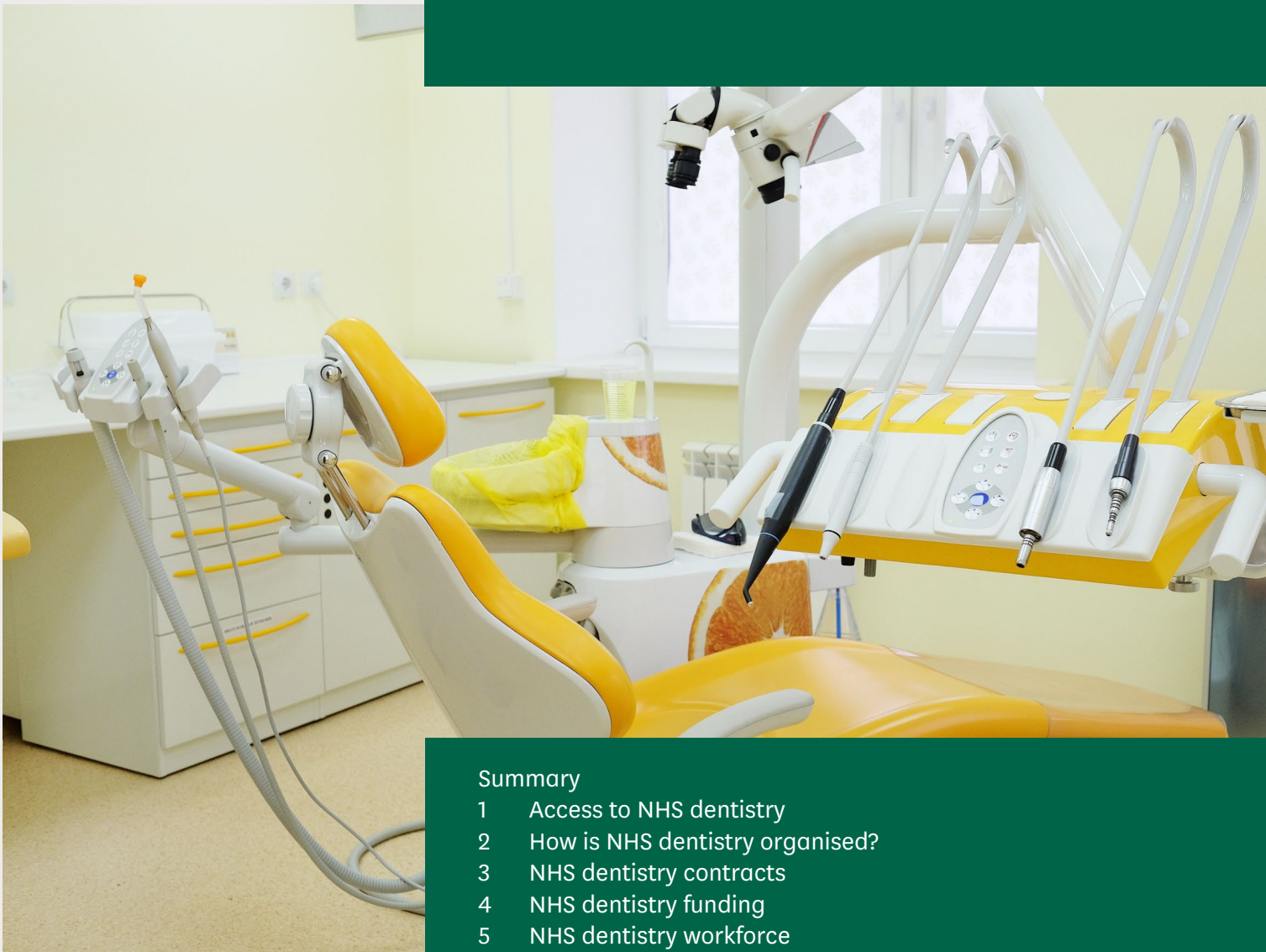


Research Briefing

29 May 2024

By Katherine Garratt

NHS dentistry in England



Summary

- 1 Access to NHS dentistry
- 2 How is NHS dentistry organised?
- 3 NHS dentistry contracts
- 4 NHS dentistry funding
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Summary

Structure of NHS dentistry

Primary care dentists (sometimes called ‘high street dentists’) are self-employed and can provide a mix of NHS and private dentistry. To provide NHS services the provider must hold a [contract with the NHS](#).

A patient can receive treatment from any dentist because there is [no system of registration for dentistry](#), unlike for general practice. This means that once a patient has finished their course of treatment, they are not guaranteed access to the same dentist again in the future.

Other dental services are provided in community care (such as for people who cannot travel to a dentist) and in secondary/tertiary care (such as in hospitals).

Commissioning, oversight and regulation

Integrated Care Boards are responsible for commissioning dental services for their local area. They are accountable to NHS England.

Dental services are inspected by the [Care Quality Commission](#) as part of its role as the statutory regulator for the health and care services.

Dental professionals are regulated by the [General Dental Council](#).

NHS dental contract

Under the [current NHS dental contract](#), introduced in 2006, the provider agrees in advance to complete a set amount of dental activity per year, measured in units of dental activity (UDAs). Commissioners can then ‘claw back’ money from providers that under-deliver and providers have little scope to provide more activity, even if they have the capacity and time to do so. This is why some patients are told their dentist cannot see them for an NHS appointment but can see them as a private patient.

As part of [a series of reforms](#) announced in July 2022, the Government said they would allow high performing practices to provide up to 110% of their agreed activity. In May 2023, the Government introduced [legislation](#) enabling commissioners to permanently and unilaterally change a dental

contract where a provider fails to deliver their contracted activity over three consecutive “non-COVID-19 years”. This allows the activity to be commissioned from another provider.

[The NHS dental contract has been criticised](#) by professionals, unions, and the Government. Stakeholders have argued it is inflexible and does not fairly reward dentists for seeing more complex and time-consuming patients. The current contract remained largely unchanged until the [reforms announced on 19 July 2022](#) and further changes introduced by the Government’s [recovery plan for NHS dentistry](#).

Stakeholders and the Commons Health and Social Care Committee have said [these changes don’t go far enough](#) and [the contract needs fundamental reform](#), including moving away from the UDA system.

Funding

NHS dentistry in England is funded by a combination of payments from NHS England and patient charges. Some groups of patients are entitled to free dental care.

NHS England allocates funding to Integrated Care Boards based on the dental services provided in 2006 (when the current national contract model was introduced) rather than current need, and contracts were established without a time limit. Public Health England (since abolished) has explained that [this effectively capped dental care spending](#).

Real-terms funding for dental services (accounting for inflation) has fallen by 19% (in 2022/23 prices) since 2010/11, from £3.56 billion in 2010/11 to £2.90 billion in 2022/23 (Commons Library estimate, see page 27 of briefing).

In 2022/23 dental charges to patients provided around 25% of total funding. A 2024 report by the Nuffield Trust, a health think tank, noted that [increases in patient charges have been above inflation](#).

Access to NHS dentistry

How many people access NHS dentistry?

According to NHS England, in June 2023, [40.7% of adults had seen an NHS dentist](#) in the last two years (the maximum recommended interval). This is around a fifth lower than the proportion in September 2019 (50.9%) before the pandemic. Between these dates the lowest proportion was in June 2022 (36.9%).

Similarly, the percentage of children who had seen a dentist within the maximum recommended interval (one year) in June 2023 (52.7%) is lower than the-pandemic proportion of 57.9%. The lowest level was in June 2021 (32.5%). The impact of the pandemic is more visible in the data on children due to the period measured.

To compare this over a longer period, [as of March 2006](#), 51.7% of adults had been seen by a dentist in the last two years.

In 2023, the Commons Health and Social Care Committee warned that there is a [“crisis of access” to NHS dentistry](#), with unequal access across different regions, ethnic groups and socioeconomic groups. A [2024 report by the Nuffield Trust](#) health think tank concluded that “universal dental care has likely gone for good.” The Government has said its ambition is for [everyone in England to be able to access an NHS dentist](#).

How many NHS dental treatments are carried out?

The [latest full financial year estimates](#) for 2022/23 show there were 32.5 million courses of dental treatment performed in England. This is almost three times the 12.0 million courses of treatment in 2020/21, which were affected by the Covid-19 pandemic, but around 15% lower than pre-pandemic figures for 2019/20.

NHS dentistry workforce

Official data shows how many dentists carry out any amount of NHS work, not the proportions of NHS work and private work they do.

The 2022/23 [number of dentists with NHS activity](#) was higher than a decade earlier in 2012/12. However, the increase in dentists has not kept pace with population change. The number of dentists per 100,000 population was 42.3 in 2022/23, lower than the 43.4 in 2012/13.

[Dentists are unequally distributed](#) across England, with the workforce concentrated around metropolitan areas and dental hospitals and schools. Recent reports have referred to areas with low numbers of dentists as [“dental deserts”](#).

In a [2023 survey by the British Dental Association](#), over half of dentists who responded said they had reduced the amount of NHS work they do since the start of the Covid-19 pandemic. Almost three quarters said they were intending to reduce, or further reduce, their NHS commitment in 2023.

Government recovery plan for NHS dentistry

In February 2024, the Department of Health and Social Care published [its plan to recover and reform NHS dentistry](#). The plan is funded through the existing dentistry budget. The plan aims to:

- Expand access to dentistry by incentivising dentists to see new patients and work in areas with low provision. Dental vans will also offer appointments in rural and coastal communities.
- Make working for the NHS more attractive by increasing the UDA rate. The Government will also consider further contract reform and look at the distribution of need for NHS dentistry to inform future funding allocations.
- Prevent poor oral health through a ‘Smile for Life’ programme aimed at promoting good oral hygiene for children and providing fluoride varnish treatments for school children in under-served areas. The Government is also undertaking a consultation on [water fluoridation in the North East of England](#).
- Develop the dentistry workforce by maximising the use of other members of the dental team and making it easier for overseas dentists to work in the NHS.

The 2023 [NHS Long Term Workforce Plan](#) set out plans to increase dentistry training places in England by 24% to 1,000 places by 2028/29 and by 40% to over 1,100 places by 2031/32. In May 2024, the Government launched a [consultation on introducing a ‘tie-in’ for graduate dentists](#) that would require them to spend at least some of their time delivering NHS activity in the years after graduation.

The British Dental Association has said [the plan to reform NHS dentistry received negative feedback](#) from dentists and does not address the dental contract as the root of the problem. It also said the fundamental issue with the plan was a lack of new money, with changes to UDA rates and new patient premiums funded through existing contract values. It said the effect of this is that fewer patients overall could be seen.

1 Access to NHS dentistry

1.1 How many people access NHS dentistry?

NHS England publishes statistics on the number of people and the percentage of the population seen by an NHS dentist in England. For children, the percentage who were seen within the last year is measured, while for adults the percentage seen within the last two years is measured. Because of the shorter period measured, the impact of the pandemic is more visible in the data on children. In the data a child is defined as under 18.

The table below shows the number and percentage of adults and children seen by a dentist in the three months to June from 2019 to 2023. Over the period shown, the proportion of adults seen by an NHS dentist was lowest in June 2022, at 36.9%. The percentage has since risen but the June 2023 figure of 40.7% is around a fifth lower than in September 2019 (50.9%).

Among children, the proportion of children seen by an NHS dentist was at its lowest level in June 2021 (32.5%). As with adults the percentage has since increased, but the June 2023 figure of 52.7% remains lower than the pre-pandemic rate of 57.9%.

Population seen by an NHS dentist in England				
Period ending:	Adults seen within past 24 months		Children seen within past 12 months	
	Number	% population	Number	% population
Jun-19	21,959,979	50.9%	7,000,685	57.9%
Jun-20	21,012,985	47.3%	6,299,306	52.1%
Jun-21	18,136,419	40.8%	3,932,916	32.5%
Jun-22	16,409,636	36.9%	5,589,201	46.2%
Jun-23	18,111,609	40.7%	6,372,892	52.7%

Source: [NHS Digital, NHS Dental Statistics](#)

Data for local authority areas in England is available in [NHS Digital's data files published in the annual report](#). Data is also available on the number of dentists in each NHS Integrated Care Board (ICB) area doing NHS work.

1.2 How much NHS dental treatment is being delivered?

The amount of NHS dental treatment delivered is measured by courses of treatment. A course of treatment is defined as the assessment and examination of the patient and the provision of any planned treatment. This includes treating any further issues that are discovered during the course of treatment.¹ A course of treatment could therefore include more than one appointment.

The latest full financial year estimates for 2022/23 show there were 32.5 million courses of dental treatment performed in England. This is almost three times the 12.0 million courses of treatment in 2020/21, which were affected by the Covid-19 pandemic.²

However, the 2022/23 figure is around 15% lower than pre-pandemic figures for 2019/20, when 38.4 million courses of treatment were performed.

