

## Dentists tell Chancellor further cuts will kill NHS dentistry

Following Jeremy Hunt's emergency statement on the public finances, the British Dental Association has warned any further cuts risk destroying any prospect of saving NHS dentistry in England.

In an open letter to the new Chancellor, the professional body has stressed that without meaningful investment a reform process looks doomed from the outset, and that any further 'efficiency savings' will critically undermine existing dental providers and further erode access to the public.

Formal negotiations are yet to begin on reforming the discredited NHS contract dentists in England work to that is fuelling the current access crisis. The system puts government targets ahead of patient care, and caps spending to cover barely half the population. Minor 'tweaks' to the contract announced before the summer recess, will do nothing to improve access, or halt the exodus of dentists from the NHS and had no additional funding attached.

The BDA has long pressed for a decisive break from this failed contract, recently dubbed by Parliament's Health and Social Care Committee as 'not fit for purpose', underpinned by sustainable investment. It warns that the government's objectives to improve access and boost retention simply cannot be achieved within the historic

financial constraints set by the Treasury. Dentist leaders warn another period of austerity will leave the service at risk of collapse. The BDA estimates it would take an extra £880m a year simply to restore resources back to 2010 levels.

In his former role as chair of the Health and Social Care Committee, Jeremy Hunt had been a leading advocate of reform in dentistry, and a fully funded workforce plan for the NHS.

BDA Chair Eddie Crouch said: 'Without fair funding for NHS dentistry, there was little scope to do more than rearrange the deckchairs as the ship goes down. New cuts will only speed that process along.'

'Since the financial crash, dentists have faced cuts with no parallel anywhere in the NHS. There is simply no more fat to trim, short of denying access to an even greater proportion of the population.'

'We never imagined we would need to defend the wholly inadequate resources currently offered to us. But it seems we must. However, the stark reality remains that sustainable investment is urgently required if we are going to bring this service back from the brink.'

'In his former role, the Chancellor recognised the scale of this crisis. NHS dentistry is already on the critical list. Any further cuts will kill the patient.'

## New device for early detection of gum disease

Researchers from the University of Birmingham are developing a rapid test for gum disease, and they expect the technology – a probe for use in point of care settings such as dental surgeries or pharmacies – to play a pivotal role in early detection of heart or lung disease, type 2 diabetes and rheumatoid arthritis.

Professor Tim Albrecht from the University's School of Chemistry and Dr Melissa Grant from the School of Dentistry devised a new technique that could provide a rapid and accurate assessment of both the presence and extent of gum disease from a sample of saliva that can be taken in any healthcare setting.

Their method consists of a specialised probe and a detector that provides a quantitative measurement of biomarkers that indicate both the presence of gum disease and its severity. The biomarker panel was identified and validated by a team of researchers at the university's Periodontal Research Group and published earlier this year in the *Journal of Clinical Periodontology*.

The researchers have received funding from the EPSRC Impact Acceleration Account to develop a prototype of this new device, which is expected to be available within a year.

Professor Albrecht said: 'We believe the device we are prototyping will be the first dental probe that can identify periodontal disease in this way. It will detect periodontitis quickly and easily in a variety of healthcare settings, opening up opportunities for monitoring and early intervention in the patients with comorbid disease, who would benefit most from rapid treatment for periodontitis.'

Dr Grant said: 'The ability to detect and profile disease biomarkers in real time will allow monitoring for disease severity, and in particular the transition between milder and more severe forms of gum disease. This will benefit not only dental health, but also reduce costs and capture patients for whom periodontal treatment may, in the long run, be life-saving.'

## GDC launches consultation on updated learning outcomes and behaviour expectations in dental education

The General Dental Council has launched a 12-week public consultation on proposed changes to learning outcomes and behaviour expectations for education and training programmes leading to registration.

In addition to introducing the new terminology of 'safe practitioner' to describe newly qualified dental professionals, the proposals will introduce new areas of required behaviour and make updates to both clinical and non-clinical requirements that programmes must achieve.

GDC Head of Upstream Regulation, Ross Scales, said: 'Since the learning outcomes in Preparing for Practice were last reviewed back in 2015, there have been significant

shifts in both dentistry and wider society, and the proposed changes in The Safe Practitioner Framework very much reflect this. I'd like to thank the many stakeholders who have shared their views to date, and particularly those who contributed their significant experience and expertise to our reference group which explored feedback and research. We are now seeking broader views on our proposals and welcome feedback from all of those with an interest in dental education and training.'

To read the full proposals and respond to the consultation before 10 January 2023, visit [www.gdc-uk.org/about-us/what-we-do/consultations-and-responses](http://www.gdc-uk.org/about-us/what-we-do/consultations-and-responses).

