Student manifesto
2014
Introduction

Dental students are the future dentist workforce. It is vital that dentistry is an attractive undergraduate course, open to the widest possible range of applicants, and that those who are accepted onto the course can be confident that they will have a secure and fulfilling career pathway ahead of them throughout their professional life.

The British Dental Association (BDA) is the professional association for dentists in the UK. It represents dentists working in all spheres of practice, and also dental students studying in the UK. The BDA Students Committee includes representatives from all UK dental schools and works on behalf of students to agree and promote policies relating to dental students. This Student Manifesto sets out the relevant current policies on which the committee is campaigning.

The Student Committee is concerned that increasing debt levels for dental students, uncertainty about the financial support available to them, a shortage of dental foundation training places, a shift in the make-up of the dental workforce, and changing career pathways could be restricting access into careers in dentistry as potential applicants consider alternative careers.

These same factors are at serious risk of affecting the morale of current dental students during their courses and as they look beyond graduation.

Through this Manifesto the Student Committee seeks to highlight the potential to make changes, which will improve the situation for dental students and ultimately patients. The recommendations are made in five key areas:

- Access to the profession – widening participation.
- Student finance – agreeing a long-term funding solution.
- Studying at dental school – guaranteeing high quality courses.
- Dental foundation training – allowing progression on graduation.
- Careers – enabling career progression and job satisfaction.

Areas of particular focus include the need to agree a long-term solution to student loans and NHS bursary funding to minimise student debt on graduation, and the provision of sufficient dental foundation training places for all UK graduates at the start of their careers.

Finally, a message to all dental students... to current BDA members, help us to continue to serve you and promote those issues which are most important to dental students, and to those who are not currently members, please consider joining. We are working to improve matters for all dental students and “Together we are stronger”.

Paul Blaylock
Chair, BDA Student Committee
Widen access to the profession

If oral health inequalities are to reduce, the oral health needs of an ageing population are to be met, the UK is to be a leading centre for dental research and the government is to meet its aims of creating an aspirational and socially mobile society, dentistry must be a viable career choice for young people irrespective of socio-economic background.

For dentistry to flourish, its profile as a rewarding and challenging career should be raised with those students who show an interest in healthcare and a caring attitude. We are concerned that adequate careers advice still appears to be lacking in many schools across the country. With the increased cost of going to university, it is more important than ever that young people have adequate guidance at school for careers. To support this, schools should be encouraged to help students find work placements or experience in clinical dental settings.

Compared to other university courses, dentistry attracts a disproportionate number of privately educated students. Data from the Higher Education Statistics Agency, presented in the graph below, shows that medical, dental and veterinary courses in 2012/13 attracted only 71.4 per cent of their students from state funded schools. By comparison, education courses attracted over 96.5 per cent of their intake from state funded school, computer science attracted 96.2 per cent and law attracted 91 per cent of its intake from state funded schools. It is important that the dental profession is drawn from all sections of the community.

![Graph showing the proportion of state funded and fee paying school students in various university courses](image_url)

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2 http://www.telegraph.co.uk/education/educationnews/10096564/Pupils-forced-to-turn-to-TV-and-internet-for-careers-advice.html last accessed 15.01.14 See also; Shore, N., Pritchard, E., “Promoting dentistry as a career: a local initiative”, Primary Dental Care, 9(2):49-53, 2002
3 http://www.hesa.ac.uk/index.php?option=com_content&task=view&id=2060&Itemid=141 last accessed 07.02.14
For a truly aspirational society, professional careers like dentistry should be attractive and open to all students. The figures above suggest that dental students are not representative of the general population. Students can be put off from extended courses like dentistry by the fear of accumulating a large debt on graduation.

More support needs to be available to students to understand the student finance systems in the UK; and there needs to be confidence in terms of adequate workforce planning to ensure that dental under-employment or even unemployment is minimised. The BDA cautiously welcomed the recent reduction of dental student numbers announced by the government for this reason.3

An increasing number of students pursue dentistry as a second degree and many have been encouraged to follow this route by the establishment of graduate-entry courses and schools. About 30 per cent of all dental students already have a degree.4 With entry to dental courses being very competitive those sufficiently dedicated to undertake a first degree in preparation for their dental degree should be supported as much as possible.

The most significant barrier for graduate entry is cost and the Government should recognise the additional financial burden faced by dental students studying a second degree.

