

NAVIGATING THE FUTURE OF NHS DENTISTRY

How reform and portfolio careers are reshaping dentistry

Money that works, for dentists.

Wesleyan

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Iain Stevenson,
Head of Dental at Wesleyan Financial Services

Even the most enthusiastic advocates of NHS dentistry would recognise that in 2026 it is a service that's ripe for reform. For patients, satisfaction is low and accessing the care they need can be challenging[1], with huge regional disparities in provision[2].

And many NHS dentists feel underpaid[3] and overworked in the face of soaring demand[4].

These factors have combined to prompt growing numbers of dentists to roll back their commitment to NHS dentistry[5], or even opt out altogether[6].

Demand for private services has risen sharply, often by necessity; around a third of people getting dental treatment in the UK now pay for it privately, according to a Healthwatch report[7], but General Dental Council research found less than a fifth go private through choice[8].

And as the private sector becomes more important – and expensive – it has come under scrutiny from the Competition and Markets Authority (CMA), which has launched a market study into providers' practices.

At the same time, the NHS dental contract is being reformed, with many in the profession favouring a break from the Unit of Dental Activity (UDA) system that has been in place for 20 years.

It's clearly a challenging time for UK dentistry, and against this backdrop, we've set out to understand dentists' views on the NHS dental contract, the changing nature of the profession, their career ambitions and their financial planning.

To that end, we've gathered the views of 275 dental professionals, as well as insights from industry stalwarts, including those from Wesleyan Assurance Society's Members Advisory Board (MAB).

British dentists are committed to providing the highest-quality care for their communities, but they face challenges that some see as insurmountable.

At Wesleyan, our sincere hope is that, by shining a light on these ongoing issues, we can help drive the change that is so clearly needed."

CONSIDERING THE NHS DENTAL CONTRACT.

A key aim of this report is to understand dentists' experience of working in the NHS, including how services are currently being provided, and how this influences their career choices.

For context, the vast majority (83%) of those surveyed practice in England.

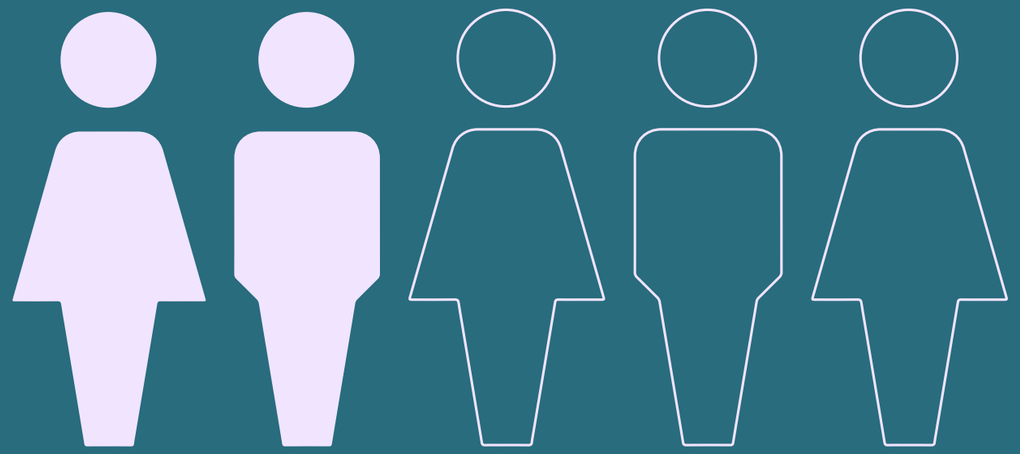
We'll investigate the tension between NHS and private provision in greater detail later in this report, but it's striking that respondents stated that just 53% of their current work is for the NHS, on average.

That's despite the fact that most dentists remain committed to the founding principles of the NHS: that care should be universal, comprehensive and free at the point of delivery.

To that end, two in five (41%) said it was very important to them to retain some NHS work in their career, to the extent that they would always do at least some NHS work.

A further 27% said they would like to retain some NHS work but qualified this by saying it would depend on the circumstances.

But a similar proportion (28%) said working for the NHS was not particularly important, or not important at all, which may reflect frustrations they have experienced in the public sector.



41% said it was very important to them to retain some NHS work in their career.



48% of respondents stated that the current NHS dental contract is not fit for purpose.



31% assert that the NHS dental contract needs major reform.

Fit for the future?

Reinforcing this hypothesis, almost half (48%) of respondents stated that the current NHS dental contract is not fit for purpose, with almost a third more (31%) asserting that it needs major reform.