1.3 Are there enough NHS dental appointments?

The Government has said its goal is for everyone who needs NHS dentistry to be able to access it.³ However, in its evidence to the Health and Social Care Committee, the British Dental Association said the Government only commissions enough dentistry to cover about half the population.⁴ This is based on the figures relating to how many adults accessed a dentist within the last two years (see section 1.1 above). The National Institute of Health and Care Excellence (NICE) recommends that the maximum amount of time between dental appointments for an adult with healthy teeth is two years.⁵

Funding for NHS dentistry is not currently allocated in line with need (see section 4.2). The Government has said that it has commissioned work to understand the relative distribution of need for dentistry, which will inform future decisions about funding allocations.⁶

Assessing local need

The Department of Health and Social Care (DHSC) has said people's oral health varies between areas and expressed demand is not equivalent to

¹ NHS Business Services Authority, [What should a course of NHS dental treatment consist of?](#) (Accessed 8 March 2024)

² [NHS Digital, NHS Dental Statistics](#)

³ DHSC, [Easter, simpler and fairer: our plan to recover and reform NHS dentistry](#), 7 February 2024

⁴ [British Dental Association evidence to the Health and Social Care Committee](#), para 1.4

⁵ NICE, [Dental checks: intervals between oral health reviews](#), 27 October 2004

⁶ DHSC, [Easter, simpler and fairer: our plan to recover and reform NHS dentistry](#), 7 February 2024

actual need. This is because some people do not have access to care or treatment. The DHSC has said there is also an equity issue, as disadvantaged groups are more likely to have dental problems but may find it more difficult to obtain an appointment.⁷

The DHSC says ICBs are responsible for undertaking oral health needs assessments, identifying areas of need and determining priorities for investment.⁸

The Health and Social Care Committee's report on its inquiry into NHS dentistry said every ICB should have completed an oral health needs assessment for its area by the end of July 2024.⁹ In its response, the Government said all ICBs were working on their assessments but not all may be complete by the end of July 2024.¹⁰

GP patient survey

The GP patient survey is a survey by NHS England of patients aged 16 and over in England about patients' experiences of general practice. The survey asks questions about access to dentistry.

In 2023, the response rate to the survey was 28.6%. The results showed that, of those surveyed:

- Just over half of people (53%) tried to get an appointment in the last two years.
- Of those who tried to get an appointment, three out of four (75%) were successful. Respondents who had not been to the practice before were much less successful in getting an appointment (33%) than those who had been before (84%).
- Of the people who did not try to get an appointment with an NHS dentist in the last two years, 28% had never tried to get an NHS appointment and 19% had tried but over two years ago.¹¹
- Of those who didn't try to get an appointment:
 - over a fifth (21%) said they had not needed to visit a dentist
 - over a fifth (22%) said they didn't try because they didn't think they could get one.

⁷ [DSHC written evidence to the Health and Social Care Committee \(PDF\)](#), p8

⁸ [As above](#), p7

⁹ Health and Social Care Committee, [Health and Social Care Committee](#), 14 July 2023, para 122

¹⁰ DHSC, [NHS Dentistry: Government Response to the Committee's Ninth Report of Session 2022-23](#), 13 December 2023

¹¹ NHS England, [GP Patient Survey Dental Statistics: January to March 2023, England](#), 13 July 2023

- 29% said they preferred private dentistry.

British Dental Association and BBC survey (August 2022)

A survey by the British Dental Association and the BBC in 2022 found:

- 9 out of 10 dental practices in the UK were not offering NHS appointments to new adult patients,
- 8 in 10 practices were not accepting new child patients,
- 25% of practices said they had an “open waiting list”, and
- over 1,000 practices said the wait time was either a year or longer or could not say how long people would wait.¹²

Inequalities in access to NHS dentistry

In its 2023 report on NHS dentistry, the health think tank, the Nuffield Trust, said that national-level data does not provide insight into inequalities in access to NHS dentistry across geographical and regional groups.¹³

The report noted the GP Survey 2023 showed differences in levels of reported success in getting an NHS dental appointment across integrated care systems. It also highlighted that analysis by the National Audit Office has previously shown that the unequal regional distribution of dentists mirrors differences in access across the country, with poorer access in areas with fewer dentists per head.¹⁴

The Health and Social Care Committee’s report on NHS dentistry, published in July 2023, said the following groups are affected by unequal access to oral health:

- people who are entitled to free treatment on the NHS, including children and young people, pregnant women, and those in receipt of low-income benefits;
- people from ethnic minority backgrounds;
- people with additional or complex needs including those with SEND and autism;

¹² British Dental Association, ‘[NHS dentistry: Have we reached the point of no return?](#)’, 10 August 2022

¹³ The Nuffield Trust, [Bold action or slow decay? The state of NHS dentistry and future policy actions](#), 19 December 2023

¹⁴ NHS England, [GP Patient Survey Dental Statistics: January to March 2023, England](#), 13 July 2023 and National Audit Office, [Dentistry in England](#), 25 March 2020, referenced in The Nuffield Trust, [Bold action or slow decay? The state of NHS dentistry and future policy actions](#), 19 December 2023

- people from vulnerable groups including refugees and asylum seekers; and
- people who are homeless.¹⁵

The committee also noted statistics from the 2021 Adult Oral Health Survey that showed people from the most deprived areas were less likely than those from the least deprived areas to contact their dentist when they needed treatment. They also showed people in deprived areas were more likely to have painful, broken or decayed teeth.¹⁶

The committee said the impact of the cost of living on people's ability to pay NHS or private dental charges was a theme in the written evidence it received.¹⁷ The report highlighted a Healthwatch England poll that found people from minority ethnic backgrounds with lower socio-economic backgrounds were twice as likely to avoid dental treatment based on the cost, compared to white people from lower socio-economic backgrounds.¹⁸

The committee's report also referred to the Care Quality Commission's findings from looking at 50 care homes between April and June 2022. The regulator found 25% of providers reported their service users could 'never' access NHS dental care.¹⁹ The committee said these findings were of "additional concern, given the additional treatment needs of many older people and the complexity of providing such care."²⁰

¹⁵ Health and Social Care Committee, [NHS dentistry](#), 14 July 2023, para 6

¹⁶ Office for Health Improvement and Disparities, [The impact of COVID-19 on access to dental care: a report from the 2021 Adult Oral Health Survey](#), 21 December 2022

¹⁷ Health and Social Care Committee, [NHS dentistry](#), 14 July 2023, para 9

¹⁸ [Healthwatch England submission to the Health and Social Care Committee's Inquiry on NHS dentistry \(PDF\)](#), 25 January 2023

¹⁹ Care Quality Commission, [Smiling matters: Oral health in care homes - progress report](#), 20 March 2023

²⁰ Health and Social Care Committee, [NHS dentistry](#), 14 July 2023, para 10

2 How is NHS dentistry organised?

There are several different types of NHS dental services:

- primary care
- community dental services and
- secondary and tertiary care.

Primary care or “high street” dental services are run as independent businesses. A practice could include one or more dentists who may work as a partnership. Since they are not employed directly by the NHS, high street dentists can provide a mixture of private and NHS funded care. To deliver NHS services, they enter a contract with the NHS to deliver a certain amount of dentistry per year.

Community dental services provide treatment for people with needs that cannot be met in general dental services, for example people with disabilities and health conditions and people with accessibility needs. To meet these needs, community dental services are provided in a variety of locations including home visits and specialist health centres.²¹

Secondary care dentistry includes services to treat more complex dental problems, such as oral and maxillofacial surgery. Treatment is generally provided in specialist dental hospitals.

A number of salaried dentists are employed directly by the NHS trusts to deliver specialist services in a hospital or the community.

2.1 Are NHS patients registered with a dentist?

Since the current dental contract was introduced in 2006, there has been no system of registration for dentistry in England. This means that, unlike with GPs, patients can attend any dentist that provides NHS services for a course of treatment (see box 1).

A patient’s details may be added to a list held by a practice. However, this does not guarantee an NHS appointment with the same practice in future once their current course of treatment is finished.

²¹ NHS England, [Dental treatment for people with special needs](#) (Accessed 8 March 2024)

1 Course of Treatment

A course of treatment is defined as the assessment and examination of the patient and the provision of any planned treatment. This includes treating any further issues that are discovered during the course of treatment.²² A course of treatment could therefore include more than one appointment.

2.2

Responsibility for NHS dental services

From 1 April 2023, all Integrated Care Boards (ICBs) took on delegated responsibility for commissioning dental services from NHS England.²³ Prior to this, NHS England was responsible for commissioning dental care services, managed through its local area teams.²⁴

ICBs are statutory bodies responsible for the provision of NHS services in their local area and developing a plan to meet the health needs of the local population. They were established by the [Health and Care Act 2022](#) and took on many of the roles of Clinical Commissioning Groups (CCGs), which were abolished by the Act.²⁵

ICBs are one of two statutory elements of Integrated Care Systems (ICSs), alongside Integrated Care Partnerships (ICPs). ICPs bring together the NHS, local government, and other providers to produce an integrated care strategy. There are 42 ICSs across England.

NHS England retains overall accountability for the discharge of its delegated functions. An assurance framework for primary care commissioning set out how ICBs “provide assurance to NHS England that they are exercising the delegated functions safely, effectively and consistently within legislation regulations and statutory guidance.”²⁶

NHS England is accountable to the Department of Health and Social Care (DHSC), which is accountable to Parliament. This is shown in the diagram below.²⁷

²² NHS Business Services Authority, [What should a course of NHS dental treatment consist of?](#) (Accessed 8 March 2024)

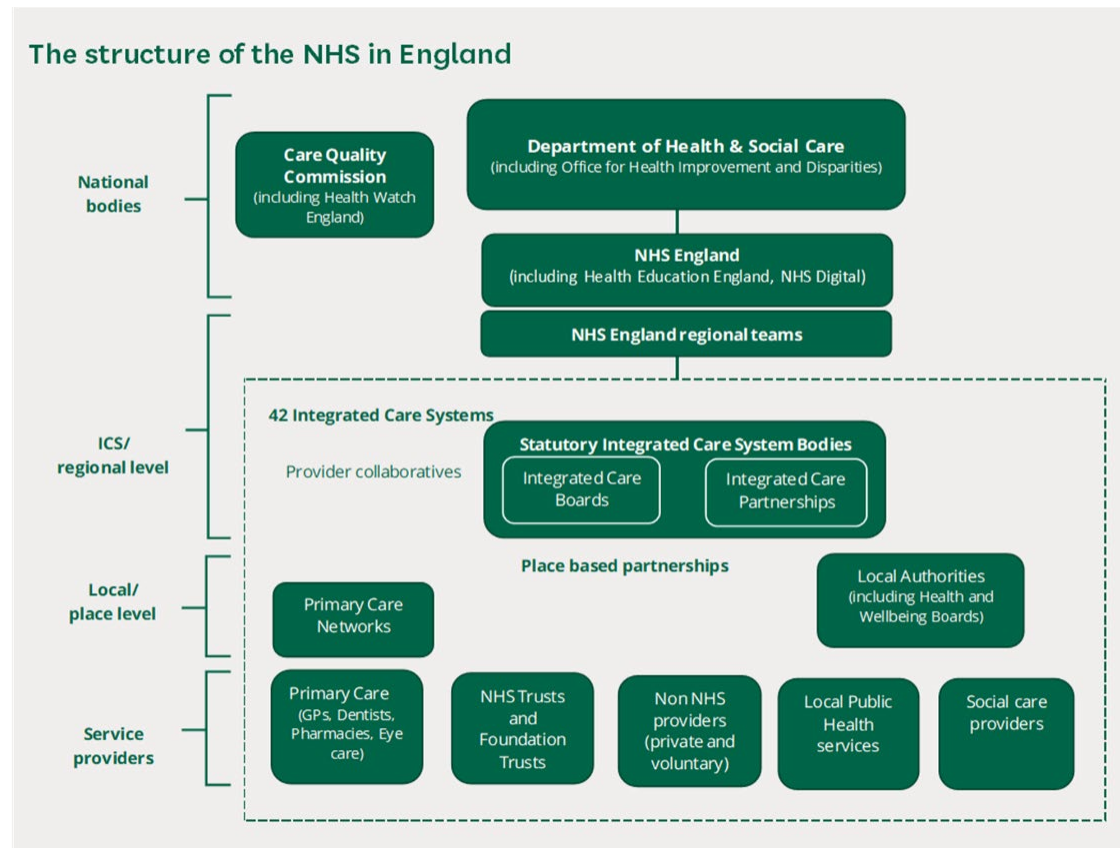
²³ NHS England, [NHS England commissioning functions for delegation to Integrated Care Systems](#), 31 May 2022

²⁴ NHS England, [Securing Excellence in Commissioning NHS Dental Services](#), February 2013

²⁵ [Health and Care Act 2022, s14727](#)

²⁶ NHS England, [Primary care commissioning assurance framework](#), 12 April 2023

²⁷ [As above](#)



The Government has said that passing responsibility for commissioning dental services to ICBs “creates the opportunity for much greater local accountability about performance and service availability”.²⁸

Some stakeholders, such as Local Dental Committees, have raised concerns that, under the Health and Care Act 2022, ICBs do not have to include a representative from the dental profession.²⁹ Schedule 2 of the Act provides that each ICB should consist of a chair, a chief executive and “at least” three other members including a representative of local NHS Trusts and Foundation Trusts, a representative of local primary medical services and a representative of the local authority.³⁰

2.3

Regulating dental services

The [Care Quality Commission](#) (CQC) inspects dental services as part of its role as the statutory regulator for the health and care services. The CQC inspects 10% of dental services in England each year.³¹ They do not rate dental

²⁸ DHSC, [Easter, simpler and fairer: our plan to recover and reform NHS dentistry](#), 7 February 2024

²⁹ British Dental Journal in Practice, [‘LDCs call on government to resuscitate NHS dentistry before it’s too late’](#), 4 July 2022

³⁰ [Health and Care Act 2022, sch 2](#)

³¹ CQC, [Find a dentist](#) (Accessed 24 April 2023)

services, but they highlight whether a service is meeting the standard of care expected.³²

Each CQC inspection team is led by a CQC investigator and supported by a Specialist Advisor with knowledge and experience of dentistry.³³

Dentists are regulated by the General Dental Council (see section 4.3 of this briefing).