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4 In 2011/12, data from Higher Education Statistics Agency “Students by subject of study, first year indicator, mode of study and level of study 2011/12” available from http://www.hesa.ac.uk/content/view/1897/239/ last accessed 07.02.14
“Social mobility is about breaking the transmission of disadvantage from one generation to the next. When a society is mobile it gives each individual, regardless of background, an equal chance of progressing in terms of income or occupation. The upsurge in professional employment in the middle of the last century created an unparalleled wave of social mobility in Britain. It created unprecedented opportunities for millions of women and men.”

Rt. Hon. Alan Milburn, Independent Reviewer on Social Mobility and Child Poverty 2012

*Fair Access to Professional Careers: A progress report by the Independent Reviewer on Social Mobility and Child Poverty*

**Recommendations**

If successive governments are to meet their aims of a truly mobile society, where access to education and professions is based on merit and ability, then more must be done to make sure that dentistry remains an attractive and long-term career choice, worth the financial risk for young people of all backgrounds.

Young people need to be given information about careers early on if they are to make informed decisions about which GCSEs and A-levels to take and what type of extra curricula activities will help them make successful applications to dental schools.

1. Encourage greater awareness of dentistry as a career.
2. Entry to the profession to be only based on ability and aptitude.
Reduce the financial burden on dental students

Financial strain is a significant problem affecting students. All students are facing greater levels of debt and a more uncertain career future. Since the introduction of fees for university courses, dental students have graduated with greater levels of debt than most others.

The BDA 2013 survey *The Financial Circumstances of Final-year Dental Undergraduates in the UK* revealed that average debt of final year students graduating in 2013 stood at £24,734. Increases in tuition fees have significantly raised the total level of debt among graduates. Against this background, since 2012, dental students are now faced with paying £9000 per year for their tuition coupled with progressively increasing living costs.

Faced with increasing levels of debt it seems possible that some prospective students will begin question the value of a five year dental degree. Indeed the labour market for dentists has never been more competitive or faced as many pressures including; direct access to dental care professionals, a stagnant NHS budget and an increased number of dentists.

The BDA estimates that a dental student starting a five-year undergraduate course 2013 in England where they live away from home could incur total costs of £114,000. At the moment maximum grants, loans and bursaries available for a student studying outside London from a family with average income are currently only £75,810. The shortfall of £38,365 must be covered by other sources of income and reflects that current available finance is does not meet general living expenses. The average level of debt reported by final year students masks the fact that debt is unevenly distributed and that many students from relatively affluent backgrounds graduate with little or no debt.

It is estimated that for undergraduate students graduating in 2019 that chose to borrow the maximum available would a total debt of over £60,000. If the cap on tuition fees is removed this figure will only increase further.

Of the 1025 dental students who entered dental school in 2011, over 300 were studying for a second degree. Second degree dental students have to fund the start of their course, many also have considerable personal costs such as a mortgage and family commitments. They are also likely to be carrying debt over from previous degrees. Dentistry relies on graduate entrants, and robust financial support must be available to them. Many students are motivated to pursue a dental career by professional development and by the opportunities to improve the oral health of patients.

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5 Perceptions of debt and borrowing among student dentists: a report of findings from focus-group discussions with dental students, British Dental Association 2013
6 The Financial Circumstances of Final-year Dental Undergraduates in the UK, British Dental Association 2014
7 An explanation of the difference tuition fees in the UK can be found here: [http://www.thecompleteuniversityguide.co.uk/university-tuition-fees/](http://www.thecompleteuniversityguide.co.uk/university-tuition-fees/)
8 An explanation of the difference tuition fees in the UK can be found here: [http://www.thecompleteuniversityguide.co.uk/university-tuition-fees/](http://www.thecompleteuniversityguide.co.uk/university-tuition-fees/)
9 ibid
10 See footnote 4 above
11 Skelly, AM., Fleming, GJ., “Perceptions of a dental career among successful applicants for dentistry compared with those of fifth-year dental students” Primary Dental Care, 9(2)41-6, 2002
and giving something back to society\textsuperscript{12}. Such motivated professionals are an asset to the health services and should be encouraged.