Just 4% told our survey that they believe the NHS contract works well in its current form.

This research was in the field during August and September 2026, giving respondents plenty of time to reflect on the changes to the NHS dental contract that were imposed in different ways across the home nations in April that year.

Trailed by the then Minister for Care Stephen Kinnock as "tackling the deep-rooted problems so patients can have faith in NHS dentistry", key reforms included:

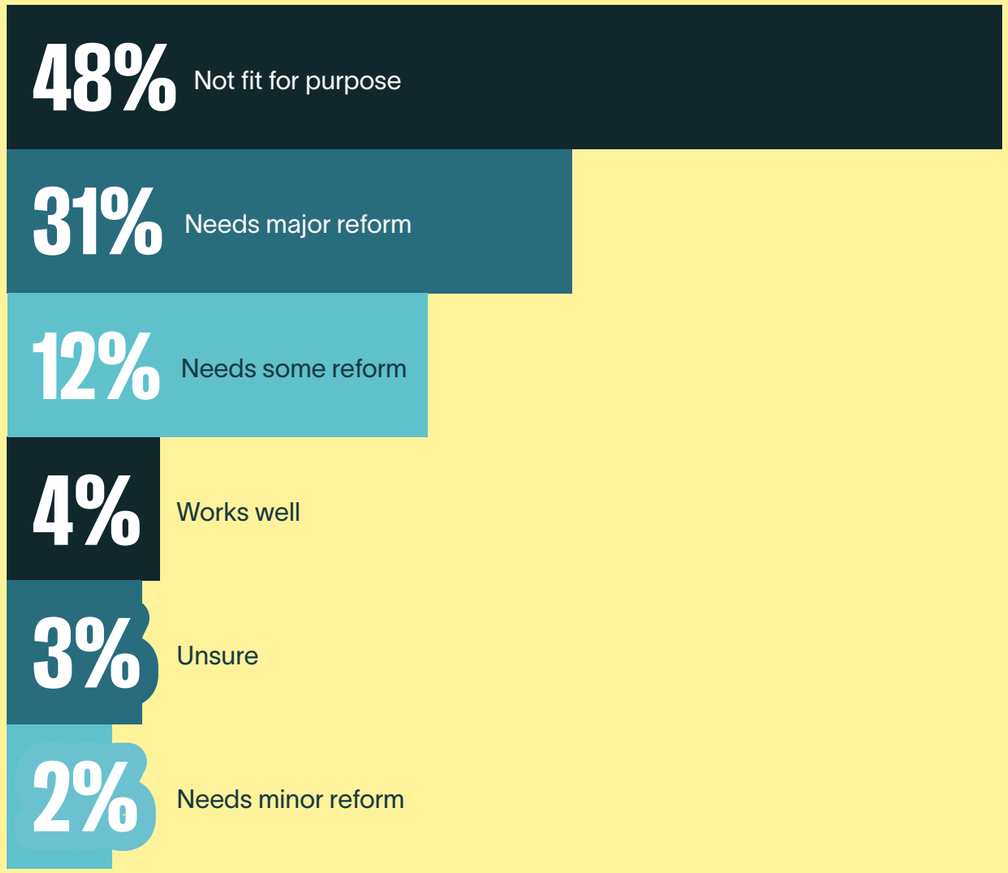
- In England, the introduction of a minimum 8.2% allocation for urgent care[9]
- In Wales, a 50% patient contribution towards treatment costs[10]
- In Scotland, routine recall intervals were extended from six to 12 months[11]

However, the majority of the dentists we surveyed did not share the Minister's confidence that these changes would improve provision in any significant way.

Close to half (47%) chose to answer 'these are minor tweaks that don't address the real problems', while one in seven (13%) said the changes are actually making things worse.

However, a quarter (25%) did view the reforms favourably, describing them as useful (19%) or even meaningful (6%).

What are your views on the current NHS dental contract?



A question of cash

Of course, funding is fundamental to the provision of NHS dental services.