³² CQC, [Find a dentist](#) (Accessed 24 April 2023)

³³ CQC, [When we will inspect primary care dental services](#), updated 1 December 2022

3 NHS dentistry contracts

3.1 Types of contract

To provide NHS dental services, providers must hold a contract with the NHS. There are different types of dental services that a contract can cover:

- Mandatory services are typical services such as checkups and fillings.
- Additional services include advanced mandatory dental services, such as surgical dentistry, sedation, and orthodontic services.
- Dental public health services and further services, such as outreach activity.

Most primary care providers hold a General Dental Services (GDS) contract, which generally do not have an end date. The GDS contract must include mandatory services and can include some additional or further services. The framework for the contract is set out in [The National Health Service \(General Dental Services Contracts\) Regulations 2005](#).

Approximately 15% of NHS contracts are Personal Dental Services (PDS) agreements, which can be used to commission additional and/or further services without including having to include services. PDS contracts are time limited and normally last five years.³⁴ The framework for PDS contracts is set out in [The National Health Service \(Personal Dental Services Agreements\) Regulations 2005](#).

A 'PDS Plus' contract was introduced in 2008 and requires contract holders to meet Key Performance Indicators alongside delivering a set amount of NHS activity per year. It was introduced by the Department for Health and Social Care (DHSC) to increase patient access to NHS dentistry.³⁵ In March 2020, the National Audit Office (NAO) reported there were only 36 PDA Plus contracts in place in England.³⁶

Both the GDS and PDS contracts require contractors to provide services in accordance with any relevant guidance issued by the National Institute of Health and Care Excellence (NICE), and in particular the clinical guideline on dental checks (NICE clinical guideline CG19).³⁷

³⁴ NAO, [Dentistry in England \(PDF\)](#), March 2020

³⁵ NHSBSA, [What are the different types of NHS dental contracts?](#) (Accessed 25 April 2023)

³⁶ NAO, [Dentistry in England](#), March 2020, p19

³⁷ NHS England, [General Dental Services contract](#), July 2018, p43

Community dental services can be commissioned from NHS trusts or under GDS or PDS contracts. Secondary care dentistry is commissioned from hospitals under the NHS standard contract.³⁸

3.2 Managing activity-based contracts

Dentistry contracts are not based on the number of NHS patients that a dentist sees, but the amount of dental activity performed. This is measured in units of dental activity (UDAs). Under the current NHS dental contract, the provider agrees to deliver a set number of UDAs from April until the following March.

If a provider does not deliver close to all of their contracted activity by the end of the year, the commissioner can recover the monetary value of the undelivered activity. This is known as ‘clawback’. Information on underspend and ringfencing the dentistry budget is set out in section 4.3 below.

If a provider delivers all their contracted activity before the end of the year, they have little scope to provide more activity even if they have capacity and time to do so. This is why some patients are told their dentist cannot see them for an NHS appointment but can see them as a private patient.

Providing additional activity

In July 2022, the Government announced it would allow high performing practices to provide up to 110% of their contracted annual activity. It also said commissioners would be encouraged to enter voluntary arrangements with underdelivering practices to redirect funds.³⁹

In May 2023, the Government introduced legislation enabling commissioners to permanently and unilaterally (without agreement from the provider) change a dental contract where a provider fails to deliver their contracted activity over three consecutive “non-COVID-19 years”. This allows the activity to be commissioned from another provider.⁴⁰

The February 2024 dental recovery plan said NHS England will continue to work with commissioners in 2024/25 to identify opportunities where additional activity (up to 110%) can be delivered.⁴¹

³⁸ The King’s Fund, [NHS Dentistry In England Explained](#), 11 October 2023

³⁹ HCWS 19 July 2022, [Written statement on dental system improvement](#)

⁴⁰ [The National Health Service \(Primary Dental Services\) \(Amendment\) Regulations 2023](#)

⁴¹ DHSC, [Easter, simpler and fairer: our plan to recover and reform NHS dentistry](#), 7 February 2024

Flexible commissioning

In October 2023, NHS England published a framework for commissioners setting out [opportunities for flexible commissioning in primary care dentistry](#). The framework is intended to support commissioners with:

- Additional investment into new or existing contracts to address areas of need.
- Reallocation of existing contractual funding away from mandatory services into new priorities (commissioned as additional or further services).
- Local negotiation of indicative rates for units of dental activity UDAs or units of orthodontic activity (UOAs).

The guidance says that ICBs can use flexibilities within the existing national dental contractual framework to tailor services to their local needs and to support practices with changes to UDA values “where this presents clear value for money.”⁴²

3.3 Units of dental activity

When a patient undergoes a course of treatment, it is assigned to a band. Each band is given a UDA (Unit of Dental Activity) value. These values are set out in schedule 2 of [The National Health Service \(General Dental Services Contracts\) Regulations 2005](#), and are shown in the table below.

A course of treatment can include more than one treatment, so the band is assigned according to the most complex treatment, rather than the number of treatments involved. Within band 2, which covers treatments such as fillings, root canals and extractions, there is a higher UDA value for a course of treatment including the treatment of three or more teeth.

Changes to band 2 UDAs

In July 2022, the Government announced they would introduce sub-bands within band 2 to assign higher UDA values to courses of treatment involving a higher volume of treatment or more complex root canal treatment.

The regulations providing for this change, [The National Health Service \(Primary Dental Services\) \(Amendment\) Regulations 2022](#), came into force on 25 November 2022. The regulations created three sub-bands of treatments

⁴² NHS England, [Opportunities for flexible commissioning in primary care dentistry: A framework for commissioners](#), 9 October 2023

within band 2, each given a new UDA value. This did not change the amount patients pay for band 2 treatments.⁴³

Despite these changes, the British Dental Association has said the fundamental issues with the UDA system remain:

Dentists will now receive five Units of Dental Activity (UDAs) for treating three or more teeth, an increase on the former level of three UDAs, which applied to care delivered to any number of teeth. However, with patients now requiring as many as 20 fillings, perversity will remain baked into the system, with less complex work still being rewarded at the same rate as treatments that can take hours.

[...] Root canal treatment on molar teeth will now be rewarded with seven UDAs, as opposed to three, as a result of BDA lobbying. However, the BDA warns the move is unlikely to be a game changer, given the nature of the challenging and time-consuming treatments - which can take up to three hours on a single tooth.⁴⁴

Units of dental activity per course of treatment		
Course of treatment band	Includes	Units of dental activity
Band 1 (excluding urgent treatment)	Diagnosis, examination and advice	1.0
Band 1 (urgent treatment only)	Urgent assessment and specified urgent treatments	1.2
Band 2a	Everything in band 1 plus further treatment such as fillings, root canals and extractions	3.0
Band 2b (introduced November 2022)	Everything in band 2 where three or more teeth need filling or extracting and/or root canal on non-molar permanent teeth	5.0
Band 2c (introduced November 2022)	Everything in band 2 plus root canal treatment on permanent molar teeth	7.0
Band 3	Everything in bands 1 and 2 plus crowns, dentures, bridges and other laboratory work	12.0

Source: [The National Health Service \(General Dental Services Contracts\) Regulations 2005](#)

Monetary value of UDAs

There is no national monetary value for a unit of dental activity (UDA). This means that practices in the same area could be paid different sums for providing the same number of UDAs.

⁴³ [The National Health Service \(Primary Dental Services\) \(Amendment\) Regulations 2022, SI 2022/1132](#)

⁴⁴ ['Perversity will remain baked' into NHS dentistry](#) [via Nature], British Dental Journal, Vol 233 No 12, 16 December 2022

In July 2022, the Government announced it would introduce a minimum UDA value of £23.⁴⁵

The Government's 2024 dental recovery plan said it will raise the minimum UDA value further to £28 in 2024, to make NHS dentistry more attractive and fairer.⁴⁶

Giving evidence to the Health and Social Care Committee, the chair of the General Dental Practice Committee at the British Dental Association (BDA) said the BDA has suggested the minimum value of a UDA should be £35. He said that this is an affordable figure within the dentistry budget, so it would not require additional funding.⁴⁷

3.4 Criticism of the current contract

The UDA system, introduced in 2006, shifted payment from a fee-for-service model to one based on meeting activity targets.⁴⁸

The Nuffield Trust, a health think tank, explains the UDA system was developed rapidly and intended to be temporary:

The units of dental activity that underpinned this model were developed very rapidly, were not based around robust analysis of activity, and seemed to encourage volume of activity over need and service quality. Moreover, the UDA approach contained incentives to take on certain types of patients or to avoid others – particularly those with high levels of need. UDAs were also bureaucratic to operate, unpopular with dentists and have also been criticised for not improving access or quality. Further damage was done to an already poor relationship between the profession and the government/the NHS.

[...]

UDAs were envisaged at the time as a short-term transitional arrangement towards contracting arrangements which would fully promote and incentivise preventative care, maintenance and continuity alongside necessary treatment. The approach aimed to maintain volumes and incomes during this transition, with UDA values varying significantly across practices. However, the transition didn't come about, and policy makers and commissioners' attention shifted elsewhere.⁴⁹

⁴⁵ HCWS 19 July 2022, [Written statement on dental system improvement](#)

⁴⁶ DHSC, [Easter, simpler and fairer: our plan to recover and reform NHS dentistry](#), 7 February 2024

⁴⁷ Health and Social Care Committee, [Oral evidence: NHS Dentistry: Follow-up. HC 602](#), 19 March 2024

⁴⁸ The Nuffield Trust, [Bold action or slow decay? The state of NHS dentistry and future policy actions](#), 19 December 2023, p31

⁴⁹ [As above](#)

There is widespread agreement that the current NHS contract needs reform. A 2022 survey by the BDA found that 82% of practices that reported unfilled vacancies cited the current contract as a “key barrier” to filling posts.⁵⁰

The UDA system has been criticised as a disincentive to dentists seeing new patients. The British Dental Association told the Health and Social Care Committee there is a lack of appropriate remuneration for dentists treating new patients, who may have higher levels of disease and require more time to treat.⁵¹

The Government has also described the current dental contract as the “nub of the problem” with access to NHS dentistry, also saying it acts as a “perverse disincentive” for dentists to carry out NHS work.⁵²

The Health and Social Care Committee’s report on its inquiry into NHS dentistry said that fundamental reform and a move away from the UDA system is required.⁵³ Further detail on the Committee’s inquiry is set out in section 8 of this briefing.

3.5 Previous attempts at contract reform

In 2009, [the Steele Review, an independent review into NHS dentistry](#) (PDF), recommended changes to dental contracts to improve access and continuity of care and focus on prevention.

A dental contract reform programme subsequently began in 2011 and a pilot phase ran until March 2016. In January 2015 the then-Government published a report on learning from the pilots.⁵⁴

A prototype phase took place between 2016 and 2019. The prototypes were based on a system that blended a capitation element (a fixed payment per patient) and an activity element. It was aimed at promoting prevention in dental care.

