

*“...a politically expedient imperative to plug the immediate shortage...prompted by adverse headlines.”*

# Someone needs to get a grip

Workforce planning in dentistry is not an easy matter. If dentistry itself is defined as requiring the skills of both art and science then the task of predicting workforce needs must necessarily also include an ability in statistics and prophesy. A tricky combination at the best of times.

However, even given the proviso that this can never be a precise science one is left to wonder currently whether there is any measure of strategy, logic or indeed commonsense being applied to the situation at all. The government gleefully points out that it has invested in undergraduate dental education to the tune of millions of pounds by increasing the number of places and opening a completely new dental school based on a fresh approach. On one hand this would seem to be a praiseworthy initiative since creating more dentists must surely be in this country's best interests. Yet on the other there is a lingering suspicion that the catalyst was not a careful analysis of future needs rather a politically expedient imperative to plug the immediate 'shortage' of NHS dentists prompted by adverse headlines.

Whether this was a shortage in the real sense or not there can be no disguising that the Department of Health has spent a not inconsiderable amount of taxpayers' money on recruiting dentists from abroad. This was widely publicised at the time as being a short term measure and equally widely questioned as to its morality in relation to the effects on healthcare provision in the countries from which the individuals were being attracted as well as the longer term career and lifetime plans of the dentists concerned. One unfortunate consequence of this sudden influx in order to create the much vaunted 1,000 extra full time equivalent practitioners for the NHS has been that the General Dental Council's (GDC) International Qualifying Examination (IQE) process has been overwhelmed to the point at which the waiting list has now been closed.

It is tempting to respond by saying that since we have had so many new colleagues joining us from abroad, now is the time to close the door to anymore applicants and reflect on the situation. But the IQE and its predecessor the Statutory Examination is not, and never has been, a tool to restrict entry onto the Dentists Register or impose a quota. It is the method by which the GDC seeks to protect the public, its primary duty, by assessing competence to practise dentistry in the UK. A fact which also, neatly, removes the Council from the fray over workforce needs and how they are achieved.

Sadly, however, the log jam of the IQE has led to other consequences. An association of dentists called the Resident Dentist Group has now formed and is directly questioning the fairness of the suspension. This group is formed of dentists who by dint of marriage or other circumstances are British citizens but who possess dental qualifications from non-UK and non-EU dental schools. They are therefore barred from practising in this country until such time as they can take and pass the IQE. This effectively means that some one hundred or more trained and in many cases very experienced professionals are unable to add to the provision of oral health care in any form whatsoever in their own country. How morally justified and how pragmatically wasteful is that?

But there is a further problem which will undoubtedly affect both careers and provision in the coming years and that is the effect that the new NHS dental contract, imposed last year, is having on vocational dental practitioners. The number of practices with NHS provision will undoubtedly be falling, especially once the PCTs ring fencing of funds ceases the year after next. Consequently, the number of trainers will also fall. Once again, the anomaly of EU legislation also raises its head as EU nationals do not need to undergo vocational training due to the Treaty of Rome's requirement for free movement of labour.

In addition to all of these factors we also need to remember the registration of Dental Care Professionals and that no one yet knows how many of them there are. With their professional status and empowerment, together with the recent legislation with regard to incorporation and the ability to effectively own and run dental practices the whole shape of the dental workforce will change markedly in the near future.

The difficulty is that there is no one body, organisation or group into whose remit all of these apparently disparate elements exclusively fall, meaning that any attempt at a solution drops from everyone's grip. So, do we need a BDA, GDC, DoH, Faculty of Dental Practice (and others) joint approach? Or will the *BDJ* classified section soon be including jobs in banking, finance, the arts and more in order to mop up all those who are unable to practice dentistry?

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