British Dental Association

Response to

The Commission of the European Communities

Green Paper

on the European Workforce for Health

March 2009

Introduction and summary

The British Dental Association is the representative organisation for dentists in the UK, with over 19,000 dentist members and nearly 4,000 student members. We have widely consulted with our representative committees in developing our response to this consultation.

We welcome the interest of the Commission in the European Healthcare Workforce and its future.

The responses to the Commission's specific questions follow.

Factors influencing the workforce for health in the EU and the main issues to be addressed

4.1 Demography and the promotion of a sustainable workforce

We acknowledge the challenges for health care presented by greater life expectancy and changing health needs and demands.

Currently in the UK, there is a plentiful supply of recruits into dentistry; indeed there is competition for the recently expanded number of training places. Output from UK dental schools has recently risen by as much as 25 per cent. In some cases intake policies encourage those with second degrees, who are effectively mature students.

There are, however, significant pressures on the balance between teaching and research in dental academia, not least the competing pulls of the academic institutions and the NHS organisations that employ staff. To maintain quality in both fields it is important that teaching and research do not become divorced from one another. Ensuring a supply of high quality applicants wishing to undertake dental academic careers is vital to this.

The workforce that comprises dental care professionals, including dental nurses, hygienists and therapists, is also ageing along with the workforce generally. Serious planning must therefore be undertaken for training new entrants to balance the inevitable natural wastage, as well as provide for mandatory continuing professional development. As an example of good practice, NHS Scotland has an ongoing review, which is considering workforce planning.

- **Assessing levels of expenditure on the health workforce**

The UK is in the process of undertaking an audit of adult dental health, which has been carried out every ten years since 1968. Tools such as this help evaluate need and demand and support better informed spending decisions. This must go hand in hand with a proper assessment of workforce requirements, based upon the needs of patients. It can also be helpful to undertake surveys of the characteristics of patients and therefore their needs.
An increasing cohort of the UK elderly population will have retained their teeth. This means that the kind of care they require will differ significantly from their predecessors. This will require a change in composition of the workforce to reflect increased need for maintenance-focused dentistry.

- **Ensuring better working conditions for health workers, increasing staff motivation and morale**

We support this principle. In 2008 a BDA survey asked specific questions of GDP practices across the UK concerning morale. 52.4 per cent of all respondents said that morale had fallen over the previous two years. The BDA strongly supports improvements in the working environment for dentists in order to help improve motivation and morale and so retention in the profession.

- **Considering recruitment and training campaigns in particular to take advantage of over 55s in the workplace and those who no longer have family commitments**

We support measures to retain the skills of an experienced workforce. This is in line with our commitment to diversity and welcoming participation in the workforce from every section of the community.

- **Organising chronic disease management practices and long-term care provision closer to home or in a community setting**

The Association supports a greater emphasis on preventative care, including oral health education, as dental disease is entirely preventable.

The use of central referral and triage in a community setting, to enable patients with special needs to be seen by more specialist clinicians with the necessary facilities and expertise, could be a positive way forward.

- **Providing for a more effective deployment of the available health workforce**

There are particular practical issues in the movement of healthcare professionals. Good communication is fundamental to safe patient care, choice and consent. Lack of linguistic fluency in the domestic language potentially puts both the patient and healthcare worker at risk.

There are also cultural differences in both patient and dentist expectations of appropriate care. Regulation needs to be rationalised and strengthened across the EU on this issue and comprehensive induction processes should be formalised.

- **Considering return to practice campaigns to attract back those who have left the health workforce**

Under the 'Keeping in touch' scheme, UK dentists were offered incentives to keep up-to-date with practice during career breaks. This is in recognition that remaining in touch with the profession during career breaks or absence due to illness would make it easier to return to professional life. The UK government provided a £350 annual allowance to retain their registration with the General Dental Council, their membership of a professional association and an indemnity organisation. The popular scheme also provided free access to postgraduate lectures. With the advent of local commissioning for services, centralised budgets were localised in 2006, meaning that the Scheme was stopped. It is now for the UK's strategic health authorities to determine what support is given to dentists on career breaks and so availability is patchy.

- **Promoting more social and ethnic diversity in recruitment**

The BDA is committed to a diverse workforce, representative of the communities that dentists serve and the BDA 2004 dental student debt survey identified the following characteristics of UK final year dental students:

- 93 percent of the final year dental students in 2004 were United Kingdom nationals
- 5 percent were non-UK EU nationals, with the remaining being non-EU foreign nationals
- there were more female dental graduates (55 percent) than male graduates (45 percent)
- by 2036, around half of the UK dental workforce is expected to be female.