In January 2023 the DHSC published a report on the [learnings from the dental contract prototype test between 2016 and 2019](#). The report concluded that the prototype contract did not achieve its aims of preventing dental problems, increasing access to NHS dental care and addressing professionals’ concerns about remuneration. It said there was an increased level of activity delivered

⁵⁰ BDA, [Press release: Nearly half of dentists severing ties with NHS as government fails to move forward on reform](#), 24 May 2022

⁵¹ Health and Social Care Committee, [NHS dentistry](#), 14 July 2023, para 27

⁵² [HC Deb 14 June 2022](#), c136

⁵³ Health and Social Care Committee, [NHS dentistry. Ninth Report of Session 2022–23](#), 14 July 2023

⁵⁴ DHSC, [Dental reform: next step](#), 15 January 2015

in individual courses of treatment at the prototype practices, but this was across a smaller number of patients and fewer courses of treatment.⁵⁵

In March 2021, NHS England, the DHSC and the Chief Dental Officer England sent a [letter to all NHS primary care dental contract holders](#). It said “for national contract reform to be viable, six aims need all apply”:

1. Be designed with the support of the profession
2. Improve oral health outcomes (or, where sufficient data are not yet available, credibly be on track to do so)
3. Increase incentives to undertake preventive dentistry, prioritise evidence-based care for patients with the most needs and reduce incentives to deliver care that is of low clinical value
4. Improve patient access to NHS care, with a specific focus on addressing inequalities, particularly deprivation and ethnicity
5. Demonstrate that patients are not having to pay privately for dental care that was previously commissioned NHS dental care
6. Be affordable within NHS resources made available by Government, including taking account of dental charge income.⁵⁶

The DHSC subsequently sent a letter to “prototype practices” involved in the reform programme in October 2021, which explained the programme did not meet the six aims and the Dental Contract Reform Programme would be coming to an end:

[...] as you are already aware there were more concerning findings following consideration of the six aims for national contract reform to be viable as outlined in the letter to all NHS primary care dental contract holders dated 29th March 2021. These include a fall in the numbers of patients able to access care, which mean that it is not possible to roll out the prototype approach more widely as we continue to recover from the impact of COVID-19 on dental services.

[...] all prototype practices currently within the programme will be returned to their underlying GDS or PDS contracts in April 2022.⁵⁷

In April 2022, NHS England and NHS improvement published transitional guidance for commissioners and prototype practices returning to their underlying contract.⁵⁸

⁵⁵ DHSC, [Dental contract reform: a report on learnings from the dental contract prototype test between April 2016 and March 2019](#), 26 January 2023

⁵⁶ NHS England and DHSC, [Letter to all NHS primary care dental contract holders: NHS Dental Contract Reform and Arrangements](#), 29 March 2021

⁵⁷ DHSC, [Update on the future of DCR from Department of Health and Social Care](#), October 2021

⁵⁸ NHS England and NHS Improvement, [Dental reform contract transitional guidance](#), 5 April 2022

3.6

Future of contract reform

In its response to the Health and Social Care Committee's inquiry, the Government said it would build on the reforms to the contract made in July 2022 but said "there is no one perfect payment model." It said the evaluation of contract pilots between 2011 and 2022 did not provide evidence that capitation improved personalised care. It also rejected the recommendation for a system of registration to be introduced.⁵⁹

The Government's 2024 dental recovery plan says that the Government has listened to concerns about how NHS dental care is funded and the current contracting model. It said further change is still needed and the Government is developing further recommendations for contract reform for consultation later in 2024. Any changes would be phased in from 2025 onwards.⁶⁰

In March 2024, the Health and Social Care Committee held a follow-up session on the dental recovery plan. In the session, stakeholders such as the Nuffield Trust and the British Dental Association expressed concern that reform has been pushed further down the line.⁶¹

⁵⁹ DHSC, [NHS Dentistry: Government Response to the Committee's Ninth Report of Session 2022-23](#), 13 December 2023

⁶⁰ DHSC, [Easier, simpler and fairer: our plan to recover and reform NHS dentistry](#), 7 February 2024

⁶¹ Health and Social Care Committee, [Oral evidence: NHS Dentistry: Follow-up, HC 602](#), 19 March 2024, Q153 and Q158

4 NHS dentistry funding

NHS dentistry in England is funded by a combination of payments from NHS England and revenue from patient charges.

In 2022/23 the total cost of dental services in England was £2.90 billion, of which £0.7 billion was covered by patient charges and £2.20 billion was NHS England funding.⁶²

Real-terms funding for dental services (taking into account the effect of inflation) has fallen by 19% (in 2022/23 prices) since 2010/11, down from £3.56 billion in 2010/11 to £2.90 billion in 2022/23. Over this period the contribution of NHS England to total funding for dental services fell by 22% in real-terms and income from patient charges fell by 7%.⁶³

Between 2010/11 and 2019/20, dental charges accounted for around a quarter of total funding. In 2020/21 the proportion fell to around 9%,⁶⁴ most likely as a consequence of restrictions on dental practice associated with the Covid-19 pandemic. Income from charges has since increased and in 2022/23 dental charges represented around 25% of total funding.⁶⁵

4.1 Dental patient charges

Patients pay a contribution towards the cost of primary care dental treatment. Patients pay one charge that covers the course of treatment, even if it is delivered over more than one session. The cost depends on the band that the course of treatment is in (see table below).

If patients need further treatment within two calendar months of completing a course of treatment, they do not have to pay anything extra if the treatment is from the same or a lower charge band.⁶⁶

If the additional treatment required is in a higher band, patients must pay for the new course of treatment.⁶⁷

⁶² DHSC, [Annual Report 2022/23](#), 31 January 2024, Table 50

⁶³ HC Library estimates based on [NHS \(England\) Summarised Accounts 2010-2011; DHSC Annual Report 2022/23](#) and [HMT GDP deflators, March 2024](#)

⁶⁴ DHSC, [Annual report and accounts 2020-2021](#), 31 January 2022, Table 37

⁶⁵ DHSC, [Annual Report 2022/23](#), 31 January 2024, Table 50

⁶⁶ NHS, [How much will I pay for NHS dental treatment?](#) (Accessed 8 March 2024)

⁶⁷ [As above](#)

The following treatments (including lost items) are guaranteed for 12 months from the date they were completed:

- Fillings and root fillings
- Inlays
- Porcelain veneers
- Crowns

The treatments provided must be “similar or related to the original treatment, but they do not have to be like for like.”⁶⁸

In April 2023, dental patient charges in England were increased for the first time since December 2020. The Government has said the increase of 8.5% was as “higher than usual” due to the economic climate, the period between increases and the increased costs of delivering NHS dental services.⁶⁹

From April 2024, dental patient charges in England will increase by 4% (see table below).⁷⁰

Dental patient charges from 1 April 2024 England		
Band	Description	Charge
1	This band includes examination, diagnosis (including radiographs), advice on how to prevent future problems, scale and polish if clinically needed, and preventative care (e.g. applications of fluoride varnish or fissure sealant).	£26.80
2	This band covers everything listed in band 1, plus any further treatment such as fillings, root canal work or extractions.	£73.50
3	This band covers everything in bands 1 and 2, plus course of treatment including crowns, dentures, bridges and other laboratory work.	£319.10
Urgent	This band covers urgent assessment and specified urgent treatments such as pain relief or a temporary filling or dental appliance repair.	£26.80

Source: [Written Statement, Dental Patient Charges Uplift 2024-25 Volume 746, 7 March 2024](#)

⁶⁸ NHS, [How much will I pay for NHS dental treatment?](#) (Accessed 8 March 2024)

⁶⁹ [HCWS 746, 7 March 2024](#)

⁷⁰ [As above](#)

Groups entitled to free NHS dental treatment

The NHS webpage which sets out [who is entitled to free NHS dental treatment in England](#) explains that NHS dental services are free for some patients including people who are under 18, pregnant, or receiving certain benefits.⁷¹

People named on an NHS certificate for partial help with health costs (HC3) might also receive help with dental costs.

Further information about the HC2 and HC3 certificates can be found in the [Commons Library briefing on NHS charges](#).⁷² The briefing also includes information on charges in Scotland, Wales and Northern Ireland.

4.2 How is funding allocated?

Integrated Care Boards (ICBs) receive funding allocations from NHS England. The funding each area receives is based on the amount of dental activity commissioned in the area before the current dental contract was introduced in 2006. The contracts were generally established in perpetuity.

The Nuffield Trust explains that the shift towards need rather than demand in 2006 “would suggest application of a needs-based resource allocation formula [...] but this has not been put in place”.⁷³

The think tank suggests this is possibly because “this would be a political decision with some potential risks” and “to be effective, money would need to be directed away from well-served, more affluent areas.”⁷⁴

The impact of this arrangement on service provision is explained in Public Health England’s 2021 report on [Inequalities in oral health in England](#):

The availability of NHS dental services is largely based on provision prior to 2006 when dentists were able to set up a dental practice wherever they chose. Since 2006, NHS funded dental services at primary, secondary and tertiary care levels have been commissioned by the NHS and at the time of the contract change, perpetual contracts were made with existing NHS dental providers based on their historical service provision. This ‘new contract’ effectively capped spend on dental care by giving all NHS practices an annual sum based on a reference year.⁷⁵

⁷¹ NHS, [Who is entitled to free NHS dental treatment in England?](#) (Accessed 19 April 2024)

⁷² Commons Library briefing CBP-7227, [NHS charges](#)

⁷³ The Nuffield Trust, [Bold action or slow decay? The state of NHS dentistry and future policy actions](#), 19 December 2023, p31

⁷⁴ [As above](#)

⁷⁵ Public Health England, [Inequalities in oral health in England](#), 19 March 2021, p16

The 2024 recovery plan for NHS dentistry says “work has been commissioned to understand the relative distribution of need for dental services” and will inform future decisions about allocations.⁷⁶

4.3

Underspend and ringfencing the dental budget

Apart from in 2020/21 (during the Covid-19 pandemic) there has been a consistent underspend in NHS dentistry.⁷⁷ ICBs may not spend all their allocated money for NHS dentistry if they are unable to commission services or if practices underdeliver against their contracts and funding is ‘clawed back’.

In 2023, NHS England informed ICBs that dental funding for 2023/24 should be ringfenced.⁷⁸ This meant that any underspend should be reinvested into dentistry services. However, in November 2023, NHS England said that where ICBs had not spent all their allocation on dentistry, they could use the funding to balance their bottom line and address other pressures.⁷⁹

The Government’s 2024 recovery plan for NHS dentistry said a “firmer” ringfence would be applied to dentistry budgets for 2024/25. It also said that to ensure compliance, NHS England will collect monthly returns from ICBs to establish current and planned spend against the allocations.⁸⁰

⁷⁶ DHSC, [Easter, simpler and fairer: our plan to recover and reform NHS dentistry](#), 7 February 2024

⁷⁷ The Nuffield Trust, [Bold action or slow decay? The state of NHS dentistry and future policy actions](#), 19 December 2023

⁷⁸ NHS England, [Revenue finance and contracting guidance for 2023/24](#), 27 January 2023, para 33

⁷⁹ PQ 9204 [on [NHS: Finance](#)], 19 January 2024

⁸⁰ DHSC, [Easter, simpler and fairer: our plan to recover and reform NHS dentistry](#), 7 February 2024

5 NHS dentistry workforce

5.1 How many NHS dentists are there?

Data on NHS dentists includes dentists that have completed any NHS dental activity in that year. This means dentists who mostly provide private treatment and some NHS treatment are included in the headcount.

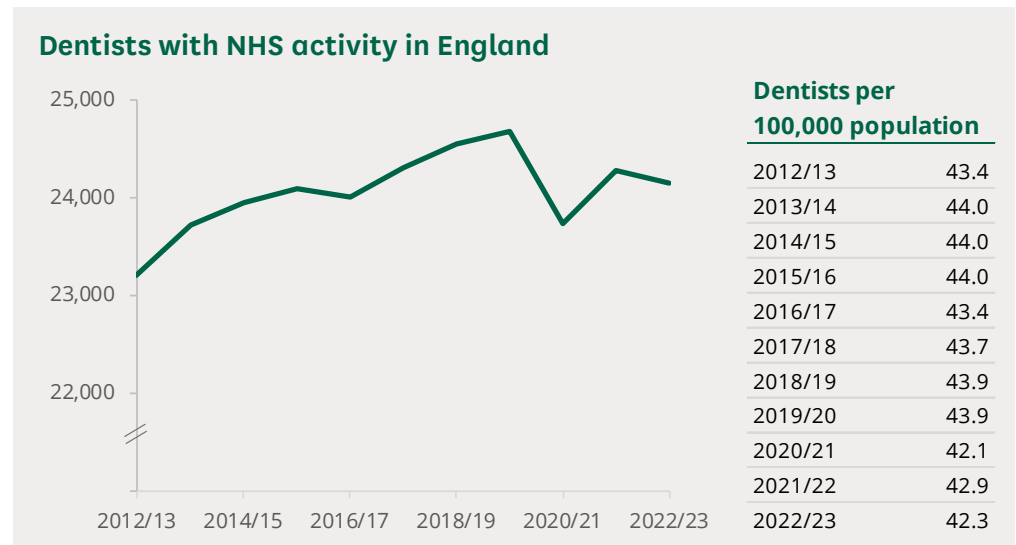
The latest estimates of the dental workforce indicate that 24,151 dentists performed NHS activity during 2022/23, a decrease of 121 on the previous year.⁸¹

As shown in the chart below, the number of dentists with NHS activity showed an upward trend between 2012/13 and 2019/20. Figures for 2020/21 were affected by the Covid-19 pandemic and numbers fell before increasing again in 2021/22. However, this increase did not continue in 2022/23.⁸²

The 2022/23 figure of 24,151 dentists with NHS activity is higher than that observed a decade earlier in 2012/12 (23,201). However, the increase in dentists has not kept pace with population change. The number of dentists per 100,000 population was 42.3 in 2022/23, lower than the 43.4 in 2012/13.