\textquote{“...being a Dental student has made it a lot harder to keep on top of finances compared to students on other university courses. I have to be in university most of the time and as a result have struggled to find a suitable part-time job. This means then I have no extra source of money outside my student loan, so I have to constantly be careful of my spending. I’m also aware as my course is longer, I’m going to be graduating with more debt than most other students” 4\textsuperscript{th} year undergraduate}

\textquote{“I come from a low income family and despite the Student Loans Company giving me an extra maintenance grant this in no way covers the costs of being a Dental student. Without family to fall back on, as many students do, I have had to work up to 15 hours a week in the evenings and at weekends. This constant fight for money had been a major detriment to both my studies and my social life which, as many students studying a stressful course will know if vital to general well-being.” 4\textsuperscript{th} year undergraduate}

Dental courses are of five years’ duration and the longer terms and full days make it difficult for dental students to work part time or in holidays to boost their income. In an effort to compensate for this, the government provides a bursary to students. The bursary, in England and Wales, meets the cost of tuition fees in the fifth year and provides a cost of living allowance\textsuperscript{13}. In 2011 the government reformed the NHS bursary to make it simpler and more equitable\textsuperscript{14}. The reformed bursary only applies to those who started their course after 2012. There are, consequently, two bursary systems running next to each other which complicates the system.

While the reforms were welcomed, they were limited to a short term solution. A permanent solution to funding NHS Bursaries needs to be found in good time so that those who are considering studying dentistry know as early as possible exactly the financial support they can expect. The BDA is engaged with the Department of Health’s Student Support Advisory Group which is looking again at the level of bursary support available.

The BDA’s report, \textit{The Financial Circumstances of Final-year Dental Undergraduates in the UK}, found that some students are forced to rely on commercial sources of borrowing, such as credit cards, or borrowing from friends and family\textsuperscript{15}. To prevent this, increased levels of borrowing from the Student Loans Company should be available. Tuition fees were first introduced in 1998 and since then it has become the norm to borrow money from government sources to fund education. While increasing the available loans from the Student Loans Company would increase debt, it would do so in a manageable way and from a source which causes less anxiety and stress to students. Existing student loans do not reflect the extra demands on a dental student, who have to study for an additional 10 weeks a year compared to their non-clinical peers. While the level of

\textsuperscript{12} Newton, P., Cabot, L., Wilson, NH., Gallagher, JE., “The graduate entry generation: a qualitative study exploring the factors influencing the career expectations and aspirations of a graduating cohort of graduate entry dental students in one London Institution”, \textit{BMC Oral Health} 11:25, 2011

\textsuperscript{13} The NHS Bursary Scheme New Rules. For students who started their course on or after 1 September 2012. Rules for the academic year from 1 September 2013 to 31 August 2014, Department of Health 2013

\textsuperscript{14} \textit{ibid}

\textsuperscript{15} \textit{The Financial Circumstances of Final-year Dental Undergraduates in the UK}, British Dental Association 2014
debt is a problem, a greater problem is the shortfall of income to meet ever increasing living costs as this increases stress when students should be free to concentrate on their studies.

**Recommendations**

A permanent and equitable funding solution is needed to provide prospective dental students with the confidence to enter a dental course. The financial aid to students must fully cover all costs during their studies. Our Student Debt Survey found that many students were reporting feeling stress and anxiety due to their financial situation. This was especially acute in the final year.

3. A permanent arrangement for the NHS Bursary must be found: students need a clear picture of the financial assistance available.

4. Student loans should match the cost of living so students can avoid borrowing from costly commercial sources.

5. Graduate entry students to have greater access to government backed loans.
Guarantee value for money at dental school

There are sixteen undergraduate and graduate entry dental schools in the UK, training about 1000 students a year. Almost all of those who graduate will pursue a career in dentistry and the majority will work at least for some time within the NHS.

Student satisfaction rates are high\textsuperscript{16}, the graph above shows that dentistry compares favourably to other clinical and science courses. There remains variation, however, and we want all dental schools to be in a position to offer the best teaching and support to their students. This will require sufficient numbers of clinical academics, clinical teachers and access to sufficient numbers of patients. While the overall number of dental academics in the UK is at an all-time high, there has been a 20 per cent reduction in the number of staff with research as part of their remit\textsuperscript{17}. This will have an effect, not only on the overall quality of research produced and the standing of dental schools but also on the attractiveness of dental academia as a career pathway for dental undergraduates.

Dentistry is a dynamic and constantly changing clinical activity. The dental world that students will graduate into will be different from when they started their studies.