- **Raising awareness in schools of the large range of careers in the health and care sectors.**

We would welcome a better portrayal of health professions, including dentistry, at educational establishments, in particular through careers advice. This could help improve recruitment in a range of respects, such as:

- Socio-economic - considering the impact of the increasing cost of attending UK dental schools

- Ethnicity - there are significant shortfalls of dentists graduating from certain black, minority and ethnic groups, related directly to secondary education opportunities

- Gender - this is no longer an issue in dentistry in the UK and is better than in many other professions

- Disability - there are significant problems for potential students and dentists. The profession and dental schools must ensure that they actively encourage students with disabilities while acknowledging the physical characteristics of dentistry as a career.

- Age - there is a good mix in the profession and dental schools are happy to recruit mature students. Dentists at the upper end of the age range are very much in evidence, particularly in the salaried services which have a retirement age of up to seventy, subject to employee request and annual health assessment.

4.2 Public health capacity

We acknowledge that the following initiatives, as set out in the Green Paper, will impact positively on existing knowledge about healthcare requirements of populations, as well as contributing to the welfare of existing and future workforce participants:

- strengthening capacity for screening, health promotion and disease prevention
- collecting better information about actual and potential population health needs in order to plan the future development of the public health workforce

- promoting scientific vocations in schools by highlighting career options in lesser known public health jobs
- giving the Agency for Safety and Health at Work more visibility in member sates by publicising its existence directly at workplaces
- promoting the work of occupational health physicians and giving incentives to doctors to join this area.

4.3 Training

We broadly support all the influencing factors and possible areas proposed for action under this heading relating to training courses and taking into account special needs and disabilities; the focus on continuing professional development; encouraging return of more mature workers; management training for health professionals; co-operation between Member States with regard to healthcare workers; providing language training for potential mobility and creating an EU mechanism to assist member states in planning future workforce capacity.

The UK's registration body, the General Dental Council (GDC), is committed to introducing a system of revalidation for all dental professionals, phasing the system in over a number of years. Professionals will be required to demonstrate that they are fit to stay on the register. Mandatory continuing professional development, introduced in 2002, was the first step towards revalidation.

The revalidation programme will be based on a set of standards for which the GDC will request evidence of compliance. These standards focus on four domains: professionalism; clinical; communication; and management and leadership. The system is intended to be straightforward, flexible and proportionate and will ensure that registrants are revalidated in the field in which they work.

4.4 Managing mobility of health workers within the EU

We support the principles of Directive 2005/36/EC, which provides for recognition of professional qualifications of member states between member states. We also welcome the provision for competent authorities of host member states to exchange information regarding disciplinary action, criminal sanctions or any other serious specific circumstances.

Currently, the UK has some thirteen specialties in dentistry, many more than some member states. Specialisms should be included in monitoring information.

4.5 Global migration of healthcare workers

The FDI World Dental Federation has a policy statement, which the BDA supports, that access to oral health care, as well as migration for professional, economic or personal reasons, are human rights and that all countries need to plan accordingly.

We therefore endorse the 57th World Health Assembly resolution (WHA57.19) that recognised the place of government-to-government agreements in helping to manage migration and to consider independent monitoring of these agreements. Consistent with this, we support the proposal for EU monitoring.

4.6 Data to support decision making

We welcome greater availability of related data to improve decision making, for longer-term planning of healthcare systems.

5. The impact of new technology: improving the efficiency of the health workforce

We recognise the challenges presented by new technology, which will improve the care provided to patients, but will have related implications for the training of healthcare workers.

6. The role of health professionals entrepreneurs in the workforce

We would advocate a special programme to take account of SMEs as health entrepreneurs to support their needs. Their principal concern is minimisation of unnecessary administrative burden. Their problems are unique, particularly in healthcare, which is already highly regulated. There are no longer barriers to entry to entrepreneurial activity in the UK dental sector, having been removed some ten years ago.

7. Cohesion policy

We believe that consideration should be given to using the European Social Fund to supporting the provision of healthcare, through improving training and working conditions for dentists, where patient access is frustrated by regional shortages of capacity.

8. Consultation

We would welcome further involvement in this consultation in subsequent stages and would be happy to provide further input as policy and related debate evolve.

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