⁸¹ NHS Digital [NHS Dental Statistics for England annual report 2022-23](#)

⁸² In response to the Covid-19 pandemic, dental practices were instructed to close and defer routine, non-urgent dental care. Most practices were closed between April and June 2020 and not all dental practitioners returned to primary care dentistry during 2020/21. This will have contributed to the decrease in the number of dentists with NHS activity in 2020/21.



Note: Figures are a headcount of dentists with any NHS activity rather than a full-time equivalent measure.

Source: NHS Digital [NHS Dental Statistics for England annual report 2022-23](#)

5.2

Mixing NHS and private work

Dentists are self-employed and can mix NHS and private work. Official data currently shows how many dentists carry out any amount of NHS work, not the proportion of NHS work compared with private work.

The Government's 2024 recovery plan for NHS dentistry says that new workforce data, including data on employment and working trends, will be published from early 2024.⁸³

A survey by the British Dental Association (BDA) in 2023 found:

- Over half (50.3%) of dentists surveyed said they had reduced the amount of NHS work they do since the start of the Covid-19 pandemic.
- Almost three quarters (74%) of those surveyed said they were intending to reduce, or further reduce, the amount of NHS work they would undertake in 2023.
- 43% of those surveyed said they were likely to move to only private work.
- 42% said they were likely to change career or seek early retirement.⁸⁴

⁸³ DHSC, [Easter, simpler and fairer: our plan to recover and reform NHS dentistry](#), 7 February 2024

⁸⁴ BDA, [Half of dentists have cut back NHS work, with more to follow as crisis mounts](#), 6 March 2023

The Nuffield Trust, a health think tank, has said this drift to private work could be caused by an unattractive NHS contract and working patterns associated with delivering NHS services:

The nature of the contract [...] is also increasingly unattractive to many dentists and the private sector can offer higher pay. In addition, private practice may offer an environment that is preferred by many dental professionals. NHS Digital's [Dental Working Patterns, Motivation and Morale survey](#) found that dentists who spent more of their time on NHS work, as opposed to private work, tended to work longer weekly hours and took less annual leave in 2019/20. Even more concerningly, this survey found that the more time dentists spend on NHS work, the lower their levels of motivation.⁸⁵

5.3 UK recruitment and training

A career in dentistry requires a minimum of five years' undergraduate study and a further year in dental foundation training.⁸⁶

Medical and dental school places are capped in each part of the UK, with ["intake targets" used to limit the number of students](#) a higher education provider may recruit each year. There are caps for both home students and overseas/international students.

There are around 1,100 dental school places available across the UK each year.⁸⁷ This figure has remained largely unchanged since 2013, though there were temporary adjustments to the cap during the Covid-19 pandemic.⁸⁸ The majority of the places are in England. More information on the cap on medical and dental student numbers in the UK can be found in a Commons Library briefing.⁸⁹

The NHS Long Term Workforce Plan, published in June 2023, said dentistry training places in England will be expanded by 24% to 1,000 by 2028/29 and by 40% to over 1,100 places by 2031/32. The plan also said the Government would explore introducing a "tie-in" period for new dentists to encourage them to spend a minimum of their time delivering NHS care "in the years following graduation."⁹⁰ A consultation was launched in May 2024.⁹¹

⁸⁵ The Nuffield Trust, [Bold action or slow decay? The state of NHS dentistry and future policy actions](#), 19 December 2023, p23

⁸⁶ Review Body on Doctors' and Dentists' Remuneration, [Forty-Eighth Report 2020](#), July 2020, p107

⁸⁷ The Office for Students, [Medical and dental intakes](#), (Accessed 25 April 2023)

⁸⁸ Higher Education Funding Council for England, [Medical and Dental Students survey 2013 \(archived\)](#), March 2014

⁸⁹ House of Commons Library, [The cap on medical and dental student numbers in the UK](#)

⁹⁰ NHS England, [NHS Long Term Workforce Plan](#), 30 June 2023

⁹¹ DHSC, [Proposal for a 'tie-in' to NHS dentistry for graduate dentists](#), 23 May 2024

5.4 International recruitment

All dental professionals must be registered with the General Dental Council (GDC) to provide dental services in the UK. The GDC register reflects the total of number of dentists registered to work in the UK. This does not reflect the number of dentists delivering any NHS activity (see section 4.1 above).

The GDC publishes annual information on [the total number of dental professionals](#) by title and the equality and diversity profile of the registers. In 2022, the latest year for which there is an annual report, 1,968 dentists joined the register. This included:

- 1,061 UK qualified dentists,
- 729 dentists with European Economic Area qualifications,
- 160 overseas qualified dentists via the Overseas Registration Exam route, and
- 18 dentists overseas dentists qualified via the registration assessment route.⁹²

The Government's 2024 recovery plan for NHS dentistry notes that around 30% of all dentists on the GDC register qualified outside of the UK. In the plan, the Government said it will continue to work with the GDC to ensure overseas-qualified applicants that meet UK regulatory standards can join the register "as easily and quickly as possible".⁹³

5.5 Distribution of NHS dentists and skill mix

The Nuffield Trust notes that the national data on the dentistry workforce in England "masks problems with distribution of dentists across the country."⁹⁴ The think tank's analysis of NHS Digital data found a "nearly three-fold variation in the density of NHS dentists in England" with numbers in rural and coastal areas particularly low relative to the population.⁹⁵

A publication by the Association of Dental Groups in May 2022 highlighted the growth of "dental deserts" in England. These are defined as areas that have a

⁹² GDC, [Registration report 2022](#), May 2023, p8

⁹³ DHSC, [Easter, simpler and fairer: our plan to recover and reform NHS dentistry](#), 7 February 2024

⁹⁴ The Nuffield Trust, [Bold action or slow decay? The state of NHS dentistry and future policy actions](#), 19 December 2023, p21

⁹⁵ [As above](#), p21

below average number of dentists per 100,000 people and are experiencing a decline in the number of NHS dentists.⁹⁶

The Department of Health and Social Care (DHSC) noted in its evidence to the Health and Social Care Committee that “the distribution of the NHS dental workforce is not aligned to the oral health and dental care needs of the local population which can compound oral health inequalities.”⁹⁷

A report on the education and training of NHS dentists by Health Education England (now part of NHS England), published in 2021, found the distribution of dental workforce is concentrated in metropolitan areas, around dental hospitals and schools. It also said the skills mix is “out of kilter with present and future need”.⁹⁸

The report said the uneven distribution of dentistry schools has made it difficult to attract trainees to remote areas such as Cumbria, Lincolnshire and East Anglia. It said there is evidence from medicine that the longer a trainee is based in an area, the more likely they are to remain there.⁹⁹

Health Education England’s recommendations included more flexible entry routes into training, supporting the development of apprenticeships “to diversify and promote the concept of a local dental workforce approach” and distributing postgraduate training posts so they are better aligned to areas with the highest levels of oral health inequalities.¹⁰⁰

The report recommended exploring ‘Centres of Development’:

These centres would bring together in one locality the later stage of undergraduate training, enhancing student experience through a broader range of placements in different clinical environments, support the transition from undergraduate to Dental Foundation and Early Years training and co-ordinate the development of Middle Years and Specialty training in parallel with service provision in areas there is a shortage of dental workforce relative to need. This concept will require infrastructure investment and as infrastructure costs emerge, HEE will bid for investment through the Spending Review process.¹⁰¹

The Government said the recommendations from the report were being taken forward in a four-year Dental Education Reform Programme (DERP).¹⁰²

In written evidence to the Health and Social Care Committee in January 2023, the DHSC said the reforms aim to improve retention in NHS dentistry by meeting the lifestyle needs of trainees:

⁹⁶ Association of Dental Groups, [England’s Dental Deserts: The urgent need to “level up” access to dentistry](#), May 2022.

⁹⁷ [DShC written evidence to the Health and Social Care Committee \(PDF\)](#), p8

⁹⁸ Health Education England, [Advancing Dental Care Review: Final Report](#), 21 September 2021, p18

⁹⁹ [As above](#), p22

¹⁰⁰ [As above](#)

¹⁰¹ [As above](#), p12

¹⁰² PQ 181443 [on [Dentistry: Higher education](#)], 18 April 2023

Overall, the DERP is focused on improving the dental education and training linear and inflexible infrastructure, which has been inhibiting the development of multi-disciplinary and multi-professional teams and the upskilling of the workforce post-registration. HEE also aims for these reforms to better fit the lifestyle preferences and needs of today's trainees or workforce, which currently threaten long-term retention in the NHS. Another element that needs to be considered is the opportunity to review the distribution of training posts towards the areas of highest oral health need to mitigate existing NHS workforce recruitment and retention problems.¹⁰³

The Government's recovery plan for NHS dentistry says it recognises a significant proportion of dental graduates work near their dental school after graduation. It said the planned expansion of training places will be targeted to improve provision in areas where it is most needed and the creation of new dental schools in under-served parts of the country will be explored if required.¹⁰⁴

Enhancing skill mix

In January 2023, NHS England published [Building dental teams: Supporting the use of skill mix in NHS general dental practice](#). It sets out the regulatory position on dental care professionals providing direct access to patient care in NHS services.¹⁰⁵

In August to September 2023, the Government consulted on enabling dental therapists to deliver some medications to patients without a written direction from a dentist. This would be achieved through amending the Human Medicines Regulations 2012.¹⁰⁶

The Government's response to the consultation, published in March 2024, said the response to the proposals was "overwhelmingly positive" and it would progress UK-wide legislation to amend the 2012 regulations.¹⁰⁷

The draft Human Medicines (Amendments relating to Registered Dental Hygienists, Registered Dental Therapists and Registered Pharmacy Technicians) Regulations 2024 have been approved by the House of Commons and the House of Lords.¹⁰⁸

¹⁰³ DHSC, [Written evidence submitted by the Department of health and Social Care](#), January 2023

¹⁰⁴ DHSC, [Easter, simpler and fairer: our plan to recover and reform NHS dentistry](#), 7 February 2024

¹⁰⁵ NHS England, [Building dental teams: Supporting the use of skill mix in NHS general dental practice](#), 11 January 2023

¹⁰⁶ DHSC, [Proposal to enable dental hygienists and dental therapists to supply and administer specific medicines under exemptions](#), 18 August 2023

¹⁰⁷ DHSC, [Proposal to enable dental hygienists and dental therapists to supply and administer specific medicines under exemptions: consultation response](#), 28 March 2024

¹⁰⁸ [The Human Medicines \(Amendments relating to Registered Dental Hygienists, Registered Dental Therapists and Registered Pharmacy Technicians\) Regulations 2024](#)

5.6

Regulation by the General Dental Council

Functions of the General Dental Council

The GDC is the UK-wide statutory regulator for dental professionals. All dentists must be registered with the General Dental Council to work in the UK.

The [Dentists Act 1984](#) provides the legislative framework for the GDC to operate. Section 1 of the Act sets out the GDC's overarching statutory objectives:

- Protect, promote and maintain the health, safety and wellbeing of the public
- Promote and maintain public confidence in the professions regulated under the Act
- Promote and maintain proper professional standards and conduct for members of those professions.¹⁰⁹

The GDC carries out the following functions:

- Registering qualified dental professionals
- Setting standards for the dental team
- Investigating concerns about dental professionals' fitness to practise
- Ensuring the quality of dental education.

The [Professional Standards Authority for Health and Social Care](#) oversees the GDC and reviews its performance annually.

Reforming regulation of healthcare professionals

The Government is in the process of [reforming the regulation of healthcare professionals](#) across the nine health and care professional regulators, including the GDC.

The Government plans to make changes across the following areas:

- the governance and operating framework;
- education and training;
- registration; and

¹⁰⁹ [Dentists Act 1984](#), Section 1

- fitness to practise.¹¹⁰

The sequence of reforms will first focus on the General Medical Council, the Nursing and Midwifery Council and the Health and Care Professions Council.¹¹¹

Registration of internationally trained dentists

There are different routes to registration with the GDC for dentists trained overseas, depending on where the dentists achieved their qualifications.

Some applicants with overseas qualifications can [apply for temporary registration](#) with the GDC.

European Economic Area and Swiss qualifications

The GDC recognises European Economic Area (EEA) and Swiss dentistry qualifications under a near-automatic system. This system was reviewed by the UK Government in 2023 and extended for five years.¹¹²

Recognised EEA qualifications are those which were listed in [V.3. Annex V of Directive 2005/36/EC](#) at 11pm GMT on 31 December 2020. This European Union directive was in place to allow for EEA and Swiss healthcare professionals to have their qualifications recognised in the UK, until the end of the UK's EU Exit transition period.

Qualifications from outside the European Economic Area

Some qualifications from outside the EEA and Switzerland (and gained before a certain year, usually 2001) are automatically recognised by the GDC.¹¹³ Dentists with unrecognised qualifications must pass an exam to join the register. There are two exams that overseas dentists can take. They only need to take one of the two:

- [Overseas Registration Exam \(ORE\)](#)
- [Licence in Dental Surgery - Royal College of Surgeons](#)

The exams require applicants to pay a fee.

