

General Dental Council response to a call for evidence by the National Assembly for Wales' Health, Social Care and Sport Committee on dentistry in Wales

Introduction

1. The General Dental Council (GDC) is pleased to have the opportunity to provide its views to the one-day inquiry by the Health, Social Care and Sport Committee of the National Assembly for Wales.

2. The GDC has noted the terms of reference of the inquiry, and this response is confined to those matters falling within the ambit of the GDC's powers. To this end, this response concerned with the issue of the training, recruitment and retention of dentists in Wales.

Background

3. The National Oral Health Plan for Wales 2013-18¹ was published in March 2013. Amongst other things, the plan noted that:

- Access to dentists was highly variable depending on area
- There was a critical need to keep dental services affordable
- There was considerable variability in access to specialist services in both primary and secondary care
- There needed to be monitoring of the dental workforce by each Health Board, to map current and assess future need
- Recent regulatory changes introduced by the GDC had supported the increased scope for a greater skill mix within the dental team

4. The Plan described a course of action to address the points above; as far as the monitoring of the dental workforce was concerned, the Plan set out that:

Each Health Board should monitor its dental workforce in relation to current and future needs. There has been a major expansion in the training of dental care professionals which, together with the regulatory changes undertaken by the GDC, have greatly increased the scope for skill mix within the dental team. Health Boards need to have regard to succession planning; skill mix reviews; education and training; recruitment and retention; CPD; and career development. Clearly, local planning of dental services allows the NHS to develop the most appropriate services and target resources to where they are most needed. Currently available data in relation to the dental workforce in Wales is variable, and there is a need to improve the quality of the information available.

Current position

¹ <https://gov.wales/docs/phhs/publications/130318oralhealthplanen.pdf>

5. In a recent document (March 2017) outlining priorities for dentistry and a future work (Taking Oral Health Improvement and Dental Services Forward in Wales)², it was noted that there had been an improvement in oral health in Wales but that access to dental services remained highly variable. In addition, it noted that recruitment and procurement to attract more dentists is also challenging in some areas.

6. Specific and comprehensive information relating to a registrant's role or type of employment is not routinely collected or held by the GDC. Registrants who are subject to fitness to practise proceedings do provide information about their place of work. However, information about how the majority of registrants are employed is not held, and where this data does exist we cannot guarantee that it is current. Nevertheless, we understand from informal discussions that access to dental services in Wales remains variable, particularly in rural areas.

7. There have been no significant developments relating to the training of dentists in the last five years. However, in keeping with steps taken to modernise regulation of dentists, there has been a reform of the way that Continuing Professional Development is deployed to support the maintenance and development of professional knowledge, skills and insights in dentists. A revised Continuing Professional Development system for dentists commenced on 1 January 2018.

8. There is a well-established dental school in Cardiff, which typically produces 70 – 75 qualified dentists each year who then move to training posts. The number of dentists trained in Wales and funding for training is determined annually by Welsh Government. However, the GDC is not required for delivery of its statutory functions to monitor how many graduates remain in Wales, nor whether they remain the primary or secondary care sector nor the extent to which they undertake private practice. Instead, we understand that a more accurate picture is likely to be available through the commissioning arrangements for dental services, in which the Health Boards have a keen interest.

9. In view of the fact that the Welsh language is used on a day-to-day basis in many parts of North and West Wales, we consider that it would be helpful if there were initiatives to incentivise and attract suitable potential Welsh speaking undergraduates from these areas to train at Cardiff Dental School and then for graduates to receive further incentives to return to these areas to practise.

10. We have noted that a clear exposition of the benefits of improved access to a more flexible dental workforce in Wales is set out in "Taking oral health improvement and dental services forward in Wales"³. The approach described supports enhanced clinical dental practice and a greater focus improving clinical effectiveness and patient outcomes, together with the use of the whole dental team to drive forward oral health improvement throughout the whole life course by generating and communicating clear messages on prevention, all with the intention of decreasing the future demand for services.

² <https://gov.wales/docs/phhs/publications/170815oralhealthen.pdf>

³ <https://gov.wales/docs/phhs/publications/170815oralhealthen.pdf>

11. We understand that there are plans to increase the training capacity for dental care professionals in Wales. We recognise that this will provide greater opportunity in due course to enhance the flexibility of working within dental teams in Wales, creating more scope for qualified dentists to focus on providing services that only they are legally permitted to carry out.

Overall Conclusion

12. The GDC recognises the clear benefits that arise from the publication of a clear strategic direction for oral health for the population in Wales, which includes planning for the provision of dental services and an explanation of the workforce that is needed to deliver this. We also believe that the regular reporting of progress in implementing the strategy assists everyone in assessing the relative priorities (and making suitable judgements about resource use) and in evaluating the successful outcomes as well as areas where continuing intervention is still needed.

13. We note that the Chief Dental Officer in Wales has taken a clear lead in communicating (in Welsh Health Circular WHC (2018) 019 – Getting the balance right in Wales) arrangements for the effective and proportionate investigation of complaints against dentists who practise in Wales. This sets out the model by which the public, the dental profession, health boards and the GDC will have confidence that dental performance which causes concern can be identified promptly and dealt with proportionately to protect patients and support GDC registrants. This resonates strongly with a programme for right touch regulation being developed within the GDC and will led to much greater clarity for patients and the public in general.

14. We intend to continue to work closely with the Welsh Government as we develop our programme to reform and modernise the system of regulation for the dental team. We have noted that there has already been highly constructive response to our consultations (both formal and informal) and we value the insights and experience that colleagues in Wales can bring to how any new arrangements will evolve. In particular, we will continue to make a collective assessment of the impact of the outcome of negotiations associated with the UK's exit from the European Union and the current and future impact on the provision of preventative and dental treatment services not just in Wales but more widely in the UK.

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