

BADN RESPONDS TO DENTAL RECOVERY PLAN

The British Association of Dental Nurses (BADN) welcomed the government's Dental Recovery Plan¹ published on 7 February as 'a first step in the right direction' – but said the Plan 'does not adequately address the current dental nursing recruitment and retention crisis'.

The Plan includes:

- New programmes to promote oral health
- Deployment of teams to worst areas for oral health/NHS access/dental vans to underserved areas
- 'Golden Hello' payments to attract dentists into new areas/introduction of New 'Patient Premium'
- Expansion of dental undergraduate training places by 40%/expansion of dental therapy and dental hygiene training places by 28% by 2028/9 and by further 40% by 2031/32
- Promotion of therapist-led models of care
- Increase of exam capacity for overseas

qualified dentists/streamlining of registration of overseas dentists/make it easier for overseas dental professionals to work in the NHS/exploration of automatic recognition of international qualifications outside the EEA

- Funding/contract reform/UDA uplift.

BADN Honorary President Joan Hatchard said: 'The Recovery Plan is certainly a starting point. But it fails to take into account the fact that increasing the number of dentists/hygienists/therapists requires a similar increase in the number of dental nurses, as clinicians cannot work with dental nurses. The Plan blithely states that the NHS will also encourage more dental nurses to pursue training programmes – without giving any specific details on how this will be achieved!'

'The recent survey carried out by Dr Debbie Reed of the University of Kent, in collaboration with BADN, shows that dental nurses are disillusioned by low salary levels (often only

minimum wage), lack of career pathways, lack of recognition and support from their employers and are leaving the profession. The crisis in dental nurse recruitment and retention can only be resolved if these issues are addressed. BADN is happy to work with the appropriate organisations regarding implementation of the Plan, but urges those organisations to bear in mind that dentistry is not just dentists – dental nurses are the largest registrant group and the mainstay of the dental team. Dental nurses, and their needs, must be included in the equation!'

References

1. Department of Health and Social Care, NHS England. Our plan to recover and reform NHS dentistry. 7 February 2024. Available at: <https://www.gov.uk/government/publications/our-plan-to-recover-and-reform-nhs-dentistry> (accessed February 2024).



AMALGAM BAN WILL HASTEN NHS DENTISTRY'S DEMISE

On 17 January the British Dental Association (BDA) warned that the European Parliament's vote to ban dental amalgam from 1 January 2025 will send shockwaves across the UK's already struggling dental services.

Silver amalgam is the most common material for NHS permanent fillings across the UK. Fillings represent around a quarter of all courses of NHS treatment delivered in England, with amalgam used in around a third of procedures. The BDA estimate treatment times and costs of alternative materials are over 50% higher than those of amalgam.

On 14 July 2023, the European Commission adopted a proposal to revise the Mercury Regulation, to introduce a total phase-out of the use of dental amalgam and prohibit the manufacture and export of dental amalgam from the EU from 1 January 2025 – five years earlier than expected.

The vote will hit all four UK nations but will have a disproportionate impact on services in Northern Ireland, which has the highest proportion of filled teeth of any UK nation. Under post Brexit arrangements, Northern Ireland will be expected to phase out dental amalgam on the same basis as EU member states. Divergence means the rest of the UK faces disruption and higher costs given the

impact on supply chains, but not a formal ban.

In an open letter to all four UK Chief Dental Officers,¹ the BDA stress there are currently no alternative restorative materials that compete with amalgam on speed of placement or longevity, meaning the ban will eat into clinical time and resource that are in short supply, likely creating further access barriers. There are no indications where the millions in additional funding required will come from nor the workforce to carry out the tens of thousands of extra clinical hours.

MEPs also backed amendments stating that Member States need to 'ensure appropriate reimbursement is made available for mercury-free alternatives' to limit the socio-economic impact. The BDA say the same approach is need from all UK Governments.

The Nuffield Trust warned in December that NHS dentistry was at the most precarious moment in its 75-year history. The BDA warn that without decisive action, this ban will only hasten the service's demise.

While the BDA has long supported a phase-down in dental amalgam, it believes this rapid phase-out is neither feasible nor justifiable. Dental amalgam has been in use and extensively studied for 150 years as a restorative material. Its safety and durability are well established, and it remains the most



appropriate material for a range of clinical situations.

BDA Chair Eddie Crouch said: 'When we are set to lose a key weapon in the treatment of tooth decay all four UK Governments appear asleep at the wheel.'

'When alternative materials can't compete, this will add new costs and new uncertainties to practices already on the brink.'

'Without decisive action this could be the straw that breaks the back of NHS dentistry.'

References

1. BDA. Letter from Eddie Crouch to UK Chief Dental Officers. 17 January 2024. Available at: <https://www.bda.org/media/h5ceamgl/letter-on-amalgam-to-cdos-jan-2024.pdf> (accessed January 2024).