The Government's 2024 plan to recover NHS dentistry notes "limited exam capacity restricts the number of overseas dentists joining the register."¹¹⁴ Waiting times for the exam were also exacerbated by suspension during the Covid-19 pandemic.

¹¹⁰ DHSC, [Regulating healthcare professionals, protecting the public: consultation response - executive summary](#), 17 February 2023

¹¹¹ [As above](#)

¹¹² DHSC, [Professional qualifications - EU Exit standstill provisions: review by the Secretary of State](#), 29 June 2023

¹¹³ GDC, [Recognised overseas qualifications](#) (accessed 18 April 2024)

¹¹⁴ DHSC, [Faster, simpler and fairer: our plan to recover and reform NHS dentistry](#), 7 February 2024

The plan says the GDC is expanding the capacity of the ORE exams in 2023 to 2024, creating 1,300 additional places. It is also working to expand the size of its registration casework team.¹¹⁵

Reforms to international registration legislation

In March 2023, the Government passed legislation changing the process for overseas dentists to register as a dentist or dental care professional in the UK¹¹⁶. The legislation gives the GDC power to make new rules for the registration process for dentists and dental care professionals. It also specified that overseas dentists could register as dental care professionals.

The legislation followed a consultation on the proposals in 2022.¹¹⁷ The Government's response was published in November 2022.¹¹⁸

There was some disagreement with the Government's decision not to allow overseas dentists to register as dental care professionals in the UK. 70% of respondents to the consultation disagreed with this proposal, with many arguing that international dentists are qualified enough to work as a dental care professional (DCP) and could do so whilst waiting to sit the Overseas Registration Exam (ORE) to register as a dentist in the UK.¹¹⁹

During a debate on the draft legislation to provide for the changes, then-Minister for Health, Will Quince, explained the Government's rationale for going ahead with the proposals regarding registration of DCPs despite the consultation response:

[...] The change introduces fairness and consistency between UK and international routes because UK dentists cannot qualify or apply to join the DCP register using their dentistry qualification in other countries.

[...] Although we recognise that the majority of respondents to the consultation disagreed with the proposals and many argued that international dentists are already qualified, or have enough clinical experience, to work as a DCP, others also highlighted that in some cases overseas qualified dentists work as dental care professionals outside the UK, and in many countries there is not a separate job title for dental care professionals.

However, in the UK the GDC recognises dentists and DCPs as distinct professions; they undertake similar but different tasks. I understand from the GDC that the majority of such applications from international dentists are, in any event, unsuccessful. This reinforces that one of the GDC's priorities must be

¹¹⁵ DHSC, [Faster, simpler and fairer: our plan to recover and reform NHS dentistry](#), 7 February 2024

¹¹⁶ [The Dentists, Dental Care Professionals, Nurses, Nursing Associates and Midwives \(International Registrations\) Order 2023](#)

¹¹⁷ DHSC, [Changes to the General Dental Council and the Nursing and Midwifery Council's international registration legislation](#), 7 February 2022

¹¹⁸ DHSC, [Changes to the General Dental Council and the Nursing and Midwifery Council's international registration legislation: government response](#), 28 November 2022

¹¹⁹ [As above](#)

on ensuring that only suitably qualified people join the profession here in the UK, in the interest of patient safety.¹²⁰

In April 2023, the GDC published an article on the [immediate impact of the international registration reforms](#). It said there were around 5,700 applications to the DCP register waiting to be processed. 3,300 applications arrived in 2023, with two-thirds arriving the week before the legislative changes were due to take effect. As a result, applicants could be waiting between one to two years for a decision.¹²¹

The GDC consulted on the changes in 2023 and new rules came into effect in March 2024.¹²² The new rules introduced an application processing fee for the ORE.

Provisional registration for overseas dentists

The 2024 dental recovery plan says the Government will work to introduce legislation creating a provisional registration status. This would allow overseas-qualified dentists whose qualifications are not automatically recognised by the GDC to practise under the supervision of a fully registered dentist whilst working to demonstrate that they meet the standards for full registration.¹²³

The Government held a [consultation on provisional registration for overseas-qualified dentists](#) between February and May 2024.¹²⁴

The British Dental Association has said that provisional registration raises “clear issues with patient safety, given the consistently high failure rates for the ORE.”¹²⁵

5.7

Dental Performers List

All NHS dentists working in primary care are required to be registered on the [Dental Performers List for England](#). This includes foundation dentists and dentists from overseas. The performers list system for medical, dental and ophthalmic practitioners was brought in by [The National Health Service \(Performers Lists\) \(England\) Regulations 2013](#).

¹²⁰ [HC Deb 6 December 2022](#), c8

¹²¹ GDC blog post, [Immediate impact of the international registration reforms: one month on](#), 5 April 2023

¹²² [The GDC \(Dentists\) \(International Registration\) Rules 2023 \(gdc-uk.org\)](#)

¹²³ DHSC, [Easier, simpler and fairer: our plan to recover and reform NHS dentistry](#), 7 February 2024

¹²⁴ DHSC, [Provisional registration for overseas-qualified dentists](#), 16 February 2024

¹²⁵ BDA, [Provisional registration plans: Ministers try to fill leaky bucket](#), 19 February 2024

In a letter to Members of the House of Lords, Parliamentary Under-Secretary of State, Lord Markham, explained the difference between the professional regulator and the performers list:

The functions of the PLR [Performers List Regulations] are distinct from the role of the professional regulator. The role of the professional regulator is to ensure that registered practitioners have the qualifications, training and experience to practise anywhere in the UK ('fitness to practise'). The purpose of the PLR is to give assurance that practitioners have the necessary skills to work independently to deliver NHS primary care services ('fit for purpose').¹²⁶

In May 2023, the Government introduced legislation to amend the 2013 regulations.¹²⁷ The purpose of the amendment regulations is to enable practitioners in Scotland, Wales and Northern Ireland to practise in England and to remove the Performers List Validation by Experience (PLVE) scheme as an alternative to foundation training for overseas-qualified dentists.

The legislation replaced the PLVE with a structured induction process that applies equally to dentists that have qualified in EEA countries and other countries. This is intended to allow NHS England to assess each applicant based on their individual skills, knowledge and experience and develop a support plan specific to the practitioner's needs.¹²⁸

The Government has said [this change is intended to accelerate the process for overseas dentists](#) to join the dental performers list.¹²⁹

In its recovery plan for NHS dentistry, the Government said the dental performers list could be a barrier to dentists providing NHS work because they do not need to join the list to go into private practice. The plan notes that the Government has abolished fees linked to applying and brought in the changes noted above. However, it says that further improvements can be made to streamline the process and the aim is for applicants to deliver NHS activity with three weeks of applying.¹³⁰

The plan states the Government will review the dental performers list and will consider whether commissioners should be able to use private dentists to support access to dentistry "for a short period in circumstances where there is short-term pressure on NHS supply."¹³¹

¹²⁶ [Letter from Lord Markham to Lord Hunt, Lord Allan and Baroness Merron \(PDF\)](#), 1 September 2023

¹²⁷ [The National Health Service \(Performers Lists\) \(England\) \(Amendment\) Regulations 2023](#)

¹²⁸ [Letter from Lord Markham to Lord Hunt, Lord Allan and Baroness Merron \(PDF\)](#), 1 September 2023

¹²⁹ PQ 192834 [on [Dental services: Migrant workers](#)], 11 July 2023

¹³⁰ DHSC, [Easter, simpler and fairer: our plan to recover and reform NHS dentistry](#), 7 February 2024

¹³¹ [As above](#)

6 Government policy

6.1 Recovery plan for NHS dentistry (2024)

In February 2024, the Department of Health and Social Care (DHSC) published [its plan to recover and reform NHS dentistry](#). The plan aims to make NHS dentistry “faster, simpler and fairer” by expanding access, preventing poor oral health and increasing workforce capacity.¹³²

Modelling and funding

The DHSC said the plan will fund over 1.5 million additional NHS dentistry treatments or 2.5 million NHS dentistry appointments. The plan does not include the modelling behind these figures.

Giving evidence to Health and Social Care Select Committee, Dr Amanda Doyle OBE, National Director for Primary Care and Community Services at NHS England said the modelling is based on the current amount of under-delivered activity. The figures reflect the activity that would be delivered if all of the commissioned activity was delivered.¹³³

Parliamentary Under-Secretary of State (Minister for Public Health, Start for Life and Primary Care), Andrea Leadsom, noted the modelling “has quite a high likelihood of not being reliable” and that the amount of treatment and appointments delivered could be under or over the forecasted amount.¹³⁴

During the session, Andrea Leadsom confirmed the money for the actions in the dentistry recovery plan would come from the existing dentistry budget, including any underspend.¹³⁵

The actions in the plan are set out in more detail below.

¹³² Department of Health and Social Care, [Easter, simpler and fairer: our plan to recover and reform NHS dentistry](#), 7 February 2024

¹³³ Health and Social Care Committee, [Oral evidence: NHS Dentistry: Follow-up, HC 602](#), 19 March 2024, Q187

¹³⁴ [As above](#), Q186

¹³⁵ [As above](#), Q193

Expanding access to dentistry

Dental vans

From later in 2024, dental vans will offer appointments for examinations and straightforward treatments in targeted rural and coastal communities. Giving evidence to the Health and Social Care Select Committee, Andrea Leadsom said the Government anticipates there will be around 15 to 18 mobile dental vans serving remote areas or areas where there is less access to transport issues.¹³⁶ Information on the committee’s evidence session can be found in section 6.2 of this briefing.

In April 2024, NHS England published a Prior Information Notice in relation to the NHS Mobile and Alternative Dental Services. This said NHS England is “aware of the limited availability of vans and workforce to deliver mobile dental services” and therefore, alongside the provision of vans, it is also exploring other options including “non-van solutions, including the use of local facilities for pop-up services.”¹³⁷

In May 2024, NHS England published a list of integrated care boards identified for dental vans.¹³⁸

‘Golden hello’ payments

Up to 240 dentists recruited in areas facing recruitment challenges will receive ‘golden hello’ payments of £20,000 (phased over three years) in return for a commitment to deliver NHS work in the area for at least three years. Subject to review, the scheme could be extended in future. The ‘golden hellos’ will be funded through the existing dentistry budget.¹³⁹

NHS England published guidance on the golden hello scheme in May 2024.¹⁴⁰

New patient premium

From March 2024 to March 2025, practices will be offered a “new patient premium” payment for each new patient requiring treatment. The payment will be £15 or £50 depending on the treatment required. The payments will be accommodated within the current contract values. This means dentists will receive more Units of Dental Activity (UDAs) for seeing a new patient, but the total number of UDAs commissioned will remain the same.

¹³⁶ Health and Social Care Committee, [Oral evidence: NHS Dentistry: Follow-up, HC 602](#), 19 March 2024, Q191

¹³⁷ NHS England, [NHS Mobile and Alternative Dental Services](#), 16 April 2024; this notice was updated on 24 May 2024 see: NHS England, [NHS Mobile Dental Vans](#), 24 May 2024

¹³⁸ NHS England, [Update on the Dental Recovery Plan](#), 10 May 2024, Annex B

¹³⁹ [As above](#), Q195

¹⁴⁰ NHS England, [Dental recruitment incentive scheme 2024/25](#), 10 May 2024

NHS England published guidance for dental practices on the new patient premium in May 2024.¹⁴¹

Raising the minimum UDA value

The minimum UDA rate will be raised from £23 to £28 in 2024. This follows a previous increase in July 2022.

In May 2024, NHS England wrote to dental practices in England to advise that all contractors with a minimum indicative UDA value below £28 should have been contacted by their integrated care board to agree either a revised amount of activity or a revised contract value.¹⁴²

Further contract reform

The Government is developing further recommendations on dental contract reform for consultation later in 2024. Changes would be phased in from 2025 onwards.

Enabling over-delivery and addressing under-delivery

Building on the July 2022 reforms (see below), NHS England will continue to work with commissioners to identify opportunities to allow contractors to deliver up to 110% of their contracted activity.

The Government will also keep legislation introduced in May 2023, which allows commissioners to commission activity from another provider where a practice is consistently under-delivering against their contract, under review (see section 3.2).

Ringfencing the 2024/25 dental budget

The 2024/25 dental allocation budgets will be ringfenced. NHS England will collect monthly returns from commissioners to ensure compliance.

Supporting commissioners and reducing bureaucracy

To support commissioners, new workforce data will be published early in 2024 and the DHSC will consider publishing data on community dental services.

Work to understand the relative distribution of need for dental services will be used to inform future decisions about dental budget allocations to Integrated Care Boards (ICBs).

A stakeholder reference group for dentistry and oral health will look at opportunities to reduce bureaucracy in NHS dentistry.

¹⁴¹ NHS England, [Update on the Dental Recovery Plan](#), 10 May 2024, Annex A

¹⁴² NHS England, [Update on the Dental Recovery Plan](#), 10 May 2024

Preventing poor oral health

Babies and young children

[Family Hubs and the Start for Life programme](#) will promote and provide guidance on oral health improvement for pregnant mothers and young children.

