standardised way** – there's no point in writing business cases without the data to back it up.
- **Action** is needed.
- **Collaboration** is key – *'We need to work together – everyone has a role to play.'*
- It starts with the **Clinical Directors** – who need to work together.
- There is a role for the CDO, DoH and SPPG to provide support to the Clinical Directors as they lead on this work.
- **SPPG needs to be clear on what CDS is commissioned to provide** – rather than leave it to each Trust to decide.
- As per Chris Wilkinson's letter, there's a role for the CDO to take forward an **implementation plan from the CDS Workforce review** – CDO has a role in shaping the **DoH's vision of CDS** going forward.
- **DoH Workforce Policy Directorate (WPD)** must shoulder responsibility for proper workforce planning for CDS – particularly in respect of the specific **DDRB recommendation to undertake a Review of Pay and Progression of CDS.** (*To note: there were two units within WPD that have different responsibilities. Workforce Development Unit (WDU) are responsible for workforce reviews and Pay & Employment unit (P&EU) are responsible for pay and terms and conditions).*
- **CDS patient activity and waiting list figures and data need to be recorded in a standardised way across all HSC Trusts,** to provide regional statistics and a common approach (which ultimately is what is required to provide strong evidence to support workforce growth and service delivery).
- **GPT scheme** – funding would need to be re-activated for General Professional Training. NIMDTA Dean to consider this.
- With regard to next steps – there must be emphasis on the importance of **all parties** round the table moving forward according to their differing responsibilities, but all motivated by a commitment to making progress for the benefit of CDS staff and the service.
- **This report has aimed to document the wide range of issues currently impacting on CDS, as raised at the roundtable event.**
- **Regarding outcomes, the focus should be on the solutions put forward.**
- We need all parties to be **open-minded** regarding how they can and must support CDS workforce growth.

Next steps: BDA to develop an Action Plan in consultation with other stakeholders

***Disclaimer:**

This report has been compiled by the British Dental Association (BDA) and reflects the BDA interpretation of the discussion at the CDS Roundtable held on 16 October 2025, along with additional BDA commentary and recommendations. It should be attributable to BDA solely.

While all attendees participated in the roundtable discussion, this report should not be regarded as being an agreed position, or as endorsement of any of the organisations or individuals listed in this report.