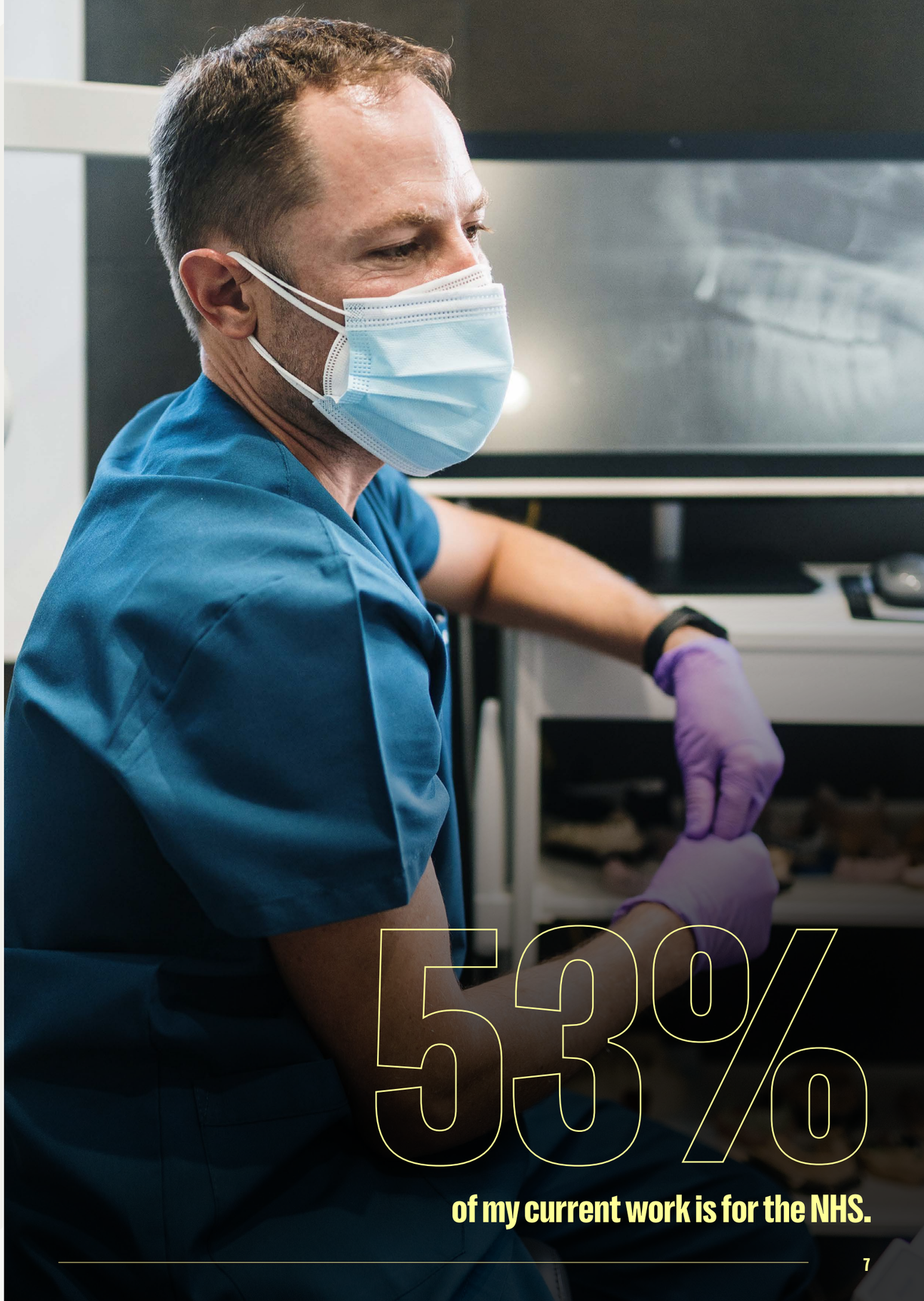
But in the ten years to 2024/25, total funding for dental services in England has fallen by around 16% in real terms, despite charges to patients rising at above the rate of inflation over the same period[12].

Damningly, almost three quarters (73%) of respondents to this survey said the current NHS contract is not adequately funded to deliver good patient care.

At the same time, four in five (81%) said NHS dentists are not fairly compensated for the work they do under the current NHS contract.

Money isn't everything and we know many dentists remain committed to serving their communities conscientiously and with compassion.

However, these responses seem to offer a clear explanation as to why so many dentists are choosing to go private in the absence of more fundamental reform to the NHS contract.



Which statement best reflects your view of the 2026 contract changes?

These are minor tweaks that don't address the real problems	47%
These are useful improvements, but we need more significant change	19%
These changes are making things worse	13%
I'm not aware of the contract changes	9%
These are meaningful reforms that will improve the profession long-term	6%
Unsure	6%



Shalin Mehra, Founder and Chair, Rodericks Dental Partners and member of the Wesleyan MAB said:

"I think it's obvious that we're not going to get 100% funded dental care provision for everybody. So, we need to try and make it work the best we can. But they never really consult with the people who are actually trying to make these contracts work at provider level."

