



What is the BDA doing to support the next generation of dentists?

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This month's cover feature takes a deep dive into the crystal ball and ask what the future holds for students and young dentists. After all, they are the next generation of dentists the profession will rely on for its survival.

Yet with much of the focus on the economics of surviving, I asked BDA PEC member **Paul Blaylock** how he saw the future and how the BDA is ensuring the next generation are equipped for success.

How concerning is the lack of clinical interaction at a time when there are rumblings in the profession some students aren't as prepared as they should be?

PB Dental students have lost a significant amount of clinical time as a result of most dental schools bringing clinical contact to an end in mid-March for the rest of the 2019-20

academic year. This has been a concern to the dental schools, the GDC, Health Education England and the other UK Deaneries, the BDA, and of course to the dental students themselves.

The BDA Students Committee wrote to Dental Schools Council about their concerns, and the BDA has highlighted to all stakeholders the particular problems affecting the fourth-year dental students. All clinical years have lost some clinical activity, but the fourth-year students have lost a crucial opportunity to build their clinical experience of a growing range of more complex procedures during this stage of their course. This will be exacerbated if they return in autumn 2020 to a significantly impacted first term of fifth year. This group may need particular support when they start Dental Foundation Training in September 2021, all being well.

Do you think that will happen?

PB For the sake of all dental students, and those entering Dental Foundation Training in September 2020, I hope that they will be able to gain as much experience as possible when they return in the next academic year.

A potential second wave of the pandemic can not be ruled out, and adjustments to dentistry are likely to further impact upon opportunities in any case. These include adjustments to address social distancing and to manage dental infection control, including changes requiring longer treatment times and probably delivering a reduced range of clinical procedures at first.

Health Education England and the other UK Deaneries are similarly working very hard, alongside Dental Foundation Training practices, to optimise clinical training opportunities. This must include all the key dental procedures where possible, notably the aerosol generating procedures, prior to graduation. Appropriate PPE and protocols are essential. On the other hand, flexibility over clinical targets and numbers of procedures to be undertaken at various stages of training will be required.

Will catch-up help or add unnecessary pressure at a time when we simply do not need any more?

PB I am aware of dental schools which are bringing some dental students back over summer, especially in the earlier years,

to hone their clinical skills in simulated environments. This is great, as long as the students involved are able to get a proper break and recharge ready for the potentially tough academic year ahead. Lectures are mostly set to be delivered online next year due to social distancing requirements, which will require some adaptation on the part of the students and staff. However, this could have the added benefit of opening up opportunities to increase available clinical time during the day in place of the normally scheduled lectures.

Several dental schools are also looking to extend clinical terms where possible, through bringing dental students back early over summer or reducing the length of other holidays. These changes are again very sensible, helping to address the concerns of students, where dental students will still have sufficient time to take a break and avoid stressful working arrangements. Several dental schools are looking to run evening and weekend clinics.

For some dental schools, the answer may lie in increasing the use of dental outreach placements in general dental practice or the Community Dental Service, although those services will have backlogs of patients to see as quickly as possible, and a lack of clinical space as a result of changes enforced by COVID-19. These issues will frequently not be conducive to increasing the opportunities for outreach teaching at this time.

The key to solving concerns about clinical experience on graduation will be innovation and flexibility on the part of the dental schools and in Dental Foundation Training, as has been seen already, alongside hard work and perseverance by the affected dental students. The solutions will vary around the country, but I get the sense that all stakeholders are trying to do their best for dental students' education and training, and the patients whom we all ultimately seek to serve.

What sort of future service will they be graduating into?

PB It is very difficult right now to predict the long-term future of dentistry, which is a concern to people at all stages of their career, including young associate dentists and practice owners. I have heard from many associates who are concerned for their own future.

Until COVID-19 struck, there was plenty of evidence of a shortage of associates, especially in some regions of the UK which were remote

from London. There was it seemed a shortage of dentists prepared to work in NHS dental practices. With the shadow of Brexit, it might have been reasonably assumed that this trend would have worsened, as fewer dentists might choose to move to the UK or stay here. COVID-19 is accelerating the plans of some dentists to leave the profession or retire early.

So, is there in fact still likely to be a lack of associates in the medium-term, or beyond that? That's tricky to answer. At present, the changes to working practices imposed by COVID-19 are effectively creating an excess of dentists in some areas, where dentists are unable to fully return to clinical work due to a lack of surgery space or PPE. Many dentists are reporting that they are being under-utilised at present, although this situation should improve as the COVID-19 alert level continues to fall, and as PPE availability also improves.

Also, the demand will still exist for dentistry, once the confidence of the public returns, and in some cases once the economic situation improves. Indeed, there is already a backlog of need, which will over time convert to increased demand. Longer-term, there should be sufficient jobs and roles for the present dental workforce, despite short-term challenges for associates worried about their future or looking for work.

How challenging is it for those emerging from DFT?

PB Those about to start their first associate jobs face a particular challenge at this time. Jobs are not in great supply at present and there will potentially be some short-term under-employment or unemployment. Some are looking to undertake further training, which is often a good use of time right now, to position themselves for a brighter future.

Nevertheless, there are still jobs to be found. I am aware of first-time associates who have new posts lined up for September 2020. These roles have generally been in primarily NHS dental practices with owners who are looking to the future or corporates. Will it be sustainable to continue to receive NHS dental funding at high levels for low productivity as a practice, if your clinician workforce has substantially reduced in size for example? Who will deliver the work when demand returns and restrictions on dentistry are reduced?

In some more remote areas where there have until recently been workforce shortages, now offers the perfect opportunity to recruit an associate at last. Some practice owners who

are concerned about their own health may well also be looking to recruit an associate to perform clinical work, while they reduce their own clinical work temporarily or permanently. First-time associates need to search harder to find jobs this year, but it is possible. Earnings expectations will need to be realistic for associates, while practices will hopefully avoid the temptation to drastically reduce pay for new associates in a short-sighted way.

What changes do you hope and expect to see?

PB Dentistry will be changed forever by COVID-19, but where there is change there is also opportunity. The forward-thinking practices are already starting to take advantage of these opportunities, or at least to position themselves to be ready to make the most of the situation in an ethical way. The same can be said for associates, protecting their role in the dental team in future.

The CDOs around the UK have been setting out their vision for the future of NHS dentistry, which tends to involve a shift towards a more preventative approach. This aligns better with what is possible in the time of COVID-19, and also with what the dental profession has been requesting for some time through the BDA. The detail of this transition is still to emerge, but there is hope for a brighter future in NHS dentistry. The BDA is working tirelessly to ensure the best deal for the profession, which will also be in the best interests of patients.

Private practices do have more opportunity to pass on increased costs to patients. They will need to carefully work through this process in the coming months. Over time, private associates can see how their roles will continue to exist in the new world beyond the worst of COVID-19. There will also be opportunities for mixed practices to shift the balance of their work between NHS and private, as appropriate for their local situation and the emerging NHS model for dentistry. There will be scope to increase the range of private services on offer, and patients will continue to seek aspirational dental outcomes which can only be achieved through incorporating private elements into treatment plans.

Overall, dentistry will continue to be needed by the population, and dentists are well placed to meet that need. The demand will return. The opportunities will become more apparent, and those willing to take them will do well. ♦

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