Smile for Life programme

A new Smile for Life programme will provide support and education on good oral hygiene to children aged one to three in nurseries and early years settings. The aim is to embed daily toothbrushing as part of child's routine. Health Minister Andrea Leadsom said this would essentially build on a programme that existed prior to the Covid-19 pandemic.¹⁴³

Mobile dental teams and fluoride varnish treatment

From later in 2024, mobile dental teams will provide advice and deliver preventative fluoride varnish treatments to over 165,000 children in under-served areas. It was noted in the Health and Social Care Committee's one-off session on the dental recovery plan that this would cover approximately 2% of all primary-age children.¹⁴⁴

Water fluoridation

Subject to consultation, water fluoridation will expand across the North East of England. The [consultation was launched](#) in March 2024 and closes in June 2024.¹⁴⁵

Supporting and developing the workforce

NHS Long Term Workforce Plan

As originally set out in the NHS Long Term Workforce Plan, published in June 2023, dentistry training places in England will expand by 24% to 1,000 places by 2028/29 and by 40% to over 1,100 places by 2031/32.¹⁴⁶ Places will be allocated to target areas with low provision. Consideration will be given to creating new dental schools in under-served parts of the country if required.

Places for dental therapy and dental hygiene will increase by 28% by 2028/29 and by 40% to over 500 places by 2031/32.

As committed to in the plan, in May 2024 the Government launched a consultation on introducing a 'tie-in' for graduate dentists that would require

¹⁴³ [Oral evidence: NHS Dentistry: Follow-up, HC 602](#), Q182

¹⁴⁴ [As above](#), Q143

¹⁴⁵ DHSC, [Community water fluoridation expansion in the north east of England](#), 25 March 2024

¹⁴⁶ NHS England, [NHS Long Term Workforce Plan](#), 30 June 2023

them to spend at least some of their time delivering NHS activity in the years after graduation.¹⁴⁷

Therapist-led models of care

The plan says there needs to be a “shift in mindset” towards enabling dental care professionals to work to the full scope of their practice, with dentists focusing on providing complex care that only they can carry out. The plan refers to the publication of guidance for dental teams on skill mix in 2023¹⁴⁸ and proposed legislative changes to enable dental therapists to deliver some medications to patients without a written direction from a dentist (see section 5.5).

The plan also says a national “return to dental therapy programme” is being developed to support dental therapists who have been working as dental hygienists to refresh their dental therapy skills.

Overseas-qualified dentists

The plan notes actions that have already been taken to make it easier for overseas dental professionals to work in the NHS. This includes passing legislation providing the General Dental Council the power to make new rules for the registration process for dentists and dental care professionals.¹⁴⁹ It also notes the GDC’s decision to expand capacity of the overseas registration exam in 2023 to 2024 to an extra 13000 places and says the Government will work with the GDC to explore expanding this further.

The plan also refers to regulatory amendments made in 2023 to improve the dental performers list (DPL). Dentists must join the DPL to work for the NHS in England. The regulations enable practitioners in Scotland, Wales and Northern Ireland to practise in England and remove the Performers List Validation by Experience (PLVE) scheme as an alternative to foundation training for overseas-qualified dentists. The PLVE is replaced by a structured induction process focused on the skills, knowledge and experience of the individual.¹⁵⁰ See section 5.7 for more detail.

The plan says that the Government will continue to improve the DPL, with the aim that dentists can deliver NHS activity within three weeks of their application to the list. The Government will review the DPL to explore further streamlining and will consider whether commissioners should be able to use private dentists as a “provider of last resort” for a short period where there is “short-term pressure on NHS supply.”

The Government will work to introduce legislation creating a provisional registration status for overseas-qualified dentists. A consultation on this

¹⁴⁷ DHSC, [Proposal for a ‘tie-in’ to NHS dentistry for graduate dentists](#), 23 May 2024

¹⁴⁸ NHS England, [Building dental teams: Supporting the use of skill mix in NHS general dental practice](#), 11 January 2023

¹⁴⁹ [The Dentists, Dental Care Professionals, Nurses, Nursing Associates and Midwives \(International Registrations\) Order 2023](#)

¹⁵⁰ [The National Health Service \(Performers Lists\) \(England\) \(Amendment\) Regulations 2023](#)

proposal was held between February and May 2024.¹⁵¹ It would allow dentists whose qualifications are not automatically recognised by the GDC to work under the supervision of a fully registered dentist. The Government will also “press” the GDC to ensure it is using its new legal flexibilities to identify additional overseas qualifications that could be automatically recognised as sufficient for registration in the UK.

The British Dental Association (BDA) has said that provisional registration raises “clear issues with patient safety, given the consistently high failure rates for the ORE.”¹⁵²

6.2 Health and Social Care Committee session on dentistry recovery plan

In March 2024, the Health and Social Care Committee held a one-off follow-up evidence session on the Government’s dental recovery plan.¹⁵³

The chair of the BDA’s General Dental Practice Committee, Shawn Charlwood, said the plan received negative feedback from the profession, with many dentists describing it as “too little, too late”.¹⁵⁴ He said that whilst action on prevention in the early years is welcome, it could have been more ambitious, noting the plan to provide fluoride treatments would only cover 2% of all primary-age children in England.¹⁵⁵

Mr Charlwood also said the recovery plan had “perversely [...] pushed legitimate contract reform, which is the only thing that will save the service, much further down the line.”¹⁵⁶ He also said that although the recovery plan stated that the Government is developing further recommendations for contract reform, there had been no meaningful conversations on contract reform since last autumn.¹⁵⁷

The Chief Executive of the Nuffield Trust, Thea Stein, echoed concerns about contract reform. She said, “the impact of delaying contract reform will be the continued march of dentists away from NHS dentistry.”¹⁵⁸

The Minister, Andrea Leadsom, said “contract reform is absolutely the priority” and the expectation remains that the Government will consult on the matter later in 2024, with a view to rolling out reforms in 2025.¹⁵⁹ The Minister

¹⁵¹ DHSC, [Provisional registration for overseas-qualified dentists](#), 16 February 2024

¹⁵² BDA, [Provisional registration plans: Ministers try to fill leaky bucket](#), 19 February 2024

¹⁵³ Health and Social Care Committee, [Oral evidence: NHS Dentistry: Follow-up, HC 602](#), 19 March 2024

¹⁵⁴ Health and Social Care Committee, [Oral evidence: NHS Dentistry: Follow-up, HC 602](#), 19 March 2024, Q142

¹⁵⁵ [As above](#), Q143

¹⁵⁶ [As above](#), Q153

¹⁵⁷ [As above](#), Q154-155

¹⁵⁸ [As above](#), Q158

¹⁵⁹ [As above](#), Q179

said there would almost certainly be a move away from the UDA system for complex cases but said the evaluation of the contract pilots did not support the use of a capitation model.¹⁶⁰

Another issue discussed in the session was funding for the actions in the plan. Shawn Charlwood explained BDA members are concerned that the plan could result in less patients being seen overall:

The fundamental problem with the plan is that there is no new money. Even the increase of the minimum UDA value is accommodated financially—afforded, if you like—by reducing the number of UDAs, so it is within the current contract value. Practices reasonably felt that this would mean more money. It does not mean that. It means that there are actually fewer UDAs to deliver, so their ability to deliver care to patients is actually reduced. The new patient premium of £15 and £50 for band 1 and bands 2 or 3 is accommodated within the current contract value.

The effect of that will be that if you see new patients, who as we all know very often take considerably longer to treat, it will consume more clinical time. It will therefore reduce the number of existing patients who can be seen. New patients, inevitably, take longer to be seen. The net result is that many of our members, who clearly know this stuff inside out and have looked at their particular practice, say that they are fearful that the effect of this, because it is not new and extra money but within contract value, will be to reduce the number of patients that can be seen. That is where that statement comes from.¹⁶¹

Andrea Leadsom confirmed the money for the actions in the dentistry recovery plan would come from the existing dentistry budget, including any underspend.¹⁶² The Minister also commented on the modelling used to say the plan would fund 2.5 million extra appointments. She said the modelling was likely unreliable and the amount could be more or less, however a headline figure was needed for the plan.¹⁶³

The witnesses for the committee's inquiry also raised concerns about the capacity of dental schools to train more students and said ICBs needed more detail on how actions in the plan, such as dental vans, will work in practice.¹⁶⁴

¹⁶⁰ Health and Social Care Committee, [Oral evidence: NHS Dentistry: Follow-up, HC 602](#), 19 March 2024, Q180

¹⁶¹ [As above](#), Q159

¹⁶² [As above](#), Q193

¹⁶³ [As above](#), Q186-190

¹⁶⁴ [As above](#), Q148

6.3

July 2022 reforms

In a written statement on 19 July 2022, the Government set out its plans to reform dentistry over the next year.¹⁶⁵ A [letter from NHS England to all dental practices in England \(PDF\)](#) detailing the reforms was also sent.

The reforms included:

- Awarding more UDAs when patients need three or more fillings or extractions and for root canals.
- Introducing a minimum UDA value of £23.
- Supporting providers to meet the [National Institute of Health and Care Excellence \(NICE\) guidelines on recall intervals](#), whereby adult patients who can maintain good oral hygiene may be given recall intervals of up to 24 months.
- Issuing guidance on direct access (whereby patients can see a dental care professional without having to see a dentist first) in NHS practice and removing barriers that prevent dental care professionals from opening courses of treatment.
- Allowing high performing practices to provide up to 110% of their contracted annual activity.
- Encouraging commissioners and providers to consider voluntarily annual activity requirements to redirect funds where practices are underdelivering. Consistently poorly performing practices may have their contracts rebased to achievable levels by NHSE, with unused funding released to commission care from other providers.
- Requiring practices to keep their information on the [NHS Directory of Services](#) up to date.¹⁶⁶

The BDA described the reforms as “marginal” and “an attempt to conjure up more capacity without adding any new investment.”¹⁶⁷

Progress on reforms

On 1 October 2022, changes were made to the forms providers complete detailing their dental activity (form FP17). New fields were introduced for recording dental care professionals’ General Dental Council registration

¹⁶⁵ HCWS 19 July 2022, [Written statement on dental system improvement](#)

¹⁶⁶ NHS England, [Outcome of 2022/23 Dental Contract Negotiations Letter](#), 19 July 2022

¹⁶⁷ BDA, [England: Marginal changes under scrutiny](#), 20 July 2022

number and the patient's maximum recall period in line with their oral health risk and NICE guidelines.¹⁶⁸

Contractors with a UDA value below £23 were contacted by their NHS England local area team confirming how the new minimum value would be implemented in their contract from 1 October 2022.¹⁶⁹

In January 2023, NHS England published new guidance on [building dental teams: Supporting the use of skill mix in NHS general dental practice](#). The guidance sets out the regulatory position on dental care professionals providing direct access to patient care in NHS services.¹⁷⁰

New regulations introduced

[The National Health Service \(Primary Dental Services\) \(Amendment\) Regulations 2022, SI 2022/1132](#) came into force on 25 November 2022. The regulations created three sub-bands of treatments within band 2, each given a new UDA value. It does not change the amount patients pay for band 2 treatments.¹⁷¹ See section 3.3 for more detail.

The regulations also make it a legal requirement for dental practices to review and update their profiles on the NHS website at least every 90 days, to make it clear which practices are accepting new patients.¹⁷² In May 2024, NHS England informed practices that profiles would now say “accepting new patients where availability allows” if they are accepting new patients.¹⁷³

The regulations make changes to the National Health Service (General Dental Services Contracts) Regulations 2005 and the National Health Service (Personal Dental Services Agreements) Regulations 2005.

6.4 Response to the Covid-19 pandemic

The Care Quality Commission (CQC) has highlighted that [access to NHS dental care has been an issue long before the pandemic](#), but there are “clear signs” the problems were compounded by Covid-19.¹⁷⁴

The BDA estimated over 38 million dental appointments were missed over the course of the pandemic.¹⁷⁵

¹⁶⁸ NHSBSA, [2022/23 Dental Contract Negotiations](#). (Accessed 24 April 2023)

¹⁶⁹ See NHS England, [Your NHS dentistry and oral health update \(issue 53\)](#), 29 September 2022

¹⁷⁰ NHS England, [Building dental teams: Supporting the use of skill mix in NHS general dental practice](#), 11 January 2023

¹⁷¹ [The National Health Service \(Primary Dental Services\) \(Amendment\) Regulations 2022, SI 2022/1132](#)

¹⁷² [As above](#)

¹⁷³ NHS England, [Update on the Dental Recovery Plan](#), 10 May 2024

¹⁷⁴ CQC, [Covid-19 Insight 10: Dental access during the pandemic](#), Last updated 20 July 2021

¹⁷⁵ BDA Press Release, [Mandatory vaccination: Dentistry set to face collateral damage despite U-turn](#), 31 January 2022

On 25 March 2020, NHS dental practices were told to cease routine dentistry.¹⁷⁶ Around 600 urgent dental care hubs were set up to deliver urgent care for patients.¹⁷⁷ The CQC noted that whilst some areas set these up quickly, [people struggled to get appointments](#) in others.¹⁷⁸ The CQC also said NHS 111 sometimes struggled to direct people to the right service.¹⁷⁹

[Healthwatch](#) also reported that some patients felt pressure to seek private treatment.¹⁸⁰

The BDA and Healthwatch sent a [joint letter to the Chancellor of the Exchequer](#) in October 2021. It said feedback on dentistry sent to Healthwatch between April and June 2021 was 794% higher when compared with the same period in 2020. 79% of those sharing their stories had found it difficult to access timely care.¹⁸¹

Detailed information on the impact of the pandemic on dental services and patients can be found in the Library’s debate pack: [Effect of Covid-19 on dental services](#) (January 2021).