73% say the current NHS contract is not adequately funded to deliver good patient care.

RIPE FOR REFORM.

We've seen that dentists are far from happy with the current funding model, but how do they think could it be improved?

It stands to reason that those on the front line of service provision will be well placed to inform any reform.

While the need for change seems widely accepted, and a certain amount of reform has been forthcoming, provision remains based on the Unit of Dental Activity (UDA) system, despite arguments that it is inflexible and fails to reward dentists for more complex and time-consuming cases.

When we asked our survey participants whether they believe the UDA model is still a workable solution, only 5% agreed.

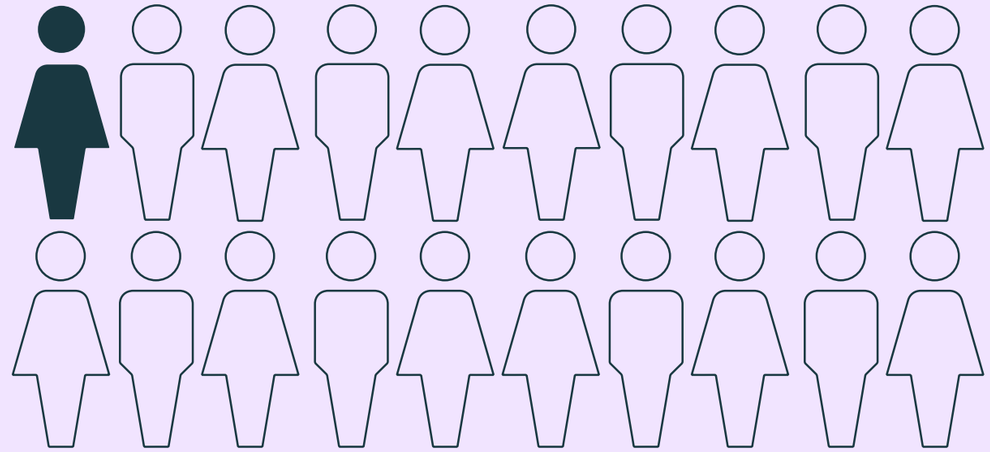
A further 29% say they still believe in the UDA system, but only on the proviso that more funding is provided.

But for two thirds (66%), the message is clear: the UDA model is no longer fit for purpose.

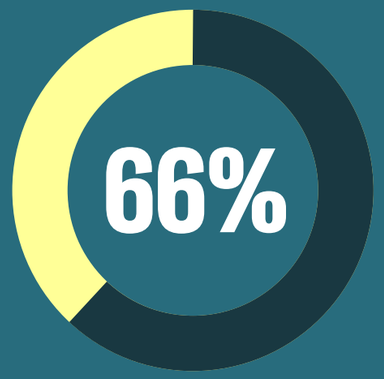
Considering all options

Alternatives to the UDA model include a fixed per-patient capitation payment that reimburses dentists according to the number of registered patients to cover routine and preventative care, activity-based payments for more complex cases or session payments where dentists are reimbursed for their time providing urgent care.

Respondents to this survey came out in favour of the second option (37%), though there was also significant support for fixed per-patient capitation payments (27%) and session payments (15%).



5% felt the current UDA rate was appropriate.



Say the UDA model is no longer fit for purpose.

Dentists were also given the opportunity to share their own solutions, presenting creative alternatives including:

- A fixed salary with bonuses for achieving specific local targets
- A capitation plus fee per item, with pre-set payment ceilings if required
- Itemised reimbursement
- Fee per item and payment for preventative advice treatment
- Fee per item and fee per complexity
- Voucher scheme to include one checkup and two hygiene appointments a year, as well as emergency and simple restorative work