\textbf{Graduates will need to be sufficiently prepared and provided with the tools to adapt to these circumstances. The curriculum will need to be revised regularly to reflect the changing nature of oral healthcare so that graduates are well prepared upon entering the workforce.}

\textsuperscript{16} Figures from \url{www.unistats.direct.gov.uk}

\textsuperscript{17} A Survey of Staffing Levels of Clinical Academic Dentists in UK Dental Schools as at 31 July 2012, Dental Schools Council 2013
With fees increasing, it will become ever more important for dental schools to be able to demonstrate good value for money to students. If students are being asked to pay over twice as much as their immediate predecessors it will not be unreasonable for them to expect a significantly improved service from their dental school.

Increased numbers of academics and better access to suitable patients will be expected and required if the UK is to continue to offer world class teaching and research in dentistry. While the BDA supports increased access to the profession, we are also conscious that dentistry should remain a planned workforce.

**Glasgow dentistry students suffering a lack of patients – 15 January 2014**

The [Herald Scotland](#) reported that dental students in Glasgow were struggling to access enough patients to ensure that they could graduate.

Dental undergraduates perform routine dental care on patients for no charge to gain practical experience of working on patients.

It is vital that dental students have access to sufficient numbers of patients so they can develop their skills.

Dental schools must identify early any problems with insufficient numbers of patients and take all steps necessary to ensure that the public take advantage of free dental care from aspiring clinicians.

**Recommendations**

The BDA is anxious that dental degrees must provide a world class education for dentists, which gives them a solid foundation for their future careers. This cannot take place without sustained investment in dental schools and resources for dental students to draw upon.

6. The dental curriculum should be reviewed and updated regularly.

7. We need sufficient numbers of dental academic staff to provide excellence in teaching and research, and access to patients.
Dental foundation training improvement

Dental graduates of a UK university who wish to work in NHS general dental practice or the community dental services must complete a one year Dental Foundation Training course\(^{18}\). Dental Foundation Training provides a strong practical introduction to the workforce for graduates. The experience gained through training sets standards for care that follow a dentist for life and we think it is worthwhile for all dentists to have this experience.

For the 2012 scheme a new system was introduced for applicants to DFT places in England and Wales, and has since been extended to Northern Ireland. This reformed process centralised the application system but problems remain, particularly that there are not enough places for UK graduates. We are keen to continue to work with the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) to refine the process and ensure that applicants have all the information they require in a clear and timely fashion.

There is considerable variation in how successful applicants are allocated to practices following scheme allocation by national recruitment. The BDA favours an open process for practice placements, involving both trainers and trainees. This would allow for the best fit between foundation dentist and practice for this important training time. We would like to see the involvement of trainers in this process.

The Governments in England and Northern Ireland are consulting on reducing Foundation dentist salaries from the September 2014 intake. At present dentists in foundation training earn slightly more than doctors on the equivalent course. Doctors can increase their income through additional work, such as out of hours and overtime payments, which dentists cannot do, however.

To cut the pay of foundation dentists is not necessary and will undermine the morale of a workforce that is entering a very competitive marketplace.

\(^{18}\) The National Health Service (Performers Lists) (England) Regulations 2013, The Stationary Office 2013, or achieve recognised equivalent experience.

\(^{19}\) http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm120914/text/120914w0004.htm
Recommendations

Limiting the number of places at university to study dentistry, charging £9,000 a year and requiring the completion of a foundation year before allowing graduates to work in NHS primary care, but not guaranteeing that place is unacceptable.

8. Every UK dental school graduate to be guaranteed the offer of a place on a dental foundation or vocational training scheme.

9. No cuts to Dental Foundation Dentist pay in any UK country.

10. Further improvements in the assessment process and allocation of DFT places.
Safeguard careers

Dental graduates are facing a more uncertain career and future than previous generations of dentists. Since 2009/10 incomes have been falling for both associates and practice owners working in the NHS. The job market has become more competitive with non-UK qualified dentists entering the market as job prospects for dentists in many European countries worsen. This makes it very difficult for the government to plan effectively the number of dentists it needs to educate. The General Dental Council’s decision to permit direct access to dental care professionals by patients may mean a further reduction in opportunities for young dentists in the future.

![Dentists added to the GDC register 2012 by area of qualification](image)

Newly qualified dentists need exposure to routine work in order to develop their confidence and skills. If more routine work is given to dental therapists instead, dentists’ opportunities to develop will begin to be limited. This may have repercussions for the future.

In both the BDA’s Dental Business Trends Survey 2013 and Salaried Morale and Motivation Survey 2013, opportunities for career progression and professional development were cited as vital factors of dentists’ motivation. A defined career pathway to help guide newly qualified dentists through the changing employment environment will help provide stability and safeguard motivation for those in the profession.

