‘The NHS has taken dentists for granted for too long’

With NHS dentistry at breaking point, the recruitment market is suffering immeasurably. ‘Dental deserts’, ‘golden hellos’ and other incentives have become the norm, but their impact remains questionable. *BDJ In Practice* asked **Shawn Charlwood** and **Sarah Canavan** about their views on the recruitment and retention problems facing dentistry today.

In your own words, how would you describe the recruitment landscape in dentistry?

SCh The recruitment landscape is the most challenging I’ve seen in my career. Recruitment to roles delivering NHS dentistry is almost universally difficult – almost all practice owners (93%) experience difficulties recruiting associates. There are more vacancies now than there were 10 years ago. BDA survey data show that the proportion of practice owners seeking to recruit associates has doubled from 30% in 2015 to 61% in 2023. As well as associates, there are also deep difficulties recruiting dental nurses and many NHS practices particularly are finding it difficult to recruit to all clinical and non-clinical roles.

SCa In relation to fully private practices recruitment isn’t looking too bad at all. Obviously as with any profession the popularity of a particular practice will depend on where it is, who the boss is etc but inherently filling private associate posts is less of an issue. The elephant in the room is recruitment of staff in NHS practices, even if those practices have private income as well. You only have to go onto the recruitment sites on social media or BDJ Jobs to see the same NHS post being advertised over and over again. Even in the practice I work in, which is a great place to work, a post to replace a departing colleague has been advertised multiple times with no joy. The appetite for working in the NHS dental service has all but been destroyed.

How have we got to this position?

SCa There is nothing attractive, for an associate, about working in the NHS system. Underfunded and overworked is a phrase often bandied about but it does hit the nail on the head. The current contract is so restrictive and punitive and the government funding so woeful that it cannot come as a shock to anyone that we are leaving in droves. Even a lay person could read some of the recent articles in the daily papers and realise why no one wants to continue in what is inherently a broken system. This isn’t about dentists making a fortune privately. In the majority of cases, it is about earning the same money but being able to do so while spending quality time with your patients and not facing burnout trying to even break even in the NHS.

SCh There are the long-term problems of the contract and underfunding, and then the pandemic has pushed NHS dentistry over the edge. The NHS has taken dentists for granted for too long, thinking that we would put up with working in a broken system indefinitely. But it’s clear that my colleagues have had enough and are voting with their feet. It is no wonder that we’re in this position when there has been such a consistent failure to deliver meaningful reform for over fifteen years since it was first described as unfit for purpose.

We now need urgent action to turn things around, so that we can retain those dentists still within the NHS, and hopefully recruit new dentists into the NHS.

Do you think it could be cyclical in nature and return to a more balanced supply/demand in the future?

SCa Unfortunately not. This issue is here to stay unless something fundamental changes. This involves complete reform of the contract, not the tweaks we have seen, and the government (whoever that may be) accepting the fact that to provide a quality, prevention-based NHS dental service that they need to put their money where their mouth is. The sad thing is I don’t think any changes now will convince those members of the team, who have already left to return. Why would we? We are constantly promised that things will change and improve but it never materialises.

SCh If anyone thinks that the current crisis is a blip then they haven’t been paying attention. NHS dentistry has been in long-term decline. Every year the figures from BDA surveys on all key indicators on recruitment, retention, morale and motivation move in the wrong direction. What has changed, and turned those widespread problems into a full-blown crisis, is the loss of goodwill towards the NHS. The messages I hear repeatedly from colleagues who are moving from NHS to private practice is ‘I’ve had enough’, ‘I’ve given up waiting for change’ and ‘I would never go back’.

Is there a group within the profession suffering more than others?

SCh The reality of this crisis is that we’re all in it together. Whether you’re a practice

owner or an associate, you are chasing a UDA target that is becoming harder and harder to hit. Incomes from NHS work are squeezed year after year.

I know, too, that colleagues working in the CDS are seeing the spillover effects of the strain in the GDS and that hospital dentists are treating patients with advanced disease, and even sepsis, because of the access crisis.

The important thing is that we remain united as a profession and that we continue the pressure and focus on those with the power to turn things around.