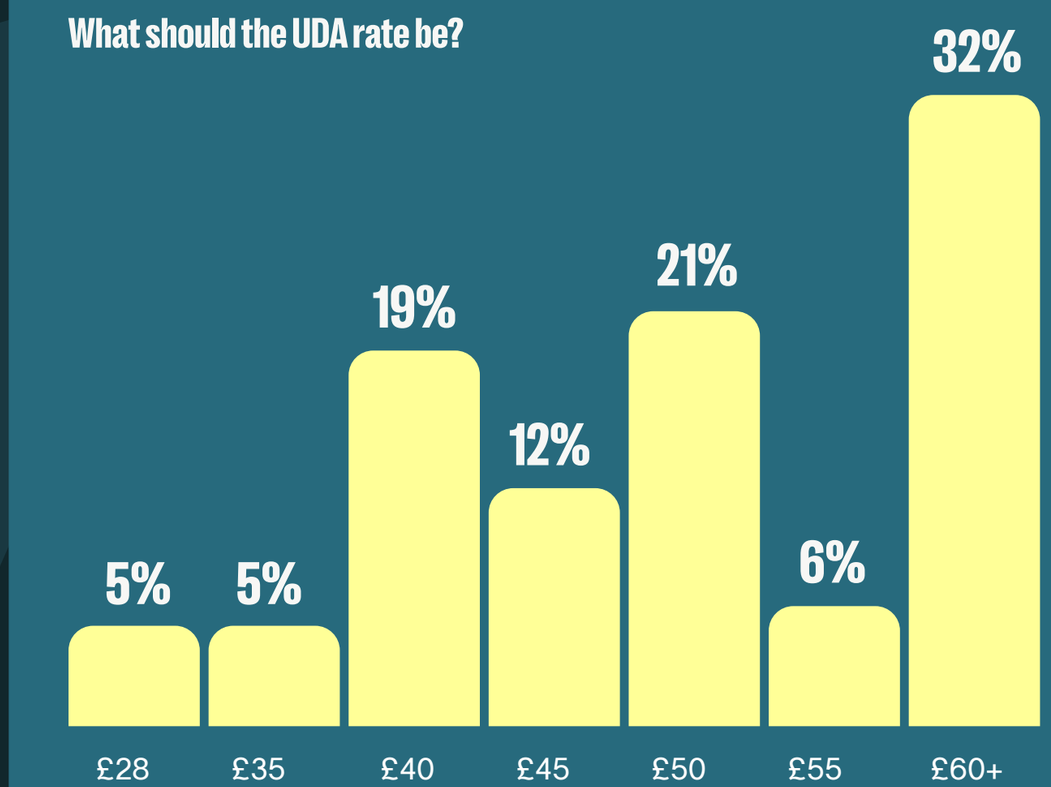
While dentists seem convinced of the shortcomings of the UDA model, it's apparent that there is still a real diversity of opinion around what should replace it.

And realistically, a root-and-branch reform that would replace UDAs entirely seems unlikely in the short term. As we've seen, the immediate concern for many is that reimbursement must be better.

The current UDA rate can vary, but is typically around £28 to £30[13], so we asked dentists what they think the rate should be?

Just one in 20 (5%) felt the current UDA rate was appropriate and, perhaps unsurprisingly, the largest proportion (32%) went for the highest option of £60+.

However, there was also significant support for £50 (21%) and £40 (19%).



Policy priorities

Looking forward, the government has pledged "fundamental reform to the dental contract" by the end of this Parliament and says it is continuing to engage with stakeholders[14].

So, we asked dentists what they think the government's top priorities for NHS dentistry should be over the next three years?

The clear winner? Seven in ten (70%) favoured an increase in funding to improve pay and working conditions.

But half (50%) also made a plea to simplify contracts and reduce bureaucracy, with a quarter flagging a need to focus resources on vulnerable populations (26%) and support workforce recruitment and retention (25%).

While dentists seem to be clear about their reform wish list, they are less certain that the government will deliver what is needed.

Seven in ten (71%) say the government's direction on future dental reform is unclear.

While it seems the government has a job to do to win the confidence of dentists, the timescale for change also suggests an opportunity for clinicians and other stakeholders to act to influence the direction of reform.

Nigel Jones, Strategy Director at Practice Plan Group, said:

"It all comes back to the fact that the pot of money for NHS dentistry is the same if not shrinking. There's still no indication of any significant investment in dentistry."



In your view, what should be the government's top priorities for NHS dentistry over the next three years? (Select up to three).

70% Increase funding to improve pay and working conditions

50% Simplify contracts and reduce bureaucracy

26% Focus resources on vulnerable populations (children, elderly, disabled)

25% Support workforce recruitment and retention (especially young dentists)

21% Improve access and reduce waiting lists

13% Support investment in technology

17% Give practices more autonomy over how they deliver care technology

Lauren Harrhy, Principal Dentist at Sparkle Dental Centre in Pontypool, Wales and member of the Wesleyan MAB said:

In Wales, they've put the prices up to a level where it is becoming prohibitive for financially squeezed patients, who find the cost of NHS dentistry is comparable to going private. I think that is driving us towards a core basic system whereby the majority of the patients still accessing NHS care will be exempt and looking for stabilisation of pain or severe disease."

