

ORAL HEALTH AND THE EU REFERENDUM

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By the end of 2017, the UK will have held a referendum on whether to remain within the European Union (EU). The link between oral health and such issues may seem rather tenuous. It is not. The debate on membership to date has centred largely on three issues: the impact on the UK economy, immigration and the distribution of legislative powers between Brussels and Westminster. Much of the language used has painted a negative picture both of those immigrating to the UK and loss of legislative control to the EU. However, there has been very limited discussion on the role that EU-qualified professionals play in delivering health care in the UK.

The creation of the EU provided citizens with the right of the free movement of persons, services, capital and goods. Individuals and their families have the right to reside and work in any of the current 28 Member States. Of particular importance in dental healthcare is the recognition of professional qualifications as a suitable mechanism facilitating their free movement. It enables citizens of Member States to gain access to the professions in which they are qualified in their home State and enjoy the same rights as nationals of other States who practise these professions.

Additionally, there are two important pieces of work the outcomes of which have a potential bearing on the impact of any change in EU membership. First, the Government has to implement the Professional Qualifications European Union (Recognition of Professional Qualifications) Regulations 2015 by 18 January 2016 to transpose the rules of the new Directive into UK law.¹ Second, Health Education England (HEE) has established a Dental Workforce Advisory Group to advise

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the Director of Strategy and Planning on the multi-professional dental workforce in England to ensure that the HEE can support future supply and demand of a range of dental professionals in line with national education and training policy.

These issues are of considerable importance as for a number of years entrants onto the dental register from outside the UK have exceeded those whose initial qualification is from one of the dental schools within the UK. The three main routes to entry onto the register are: successful completion of a dental degree at a UK school; successful completion of a dental degree from a recognised education establishment within a European Member State and meeting the entry criteria set by the General Dental Council (GDC), and; passing the Overseas Registration Examination (ORE). The GDC has been monitoring what happens to registrants according to entry route and data on flow patterns now exist. Over 90% of dentists registered through ORE or as being UK qualified remain on the Dentists Register 5 years after entry. Less than 60% of those who are EU qualified do so.²

However, these differences will pale into insignificance should the UK vote to withdraw its membership of the EU. Over 10% of registrants in the UK have their initial qualification from another Member State, the majority from Greece, Romania and Spain. Besides a decision on whether these countries themselves will remain in the EU, an important question that must be addressed is, should the UK or another other current Member State leave, would those currently accepted onto one of the Member's Regulatory Bodies Registers be allowed to remain?

With the outcome not only of the EU referendum but the future EU

membership of other States also lacking certainty, the methodologies of the HEE working group will need to show how it intends to handle these issues when modeling the potential events. As Batchelor³ has commented previously:

'...defining personnel requirements must recognise that a methodology based on counting the number of dentists and their current activities along with estimates of the future number and working practices of professionals complimentary to dentistry, however detailed, will not provide a valid mechanism on which to base future workforce requirements. Pseudo-scientific methodologies employed in a supply and demand model cannot help; if a workforce review is to be of value its work must recognise that the future will always be uncertain and adopt modeling techniques that are appropriate.'

When considering how to vote in the EU referendum, a factor for those individuals concerned about oral health in the UK is the need to understand the contribution that current EU qualified dental workers make. The issues of immigration, legislative power and the economy are inextricably tied up with the care delivery system. There is a need for greater clarity on the issues and how any change will potentially impact on the dental delivery system.

1. Professional Qualifications European Union (Recognition of Professional Qualifications) Regulations 2015. Available online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417461/bis-15-253-draft-statutory-instrument-eu-recognition-of-professional-qualifications-regulations-2015.pdf (accessed November 2015).
2. General Dental Council, Personal Communication, June 2015.
3. Batchelor P A. Can we plan workforce requirements? *Community Dent Health* 2002; **19**: 129-130.

DOI: 10.1038/sj.bdj.2015.900