## Dental Protection welcomes PSA drive to wipe out inequality in regulation

Dental Protection has welcomed recommendations by the Professional Standards Authority (PSA) for regulators, including the GDC, to help tackle inequalities in professional regulation.

The PSA oversees the GDC and other professional regulators and produces reports to recommend improvements. In its latest report, *Safer Care for All*, the PSA states that tackling discrimination and inequality requires a collaborative, coordinated effort from all bodies involved in the provision and regulation of healthcare, including regulators.

The report calls on the GDC and other regulators to review and address 'more directly and urgently' processes which

may have a disproportionate impact on certain groups of registrants, and ensure investigators have the right tools to interrogate information included within a referral, to help avoid progressing complaints against certain groups of registrants that are not well-founded.

The PSA in its September 2022 response to the GDC's consultation on its strategic plan for the next three years, also asks the GDC to consider how it is embedding equality, diversity and inclusion across all workstreams, and in relation to all strategic priorities.

Dr Raj Rattan, Dental Director at Dental Protection, said: 'All dental professionals have the right to an inclusive environment,

and regulatory processes that are fair and just.

'The GDC's 2021-2023 vision is to be a champion of diversity, equality and inclusion and one objective is to ensure that regulatory activity is fair and transparent. This includes analysing over-representation in Fitness to Practise cases and what this means.

'We are pleased to see this focus and recognise there are multiple and complex factors behind this issue. However, the PSA is right to call on the GDC, alongside other regulators, to address the issue more directly and with more urgency. We stand ready to work with and assist the GDC in this area wherever possible.'

## Macmillan Cancer Support continues vital free dental care for cancer patients in Southampton

Macmillan Cancer Support has renewed its partnership with dental charity Dentaïd to help fund a mobile unit at University Hospital Southampton NHS Foundation Trust (UHS).

Dentaïd's mobile unit attends the hospital twice a month with its group of volunteer dentists and dental nurses to offer treatment to head and neck cancer patients. Since the partnership started in July 2021 the unit has treated over a

hundred head and neck cancer patients at UHS who are either about to commence or are undergoing treatment. The service also supports patients who have finished their cancer treatment - maybe a few years ago - but are now suffering ongoing damage to their teeth.

Over 300 different treatments have taken place including: extractions of painful teeth, fillings, oral health instruction, dentures to replace teeth lost during

help patients who've needed urgent dental care prior to starting cancer treatment, those who've developed dental problems while they've been undergoing treatment or afterwards as radiotherapy can have long lasting effects on the mouth. This is an innovative project that involves taking our mobile dental service to the hospital and helping those struggling to access dental care who urgently need treatment to restore their confidence and improve their quality of life.'

Dentaïd volunteer dentists and dental nurses provide full x-rays and screenings, fillings, dentures, extractions if necessary, dental and oral health advice, scale and polish and other treatments. All clinics take place on the mobile dental unit which parks at the hospital.

Tracy Street, Macmillan Engagement lead said: 'We are thrilled to continue our partnership with Dentaïd and UHS to provide essential dental care for head and neck cancer patients. There has proved a real need for this service with a gap in provision and thanks to Dentaïd's volunteers and our amazing Macmillan supporters we can continue to fund and offer patients the dental care they need before, during and after their cancer treatment.'



cancer treatment and preventative and protective treatments including fluoride varnish.

Andy Evans Dentaïd's CEO said, about the extension of the funding: 'We are delighted to continue our partnership with Macmillan Cancer Support and University Hospital Southampton. Over the last year Dentaïd volunteers have been able to

## New Chair announced

Heidi Marshall has been appointed the new Chair of NASDAL (National Association of Specialist Dental Accountants and Lawyers).

Marshall heads up the dental team at Dodd & Co Chartered Accountants and until recently was the Secretary of NASDAL – a post she has held since 2015. Heidi works closely with dental practices to assist with all areas of its financial management and is experienced in advising new practices set up. She has over 250 dental professional clients and therefore immense experience in this specialist area. She acts for clients up and down the country and regularly contributes to the dental press and presents at seminars. Heidi is also a technical mentor for other firms of accountants who don't specialise in dentistry but do have clients in the field. She uses her expertise to guide them through the complicated issues relating to dentistry finance.

Heidi takes over from Nick Ledingham, Senior Partner at Morris and Co, founding member of NASDAL and Chairman since 2008, and said: 'I have big shoes to fill and thank Nick for all the tireless work that he has put in over the 25 years that he has been involved with NASDAL. He has helped shape it into the organisation that it is today. I feel a particular responsibility to the Association as it was Paul Kendal, who was a partner at Dodd & Co in our



Penrith office back in 1997 who made the initial calls with the idea of forming an association. I hope that I will do him, Nick and all our members proud.'