Eddie Crouch, Chair of the British Dental Association, said:

I still believe that the demand from MPs to fix NHS dentistry means that the idea of more funding is not dead. Most backbench MPs believe that the figures being talked about are not out of reach. But if there's no more money, we've got to design a system that properly funds dentists. Are we going to get a targeted system? Is it going to be a core system? Or are we going to be left in limbo?”



71%

say the government’s direction on future dental reform is unclear.

GOING PRIVATE AND PORTFOLIO CAREERS.

The growth of the UK private dentistry sector in recent years has been dramatic and not without controversy.

Research suggests patients are increasingly going private because of difficulties accessing NHS treatment, though growing demand for cosmetic dentistry is also cited as an important driver of demand.

As a result, private dental services accounted for over two-thirds (69%) of the market in 2025[15], totalling £8.4 billion in 2023/4[16].

But in 2026 the Competition and Markets Authority (CMA) launched a review of the sector that will consider areas including the patient experience and treatment prices, prompted partly by concerns about costs and transparency.

Still, the private sector is presenting career opportunities that seem hard to resist for growing numbers of dentists who may have been frustrated by their experience working for the NHS.

We've already seen that the respondents to this survey report only 53% of their current work is for the NHS.

And when we asked respondents about their long-term career intentions, the diversity of answers was telling.

An appetite for change

Given respondents' average age is approximately 49, it's perhaps not too surprising that 22% plan to leave the profession entirely within five years.

Still, only around one in ten (12%) plan to stick with the NHS until their retirement, while almost twice as many (21%) favour a gradual shift toward private practice.

And a similar proportion (18%) plan to build a portfolio career, which might typically include a mix of NHS, private, teaching and other roles.

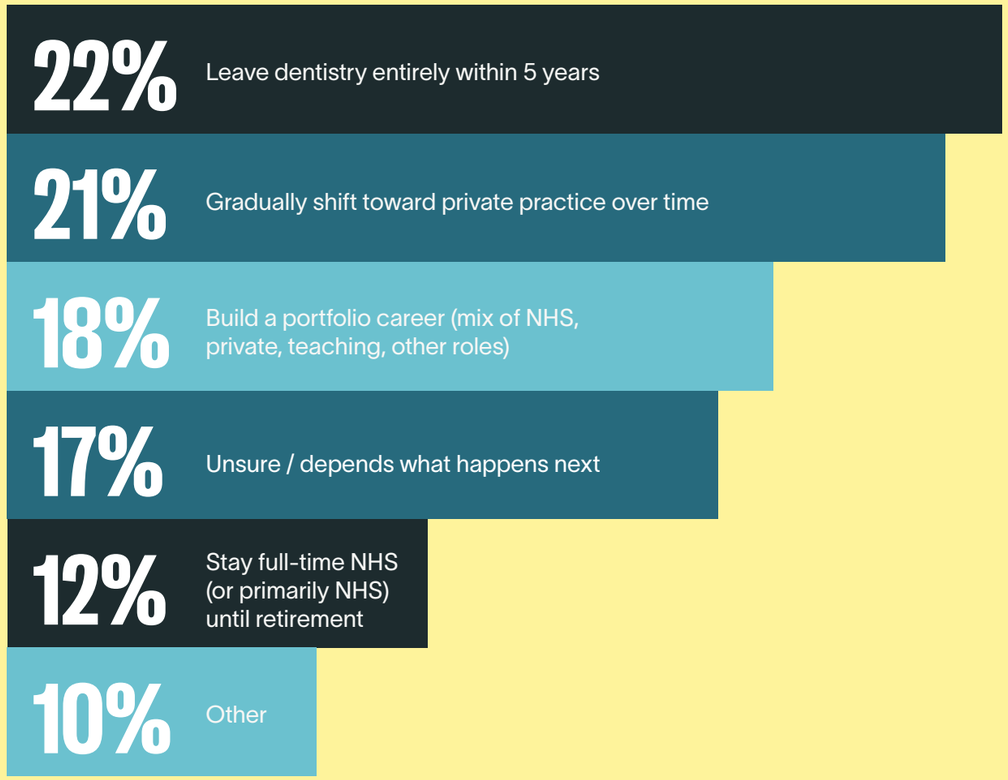
That's a trend that we have also seen gathering momentum in the GP sector, where our 2026 survey found two thirds (67%) of doctors now hold multiple jobs, up from 55% in 2025[17].

It seems the appeal is also strong for dentists; two in five (41%) told us they already have portfolio careers, while a further third (33%) would like to.



41% have a portfolio career.

How would you describe your long-term career intentions?



A balancing act

They told our survey that the primary reason is to achieve a better work-life balance (56%), followed by the opportunity for professional growth (45%) and to achieve more variety in their work (40%).

