

R&R

Shaun Sellars continues his series on ethical dilemmas in dentistry which appears in every second issue of the *BDJ*.

The recruitment and retention crisis in NHS dentistry is well documented. The national and dental press has contained articles on the current situation for months. More recently, Evans *et al.* investigated the current predicament and showed how it spread across the country and is even starting to affect private practice.¹

While adults losing access to NHS dentistry may have been able to secure private services, children have fewer choices regarding their dental care. Recent figures show that for 2022, in England, 6.5 million children haven't seen a dentist within the last year, up from 4.8 million just three years earlier.² The now-defunct Public Health England (PHE) reported on oral health inequalities in 2019.³ This report confirmed previous data that children receiving free school meals, a measure of lower socioeconomic class, were much more likely to report issues with their dentition. One can assume that families in this demographic are less able to afford access to private dental care. We're facing a generation growing up with many never seeing a dentist. And this can lead to a lifetime of health inequalities.

Childhood caries experience affects more than may be expected. There is not only the prospect of pain and tooth loss, but associated time away from school, with the risk of lower educational attainment. The disruption to family life often leads parents or caregivers to take time off work and report increased stress levels and feelings of guilt. And there is some suggestion that early childhood caries experience can lead to obesity in adolescence and adulthood, with an accompanying long-term healthcare burden. Certainly, children and parents are less likely to receive good dietary advice if they can't access dental care.

PHE reported that dental extractions for children cost the NHS around £50 million annually.

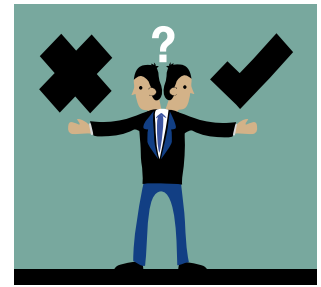
That's the principal healthcare cost to the NHS for this age range. Surely this money would be better invested in preventative oral care for children and young adults. In turn, this investment would improve the population's general health for the future. This is genuinely 'putting the mouth back in the body', and the link between childhood oral health and future wellbeing is currently being ignored.

We can't solve the current recruitment crisis solely with a cash injection. We need more dentists who want to work in the NHS, and the system needs to change for that to happen. The exodus of dentists from the NHS disproportionately affects vulnerable groups, especially children, building a reservoir of dental and general health problems for the next generation. Continued inaction over the current situation is causing immediate pain for young people and creating a financial and therapeutic burden for the future NHS. This is unwise but typical of the short-termism that our political system encourages. If we can't turn the tide on dental recruitment, the NHS will continue its recent decline not only in dentistry but also in medicine. And if our children continue to suffer, we might once again be 'the sick man of Europe' – only this time, more literally.

To visit the *Careers Advice* section of *BDJ Jobs*, use the QR code included with this news story, or visit <https://www.bdjjobs.com/careers/>.

References

1. Evans D, Mills I, Burns L *et al.* The dental workforce recruitment and retention crisis in the UK. *Br Dent J* 2023; **234**: 573–577.
2. Liberal Democrats. 6.5 million children not seen by an NHS dentist last year. 2023. Available at <https://www.libdems.org.uk/press/release/65-million-children-not-seen-by-an-nhs-dentist-last-year> (accessed May 2023).
3. Public Health England. Inequalities in oral health in England. 2019. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/970380/Inequalities_in_oral_health_in_England.pdf (accessed May 2023).



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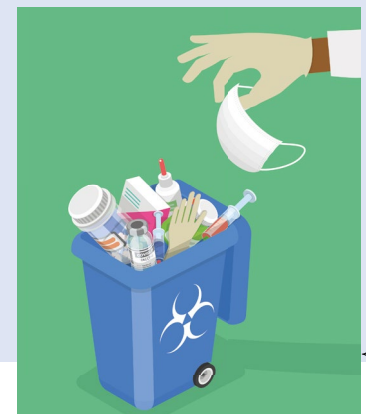
Updated guidance on the safe management and disposal of healthcare waste

Guidance on the safe management and disposal of healthcare waste (HTM 07-01) has been updated. HTM 07-01 (2023 version)¹ replaces the previous 2013 edition and is intended to better reflect the key principles in sustainable healthcare waste management, and specifically that of the circular economy, environmental protection, improved social outcomes, and reduced carbon emissions.

The British Dental Association (BDA) is in the process of seeking clarification on aspects of the updated guidance that may impact how dental practices segregate and dispose of their waste and will keep members updated.

References

1. NHS England. (HTM 07-01) Management and disposal of healthcare waste. 20 March 2023. Available at: <https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01> (accessed June 2023).



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