Restoring services

Prioritising patients according to clinical need

NHS dental practices in England were asked to reopen from 8 June 2020 “for all face-to-face care”.¹⁸² Certain requirements were put in place, for example, a “fallow time” was required between aerosol-generating procedures and infection prevention and control requirements, and PPE requirements had to be adhered to.¹⁸³ This reduced the capacity of dental services.

The Office of the Chief Dental Officer England and NHS England published a Standard Operating Procedure: Transition to recovery in June 2020.¹⁸⁴ The document set out how patients should be prioritised according to greatest clinical need.

A [letter to All NHS primary care dental contract holders \(PDF\)](#) on 5 April 2022 said the dental Standard Operating Procedure had been removed in line with the Government’s Living with Covid-19 Strategy and “Practices are reminded

¹⁷⁶ [Written evidence submitted by the Association of Dental Groups to the Health and Social Care & Science and Technology Committee’s joint inquiry ‘Coronavirus: Lessons learnt’](#), November 2020

¹⁷⁷ NHS England, [Hundreds of thousands more dental appointments to help recovery of services](#), 25 January 2022

¹⁷⁸ CQC, [Covid-19 Insight 10: Dental access during the pandemic](#), updated 12 May 2022

¹⁷⁹ [As above](#)

¹⁸⁰ Healthwatch, [Dentistry during Covid-19 Insight](#), 24 May 2021

¹⁸¹ BDA, [BDA and Healthwatch press Chancellor to reverse decade of cuts](#), 21 October 2021

¹⁸² NHS England, [Letter from the Chief Dental Officer and Director of Primary Care and System Transformation to dental practices: Resumption of dental services in England \(PDF\)](#), 28 May 2020

¹⁸³ [Written evidence submitted by the Association of Dental Groups to the Health and Social Care & Science and Technology Committee’s joint inquiry ‘Coronavirus: Lessons learnt’](#), November 2020

¹⁸⁴ Office of Chief Dental Officer England and NHS England, [Standard operating procedure: Transition to recovery \(PDF\)](#), June 2020 (NB. only version 3 of the SOP is available online)

that urgent dental care should be provided as part of their core service offer to patients, and that adherence to risk based recall intervals and other NICE guidance is a contractual requirement.”¹⁸⁵

Activity targets

Activity targets were introduced from 1 January 2021. Initially, the targets meant contract holders falling below 36% of their pre-pandemic levels of activity would have to return a proportion of their NHS funding for the quarter.¹⁸⁶ The targets were gradually increased over the intervening months.¹⁸⁷

Practices were informed that they should meet 85% of their pre-Covid activity levels during the last three months of 2021/22. For delivery below 85%, normal clawback applied, although NHS England said “mitigating circumstances for under-performance” would be considered.¹⁸⁸

The BDA described the activity targets as “unrealistic”.¹⁸⁹

An “exceptional further period of support” was agreed for the first three months of 2022/23, where a 95% threshold would apply.¹⁹⁰

In response to a parliamentary question answered on 7 July 2022, Maria Caulfield said dentists had been asked to meet 100% of contracted UDAs.¹⁹¹

£50 million funding announcement (January 2022)

On 25 January 2022 the Government announced an additional £50 million in funding for dentistry to spend before the end of the financial year.¹⁹² It said the funding would secure up to 350,000 additional dental appointments for those in most urgent need. This included people suffering from oral pain, disease, and infections. It also said children would be prioritised, alongside people with learning disabilities, autism or severe mental health problems.

The Government said dentists involved in the scheme would be paid more than a third on top of their normal sessional fee for delivering this care outside of their core contracted hours.¹⁹³

¹⁸⁵ NHS England and NHS Improvement, [Dental services year end arrangements and 2022/23 \(PDF\)](#), 5 April 2022

¹⁸⁶ Dentistry, [‘NHS dental targets to increase to 60% from April’](#), 29 March 2021

¹⁸⁷ [As above](#)

¹⁸⁸ NHS England, [Key steps in 2022 to deliver for patients in NHS dentistry \(PDF\)](#), 22 December 2021

¹⁸⁹ BDA, [Dentists instructed to churn through NHS appointments in face of Omicron wave](#), 22 December 2021

¹⁹⁰ NHS England and NHS Improvement, [Dental services year end arrangements and 2022/23 \(PDF\)](#), 5 April 2022

¹⁹¹ PQ 29864 [on [NHS: Dental Services](#)], 4 July 2022

¹⁹² NHS England, [Hundreds of thousands more dental appointments to help recovery of services](#), 25 January 2022

¹⁹³ [As above](#)

The British Dental Association later reported that only a third of the £50 million funding had been claimed and it had provided “little over 65,000” appointments.¹⁹⁴

¹⁹⁴ BDA, [Can the new government keep its promises on dentistry?](#), 22 September 2022

7

Opposition policy

In October 2023, Labour announced its “plan to rescue NHS dentistry”. The plan includes:

- Providing an extra 700,000 urgent dental appointments
- Reforming the NHS dental contract
- Offering incentives for new dentists to work in areas with the greatest need
- Introducing supervised toothbrushing in schools for 3 to 5 year olds, targeted at areas with the highest levels of childhood tooth decay
- Shifting the focus to prevention.¹⁹⁵

The plan would cost £111 a year, funded by abolishing the non-dom tax status. In March 2024, it was reported that Labour said they would find a different way to fund the plan, after the don-dom tax status was abolished in the Spring Budget.¹⁹⁶

In their 2019 [Manifesto](#) the Labour Party said they would “uphold the principle of comprehensive healthcare by providing free annual NHS dental check-ups.”¹⁹⁷

This policy would have involved removing band 1 dentistry charges so that everyone is entitled to a free check-up. The BDA estimated the cost of these measures at £450 million per year.¹⁹⁸

The BDA said they “welcomed” this pledge but BDA Chair, Mike Armstrong, said “any plans to boost access must go hand in hand with support for a service facing serious recruitment problems. NHS dentistry cannot be delivered without NHS dentists.”¹⁹⁹

¹⁹⁵ Labour, [‘Back Labour’s plan to rescue NHS dentistry’](#), 5 October 2023

¹⁹⁶ The New Statesman, [‘Labour will need “to a find different way” to pay for £111m NHS dentistry reform’](#), 8 March 2024

¹⁹⁷ Labour Party, [Manifesto 2019 - The Labour Party](#), November 2019, p32

¹⁹⁸ Labour Party, [Labour to offer free dental check-ups for all - The Labour Party](#)

¹⁹⁹ BDA, [Press release: Dentists back free check-ups, and call for action on access crisis](#), 17 November 2019

8 Heath and Social Care Select Committee inquiries 2021 to 2023

8.1 2022-23 dentistry inquiry

In December 2022, the Health and Social Care Select Committee opened an [inquiry into NHS dentistry](#). The committee's conclusions and recommendations and the Government's response are set out below.

Access to NHS dentistry

The committee's report said NHS dentistry is facing "a crisis of access" and noted inequalities in access between different demographic groups and between regions.²⁰⁰ It said the Government should set out how it intends to meet its ambition for everyone who needs an NHS dentist to be able to access one and a timeline for delivery. The committee said this access should be within a "reasonable timeframe and a reasonable distance."²⁰¹

In its response to the inquiry, the Department of Health and Social Care (DHSC) said it accepted this recommendation, that the July 2022 reforms were a step towards improving access and it would set out further actions in a dental recovery plan. This plan has since been published (February 2024). Information on the recovery plan is set out in section 6.1 of this briefing.

Public awareness

The committee found there was a lack of public awareness about how NHS dentistry operates, which services are available on the NHS and how often they should see a dentist. It recommended a patient information campaign clarifying common misconceptions and monitoring adherence to the National Institute of Health and Care Excellence (NICE) guidelines on recall intervals.

The DHSC accepted these recommendations and is working to produce patient information. It also said NHS England is monitoring recall intervals.

Contract reform

Regarding the dental contract, the committee heard that the Unit of Dental Activity (UDA) system acts as a disincentive for dentists to see new patients. It

²⁰⁰ Health and Social Care Committee, [NHS dentistry](#), 14 July 2023, para 13

²⁰¹ [As above](#), para 14

said the dental contract requires fundamental reform, including moving away from the UDA system to one with weighted capitation element. A weighted capitation formula estimates the need per head of a population. It also recommended the Government should re-instate a system of registration for dentistry.

In its response to the inquiry, the DHSC partially accepted the committee's recommendations on the dental contract. It said it needed to build on the reforms to the contract made in July 2022 but said "there is no one perfect payment model."²⁰² It said the evaluation of contract pilots between 2011 and 2022 did not provide evidence that capitation improved personalised care. It also rejected the recommendation for a system of registration to be introduced.

The committee report also expressed further concern that underspend could be diverted away from NHS dentistry and said a permanent ringfence should be put in place.

The DHSC noted in its response that NHS England advised Integrated Care Boards (ICBs) to ringfence dental allocations in 2023/24 and said it was considering arrangements for 2024/25.

Workforce

The committee said it had heard the main driver behind the lack of access to NHS dentistry and underspend is the amount of NHS activity delivered by dentists, rather than the overall headcount. It said better data was needed on how much NHS and private activity is being undertaken by dentists, as well as on demand for NHS treatment, to inform workforce planning.

The DHSC accepted these recommendations. It said NHS England introduced a new workforce survey in October 2023 and initial data from the survey was expected to be available from early 2024. It also said it had started publishing monthly data on local NHS dental activity.

The committee recommended that the Government should work with the General Dental Council (GDC) to clear the backlog of applications for the overseas registration exam and speed up the registration process for internationally trained dentists. The DHSC said they accepted this recommendation and noted it had passed legislation in March 2023 to provide the GDC with more flexibility to amend the overseas registration exam content, structure and fees.

The committee noted the impact of any contract reform would be felt too late to help retain dentists currently considering leaving the profession and recommended introducing incentives to retain dentists and encourage those

²⁰² DHSC, [NHS Dentistry: Government Response to the Committee's Ninth Report of Session 2022-23](#), 13 December 2023

who had stopped delivering NHS treatment to return to delivering NHS activity.

The DHSC partially accepted this recommendation but said that it did not plan to introduce all the incentives recommended in the committee's report. It said NHS England published guidance for ICBs on flexible commissioning in October 2023 and some ICBs have used this flexibility to implement recruitment and retention incentives. The DHSC also noted its commitment in the NHS Long Term Workforce Plan to explore tie-ins for dentists who have completed their undergraduate training.

Commissioning

The committee said dentists should be represented in the membership of ICBs to better inform commissioning and contracting decisions. It said NHS England should provide clarity and support to ICBs on flexible commissioning and oral health needs assessments to meet local needs. It advised every ICB should have completed an assessment by the end of July 2024.

The DHSC partially accepted this recommendation and said ICBs have the freedom to include representatives from dentistry in their membership if they deem this necessary. It said NHS England has published guidance on flexible commissioning and an assurance framework for ICBs. It said ICBs are at different stages of maturity and not all would have completed an oral needs assessment by the end of July 2024.

8.2

2021-22 workforce inquiry

In November 2021, the Health and Social Care Committee launched an inquiry into recruitment, training and retention in the health and social care workforce. In its report, published in July 2022, the committee said it heard evidence that although more dentists than ever were registered with the General Dental Council, the number of dentists doing NHS work was decreasing.²⁰³

The committee said that UDAs had proven “immediately problematic” when they were introduced in 2006 and in 2008 the Health Committee had advocated for contract reform. The Health and Social Care Committee's report said the UDA system is “not fit for purpose, and urgent reform is needed to boost recruitment and retention in NHS dental services”.²⁰⁴

²⁰³ Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#), 25 July 2022

²⁰⁴ [As above](#), para 108

Responding to the report, the Government noted the July 2022 package of reforms to dentistry and said it was working with the sector to consider “more significant changes”.²⁰⁵

²⁰⁵ Health and Social Care Committee, [Government Response to the Committee’s Report on Workforce: recruitment, training and retention in health and social care](#), 21 April 2023

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Further information

- House of Commons Library, [Finding an NHS dentist in England](#)
- House of Commons Library, [NHS charges](#)
- House of Commons Library, [The NHS workforce in England](#)
- House of Commons Library, [The structure of the NHS in England](#)
- House of Commons Library [NHS key statistics: England](#)

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