The opportunity to earn more was a lower priority, but was still cited by a third (32%).

However, while the popularity of portfolio careers seems easy to understand, it does not come without challenges.

Given that so many have chosen to pursue portfolio careers to achieve a better work life balance, it's striking that almost half (48%) of those with multiple jobs report that a key challenge is an increased workload, which should perhaps strike a cautionary note for those considering the option.

Further challenges include increased admin (33%), complexity managing multiple roles (32%) and tax impacts due to multiple incomes (24%).

Though portfolio careers create lifestyle and career benefits, dentists should be aware that they also come with many of the same challenges as working for the NHS, as well as also presenting new ones.

What influenced / motivated you to pursue multiple jobs? [Select all that apply]



Lauren Harrhy said:

"None of us really want to give up the NHS entirely because we feel duty bound to take care of patients from all walks of life. But it comes to a point when we find that the restrictions around the NHS contract mean that we can't always care for people in the manner that we want to."



Sam Shah, clinician and lawyer working in general dental practice and a member of the Wesleyan MAB said:

"Associates seem not very keen on delivering NHS services right now. The risk to them and the uncertainty seems to be a big problem. And as providers, we can't offer them that certainty because we also don't know how our contracts are going to be reconciled in a year's time and how these changes will affect payments."

Eddie Crouch said:

"There's an exodus of people into private dentistry, which is flooding the market. Ultimately, the increased competition will mean they will have to take a hit to their income."

FUTURE FINANCES.

Dentistry can be a highly rewarding career, both financially and in terms of the professional satisfaction that comes with improving patients' quality of life.

But this report reveals a workforce that is often frustrated, both in terms of the patient care they are able to provide and the earning potential they can achieve.

Given their training, commitment and contribution they make to public health, dentists should be able to expect a comfortable retirement at the end of their career.

In Wesleyan's experience, the NHS Pension Scheme may have its complexities, but it does pay a guaranteed retirement income and remains a relatively generous scheme.

But only just over half (52%) of those we surveyed currently have an active NHS Pension.

However, given that the traditional route for UK dentists is to start their career as an associate in the NHS, it's expected that many more will also have an NHS pension that they are no longer paying in to.

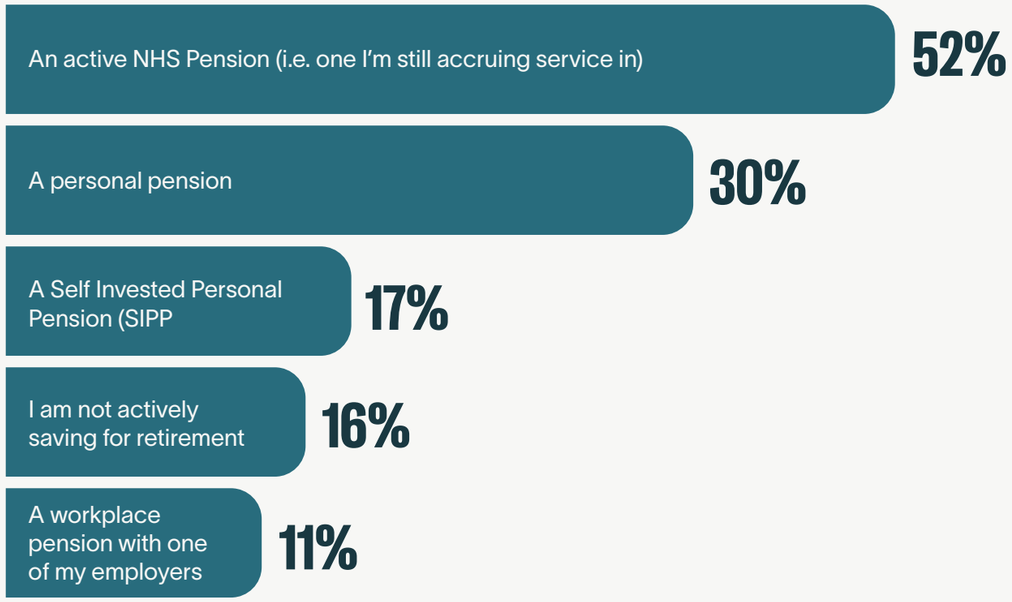
And they are likely supplementing these savings with other products including personal pensions (30%), Self Invested Personal Pensions (SIPPs) (17%) and workplace pensions with other employers (11%).

This could well be linked to the growing appetite for portfolio careers which combine working in the public and private sectors.