SCa As Shawn says, I think we are all suffering equally. Associates, principals, DCPs, nurses and labs are all in a similar position. Without one group the rest of the team falls apart. None of us are being treated fairly while the broken contract stays in place. We work as a team and subsequently suffer as a team. However, I do feel labs require a special mention. They are a crucial part of the NHS dental team and are often forgotten. Lots didn't survive the pandemic and now they are suffering due to increased costs. No NHS labs means no NHS lab work.

Conversely, does a recruitment crisis make it more important than ever to improve ways of retaining staff?

SCh Of course, this is a recruitment *and* retention crisis. For this reason, this has been the course of action that I've urged Government to take. Firstly, we need to stabilise the NHS workforce that remains, then once that's been achieved you can look to recruit people back into the NHS by making it more attractive.

At the moment, the Government is focused on just adding more and more dentists to counter the number leaving. That is totally wrong-headed. I've frequently used the analogy of a leaky bucket; we need to fix the holes, rather than keep adding water.

SCa Absolutely. I think we need to support our staff and labs in any way we can. Once staff leave the NHS they are not going to return. There has to be some incentive to stay. For example, look at our nurses. We expect them to train, pass exams, register, carry out CPD and put up with the crap that comes with the role on an hourly rate comparative to working in Aldi. They don't even get the benefit of the NHS pension. It's the same for our DCPs. All the extra responsibility they now have for example carrying out exams and again no access to the pension. I'm amazed we have any nurses or DCPs remaining in the NHS to be honest.

Is that possible in the current climate?

SCh For individual practices, it is very hard for them to retain dentists in roles delivering NHS work. Practices simply don't have the means to counter the fundamental deficiencies of the NHS. I'm sure practices are doing all they can to support the dentists they engage and the other practice staff, but the solutions lie with Government not dental practices.

SCa I think the difficulty is that the cost of running a practice has gone up but investment in NHS dentistry has gone down so practice owners now, even if they want to, cannot afford to improve UDA rates for associates or increase pay for other members of staff.

What will it take for the situation to improve?

SCa I want to say that if, by some miracle, the contract reform that we have longed for occurs and the incumbent government realise that the investment that NHS dentistry needs actually materialises, then everything will be rosy in the garden. Unfortunately, the cynic in me says that it will a) never happen and b) will be the proverbial too little too late.

SCh You won't be surprised to hear me say that the solution is contract reform, underpinned by increased funding. That is what the BDA has been campaigning for, and it is a call that is endorsed by the House of Commons' Health and Social Care Committee, as has the respected health thinktank the Nuffield Trust, and newspapers left – *The Daily Mirror* – and right – The Times' Health Commission.

In the interim, we've made numerous proposals to Government and NHS England about what action they can take now, while we negotiate reform, to stabilise the recruitment and retention crisis. A £35 minimum UDA value would go a long way to mitigating the immediate problems. The Government appears to lack the urgency and ambition to implement bold policies such as that.

Shawn and Sarah will be part of the BDA headline panel discussion at this year's British Dental Conference & Dentistry Show. Join them plus Eddie Crouch and Nadia Ahmed on Friday 17 May at 12 noon where they will delve into '*In an election year, what's the future for dentistry?*'

Bios

Sarah has extensive dental experience dating back to 1995 and has a master's degree in Pain Management and a Postgraduate Certificate in Contemporary Restorative and Aesthetic Dentistry. She is currently studying for a Diploma in Orthodontics in Practice. She comes from a background in special care dentistry. Aside from her clinical work, Sarah is a member of the British Dental Association (BDA) and is Chair of the GDPC Associates Sub-committee. She is also Vice Chair of the Local Dental Committee (LDC).

Shawn Charlwood graduated from Birmingham Dental School in 1986 and has postgraduate dental qualifications form the University of Bristol and the Faculty of General Dental Practitioners. He owned a large mixed practice for twenty-five years and was a foundation trainer for over twenty years. He had previously held postgraduate positions at Manchester Dental School and Manchester Royal Infirmary Maxillo-facial, as well as being an officer in the Royal Army Dental Corps TA for five years. He has been on the GDPC for 13 years and is now Chair, having previously served as Vice Chair, Chair of the GDPC Remuneration Sub-Committee and Chair of the GDPC Private Practice Committee. He also currently sits on the GDPC-LDC Regional Liaison Group, GDPC Associates Group, the BDA's Review Body Evidence Committee and the British Dental Guild. He was previously the Chair of Lincolnshire LDC, which he has been a member for over 25 years.

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