Nick commented: 'Whilst I am now more than happy to hand over the Chairmanship to Heidi, I won't be disappearing just yet. I have still got a few more years of work ahead of me, and I look forward to many more NASDAL meetings in the future, although at future meetings I will be taking a different seat.'

'What I have loved about NASDAL is that it has distinguished itself from other similar organisations and that all of its members are friends. We all look forward very much to the meetings and to catching up with what has happened to other members over the last six months, both professionally and personally. Many members who have retired over the years have told me that out of all the professional bodies that they have belonged to, NASDAL was by far their favourite, and I am enormously proud of that.'

## 2023 ARF announced

The Council of the General Dental Council has announced the Annual Retention Fee (ARF) level for 2023 will be £690 for dentists and £114 for dental care professionals.

The rise for dentists – (an increase of 1.5%) – is far below the 10.1% rate of inflation (CPI, 12 months to September 2022) and the ARF level for both dentists and dental care professionals is lower than the GDC indicated when it consulted on plans in the summer.

GDC Chair, Lord Toby Harris, said: 'We have statutory duties and so, to ensure these are fulfilled, we must be financially viable. But that is not the only reason we must continue to operate - I believe dental professionals gain

great benefit from regulation as it is one of the things that underpins the reputation of the professions as a whole.'

In the consultation on its strategy, the GDC warned that due to high and sustained inflation it may need to increase the ARF in 2024 and 2025. While this does mean less certainty over the coming years in relation to the level of the fee, this approach enabled the GDC to make a prudent provision for inflation whilst keeping 2023 costs as low as possible for dental professionals. If further rises due to inflation are necessary, the regulator commits to limiting these to the rate of inflation at most, while continuing to challenge its own costs.

GDC Chief Executive and Registrar, Ian Brack, said: 'In the current uncertain and volatile economic climate, it's essential that we manage financial risks – particularly those relating to inflation. We're confident that our expenditure plans will ensure we are able to fulfil our primary role of maintaining patient safety and public confidence.'

'While we will continue to aggressively manage costs, as we have said we may need to increase the level of the fee in the future. Any such increase will, at most, be in line with the rate of inflation at the time, or as a result of other exceptional and unanticipated circumstances.'



## Female dental professionals must be supported through menopause



© iJubaphoto/E+/Getty Images Plus

Female dentists and dental care professionals (DCPs) should be well supported through the menopause and perimenopause to ensure we retain passionate and skilled clinicians in the workforce for as long as possible, according to Dental Protection.

Dental Protection said around 93% of DCPs and 52% of dentists are female, and many could at some stage be impacted by menopause symptoms such as anxiety,

depression, poor concentration, brain fog, dizziness and insomnia while doing their best to care for patients in challenging environments.

It said mental wellbeing support, awareness from practice owners and managers as well as workplace adjustments may help female dental professionals continue to perform at their best, and stay in the workforce for longer.

Yvonne Shaw, Deputy Director at

Dental Protection, said: 'The menopause and the associated symptoms can vary widely; however, we need to ensure female colleagues aren't suffering in silence during this phase of their lives. Brain fog, forgetfulness, poor concentration and insomnia can make any job difficult, but particularly so in a challenging environment like dentistry.

'All female dental colleagues suffering with symptoms should feel comfortable to discuss workplace adjustments and seek mental wellbeing support. Providing a working environment that is open and supportive helps to ensure those affected do not feel isolated. Having a menopause workplace policy can ensure wider understanding and provide reassurance that support will be available if needed. Managers and practice owners should consider training on the menopause and how the symptoms can impact on the wellbeing of some individuals and the wider team.

'If we do not stigmatise menopause, we may lose many skilled and highly valued dental professionals during a time when the profession can ill-afford it. A supportive culture will alleviate additional stress, enable individuals to continue to perform at their best for patients, and thrive in their careers for longer.'

## Correction to 2 in 5 dentists who graduated overseas faced FtP hearing

The original article can be found online at <https://doi.org/10.1038/s41404-022-1763-2>

Journal's correction note:

News *BDJ In Practice* 2022; 35: 10.

When this news story was originally published, the final two words of the headline were omitted. The correct headline is: 2 in 5 dentists who graduated overseas faced FtP hearing without representation.

The journal apologises for any inconvenience caused.

## MPs back reform, but government yet to wake up

The British Dental Association has greeted the show of unity from MPs on the broken NHS dental service but lamented the government's failure to commit to meaningful reform.