52%

of those we surveyed now have an active NHS Pension.

How are you saving for your retirement?



Seek specialist support

While holding multiple roles can create administrative and organisational complications, including managing multiple pensions, it can also help prevent burnout and inject the variety that can make dentists' day-to-day roles more rewarding.

That can help keep dentists in the workforce longer, giving them more time to plan and prepare for their retirement.

But it's important to understand that there is no single 'off the shelf' financial plan for dentists.

And decisions like leaving the NHS Pension Scheme, for example, can have significant implications for the future.

This can vary hugely depending whether a dentist is NHS, private, mixed, younger, older, a business owner, an associate and a host of other factors.

Every individual's circumstances will differ, so there is real value in dentists consulting a financial services professional who really understands the profession, in order to create a bespoke plan that's tailored to their goals.

Fahad Alawsi, Speciality Registrar Dentist at Kingston Orthodontics and member of the Wesleyan MAB said:

"When I graduated, I knew that I was going to serve the NHS for a good number of years before maybe thinking about exploring other opportunities. I feel that now younger dentists are focusing on reducing their NHS commitments and moving into the private sector. That definitely has financial implications for their mortgage affordability, pension contributions and more."

And it's a concern that one in six (16%) of those surveyed are not actively saving for their retirement at all.

It's a well-worn piece of advice, but even if retirement may seem a long way off, it's never too early to start investing to fund life after work.

It’s often said of those that work in the caring professions that theirs is a vocation, not just a job

Dentistry remains an occupation where one can make a real difference to individuals and communities, materially improving people’s quality of life.

But in 2026, this is a sector at a tipping point.

The UK has a shortage of dentists, but no lack of patients, and it’s clear that many clinicians are as frustrated by this state of affairs as their patients.

Dentists want real reform so they can deliver the kind of high-quality service that they were trained to do, but they lack confidence that adequate change can be achieved in short order.

This scepticism is driving widespread disillusionment, which threatens to drive more dentists away from the NHS, further undermining the service and accelerating its decline.

Yes, funding is fundamental and must reflect the fact that dentists serve a growing and ageing population.

But the nation’s dental health requires a holistic approach to reform that considers every aspect, from accessibility to training and preventive care.



While we’ve been promised a comprehensive overhaul of the current NHS contract before the next election, it’s fair to say that many dentists aren’t holding their breath.

As longstanding allies of the profession, we’re sharing the research in this report to help drive the debate around how best to create a system that works for everyone.

We will continue to support dentists throughout their careers, providing the kind of tailored financial advice, products and services they need, while also engaging across the industry to represent their long-term interests."

Iain Stevenson,
Head of Dental at Wesleyan Financial Services

METHODOLOGY.

The research by FMC surveyed 275 dental professionals. Fieldwork was completed in July and August 2026.

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iii. https://www.bbc.co.uk/news/articles/cpqwwvnp7z8o

iv. https://www.dentalprotection.org/uk/articles/two-thirds-of-dental-professionals--burnt-out-and-exhausted

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vi. https://www.gdc-uk.org/news-blogs/news/detail/2026/03/17/gdc-publishes-dentists'-working-patterns-data-for-2026

vii. https://www.healthwatch.co.uk/news/2026-03-09/people-struggling-financially-are-hardest-hit-shortage-nhs-dental-appointments

viii. https://www.gdc-uk.org/docs/default-source/reports-and-publications/views-and-experiences-of-dentistry---2024-survey-of-the-uk-public.pdf?sfvrsn=8f81846e_3

ix. https://www.england.nhs.uk/long-read/confirmation-of-urgent-unscheduled-care-activity-requirements-for-nhs-dental-contract-holders-for-2026-27/

x. https://media.service.gov.wales/news/new-contract-will-improve-access-to-nhs-dentistry

xi. https://www.nss.nhs.scot/dental-services/dental-reform/item-1-exams-and-diagnosis-and-item-2-preventive-and-periodontal/

xii. https://commonslibrary.parliament.uk/research-briefings/cbp-9597/

xiii. https://www.theukcatpeople.co.uk/post/what-is-the-nhs-uda-system-dentistry-contract

xiv. https://questions-statements.parliament.uk/written-questions/detail/2026-05-13/782

xv. https://www.gov.uk/government/news/cma-launches-review-of-private-dentistry

xvi. https://www.gov.uk/government/news/cma-launches-review-of-private-dentistry

xvii. https://networks.nhs.uk/blog/designing-a-career-doctors-want-to-stay-in-what-can-england-learn-from-wales/

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