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20 State of General Dental Practice, British Dental Association 2013
21 See also; Gallagher, JE., Patel, R., Wilson, NH., “the emerging dental workforce: long-term career expectations and influences. A quantitative study of final year dental students’ views on their long-term career from one London Dental School”, BMC Oral health 9:35, 2009
Specialisation to some degree is one of the career aspirations of many graduates and this must be made financially viable\(^{22}\). Unemployment is a concern to many dentists finishing their Dental Foundation Year, with one in ten reporting that they experienced difficulties in finding a permanent post after finishing their training\(^{23}\). We are also concerned about underemployment among associate dentists. BDA research suggests that about 14 per cent of associates are underemployed and 25 per cent work in more than one practice. We will continue to monitor this\(^{24}\).

We are very concerned that if incomes continue to fall at the rate they have been, that dentistry will no longer be considered a financially attractive profession by students.

With opportunities for career progression also being squeezed by increased competition for jobs, more privately funded professional development will most likely be required\(^{25}\). If dentists will have to fund these courses themselves, then earnings will have to stop falling and start climbing. Other postgraduate training after DFT should be funded by the NHS or Health Education England. An increase in flexible Core Training posts and funded CPD courses would help to ensure a highly skilled workforce.

As incomes fall and dental expenses increase\(^{26}\), it becomes harder and less desirable to take on the burdens of owning an independent dental practice. Almost a quarter of associates who responded to the BDA’s Dental Business Trends Survey 2013 reported that they worked for a dental corporate. The BDA considers that patient choice is best served by a plurality of providers and that the opportunity for practice ownership remains one of the important attractions of pursuing a career in dentistry.


\(^{23}\) BDA Survey of Foundation Dentists and Vocational Dental Practitioners, British Dental Association 2014

\(^{24}\) State of General Dental Practice, BDA 2013

\(^{25}\) Ibbetson, R., “Choosing a career in dentistry” Dental Update 30(1):28-34, 36, 2003

\(^{26}\) State of General Dental Practice, BDA 2013
Recommendations

Oral health has improved a huge amount since the introduction of the NHS and since widespread access to dentists was encouraged\(^\text{27}\). This improvement is to be welcomed and recognised as a great achievement which has transformed the oral health of the nation. A healthy smile, the ability to eat, drink and socialise is vitally important for overall wellbeing\(^\text{28}\).

But just because oral health is improving doesn’t mean that dentists are no longer needed and certainly doesn’t mean that they shouldn’t continue to be valued. As the population ages, new and different challenges will face the profession, support needs to be in place now so we are ready to meet those challenges.

The BDA wants to see a happy, confident and growing profession that can deliver the level of care that people in the UK need and deserve. We will continue to work to try to make dentistry in the UK better, but we cannot do it alone.

11. Support for newly qualified dentists to develop and the development of a robust career pathway.

12. Regular workforce reviews to support full dental employment.

13. Financial support to be given to newly qualified dentists for their first CPD cycle.

14. Appropriate pay levels to recruit and retain dentists, to reflect the complex work performed and justify the personal expense of engaging in a dental degree.

\(^{27}\) Adult Dental Health Survey 2009, Health and Social Care Information Centre 2011

\(^{28}\) Oral health, Fact sheet N°318, World Health Organization 2012
**ACCESS TO DENTISTRY**

1. Encourage greater awareness of dentistry as a career.
2. Entry to the profession to be based on ability and aptitude.

**FINANCE**

3. A permanent arrangement for the NHS Bursary must be found: students need a clear picture of the financial assistance available.
4. Student loans should match the cost of living so students can avoid borrowing from costly commercial sources.
5. Graduate entry students to have greater access to government backed loans.

**STUDY**

6. The dental curriculum should be reviewed and updated regularly.
7. We need sufficient numbers of dental academic staff to provide excellence in teaching and research, and access to patients.

**DENTAL FOUNDATION TRAINING**

8. Every UK dental school graduate to be guaranteed the offer of a place on a dental foundation or vocational training scheme.
9. No cuts to Dental Foundation Dentist pay in any UK country.
10. Further improvements in the assessment process and allocation of DFT places.

**CAREERS**

11. Support for newly qualified dentists to develop and the development of a robust career pathway.
12. Regular workforce reviews to support full dental employment.
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14. Appropriate pay levels to recruit and retain dentists, to reflect the complex work performed and justify the personal expense of engaging in a dental degree.