Members backed a cross-party motion calling on government to set out an action plan to address the access and workforce crises in NHS dentistry, and to report back to the House on progress in three months.

MPs joined the BDA's call for a decisive break from the failed contract, underpinned by sustainable investment. The NHS contract, which puts government targets ahead of patient care and caps funding to barely half the population, was recently dubbed

by Parliament's Health and Social Care Committee as 'not fit for purpose'. In his former role as chair of the committee, Jeremy Hunt had been an advocate of reform in dentistry and a fully funded workforce plan for the NHS.

Shawn Charlwood, Chair of the British Dental Association's General Dental Practice Committee said: 'MPs on both sides of the House have recognised the urgency here, but the government has yet to wake up.

'Quick fixes and tinkering at the margins won't save NHS dentistry. Our patients need to see fair funding and real reform. Any further cuts will condemn this service to oblivion.'

## LETTER TO THE EDITOR

## Counterpoints and clarifications

Sir, I read with interest the articles in the EDI themed edition of *BDJ in Practice* – many of which are excellent in highlighting the various and diverse issues affecting dentists and the dental team around equality of opportunity and equity of treatment in its broadest sense. Several of the articles also drew on the real-life experiences of diversity in dentally-related settings.

I do however wish to counter some of the arguments made by Professor Kevin O'Brien in his article on balancing the boards<sup>1</sup> which I think also applies to a certain extent to your editorial piece. Both pieces tended to conflate diversity and representation, a common error which can lead to a great deal of unhelpful argument.

It is quite possible to have a committee or board with a great deal of diversity in its membership that fails to be representative. Conversely, it is quite possible to have a committee or board with excellent representation that fails to be diverse. Representation is defined by the criteria set in the constitution of the committee/board.

Representation in the context of the BDA will usually refer to craft, geography and often membership of other committees. In theory the constitution could also include criteria for diversity – usually defined on a quota system such as a minimum proportion of seats according to gender or ethnicity, these being the two most common criteria used in these cases; but could also include any of the other protected characteristics.

The Principal Executive Committee of the BDA, otherwise referred to as the Board for easy parlance, has 15 elected seats allocated in its constitution, each clearly defined according to geography. Directors are BDA members, voted onto the Board by their constituents who are ordinary BDA members. By law, they must be elected by members rather than appointed in any other way, because they are also the trade union executive as well as company directors.

The BDA previously undertook extensive consultation with its membership to gauge their appetite for a quota system to improve the diversity of the Board. The outcome was to reject any quota system. Clearly there are pros and cons to quota systems and some organisations have embraced

them. However, the BDA is fundamentally a democratic organisation and chose otherwise.

We have certainly worked on ways to improve the diversity of the pool of candidates and the number of female candidates has increased in recent PEC elections. Candidates each provide a pen portrait whereby they can be assessed by voters for their suitability for the role of Director of the BDA based on their track record and competence. The votes cast are the ultimate arbiter of the seat winners. There has been a significant uptick in the number of female members of the PEC and we will continue to support our electoral processes to build on this improvement.

The criticism levelled at the lack of EDI-related content on the BDA website did give pause for thought. However, on reviewing the website, the problem is not the lack of content; it is to do with finding the content and knowing what to search for. A quick audit of content shows over 80 articles and several extensive collections that come within the EDI umbrella – ranging from racism to age, from disability to health inequality, from mental health to gender, from maternity to religion, and so on. This is a reflection on the fact some of the content is behind the paywall for members only. More so, it reflects the current structure of the BDA website, which I am pleased to

report is being completely redesigned and restructured. When the new site goes live it will have a system that automatically creates hubs for different subjects.

There will be an EDI hub on the new BDA website which will be both a library and news centre for all things related to dentists and patients that have EDI relevance. It will also point to EDI-related training such as our online suite of EDI training modules that include handling discrimination and micro-aggressions and how to use inclusive language.<sup>2</sup> The suite carries five hours of CPD and feedback has been very positive. We also have a new micro-course on Learning disabilities and autism.<sup>3</sup>

The BDA will continue to have a strategic focus on EDI in dentistry and further develop our services equitably and with due regard to our duties under the Equalities Act through the oversight of the EDI committee.

**Dr Laura Cross**  
Co-Chair of the EDI Committee  
Director of the BDA and PEC member

## References

1. O'Brien K. An update on the gender balance of the UK Dental Boards. *BDJ In Pract* 2022; **35**: 30-31.
2. British Dental Association. CPD Hub. Available online at: <https://cpd.bda.org/course/view.php?id=344> (Accessed October 2022).
3. British Dental Association. CPD Hub. Available online at: <https://cpd.bda.org/course/info.php?id=391> (Accessed October 2022).

