

## ***Regional European Organisation of the FDI***

### ***National Report***

***Country: United Kingdom***

***Association: British Dental Association***

***Venue: Frankfurt meeting***

***Year: 2018***

*Please classify your national report by following subjects:*

#### ***Changes in the association and its organisation***

*There have been no specific changes in the association and its organisation.*

#### ***Trends and developments in professional politics***

*The UK's dental regulator, the General Dental Council, has focused for a number of years now to work with the profession in channeling dental complaints away from regulatory action and towards more appropriate ways of dealing with this. This policy has shown some success in the decrease of contacts made with the GDC's fitness to practise team. This has been a welcome development.*

*However, the BDA remains concerned about issues of transparency and accountability of the GDC in relation to how the money paid by registrants is set, spent and whether it is in line with the regulator's core functions. We expect with some concern a consultation by the end of May on a three-year business plan for the regulator.*

#### ***Trends and developments in health and social politics***

*At the time of writing (early March 2019), it is not yet known which shape Brexit will take; official negotiations concluded during 2018 and a withdrawal agreement and political declaration on the future relationship were published. However, the draft Withdrawal Agreement has been voted down in Parliament once and is due another vote in mid-March*

2019. If the UK leaves the EU without a formal deal at the end of March 2019, there may be significant ramifications for the supply of medicines, medical devices, and health personnel.

### ***Trends and developments in educational politics***

*Following Brexit, the UK will no longer be directly bound by the requirements of the professional qualifications directive. The arrangements for recognition of EEA qualifications will be retained for up to two years unilaterally, although the GDC will have the power to stop certain qualifications from being recognised if it has concerns about the quality of the training.*

*There are some concerns of whether there will be moves in the medium to long term of making changes to the dental degree. A review of dental education and training is currently being undertaken although the focus of this is workforce planning. This review also provides cause for concern due to its focus on increased substitution of dentists.*

### ***Trends and developments in the insurance system (incl. the public health insurance and private insurance schemes)***

*In the UK dentistry in the National Health Service is funded by taxation, although patients pay a contribution to the service (unless they are exempt from paying). This system differs in the four countries of the UK. However, it is clear that across the UK, and in England specifically, this state investment is decreasing in real terms. The equivalent of nearly £42 per head was set aside by government to cover dental care for every adult and child in England at the outset of the Coalition Government in 2010, falling by over £12 in real terms in 2017/18, a 29% fall. The BDA regards this as 'cuts by stealth', accusing ministers of driving a 'do more with less' mentality to breaking point. Budgets have failed to keep pace with inflation and population growth of 3 million, and as state contributions have fallen, patients have been asked to contribute ever more through NHS charges. Charge levels have increased by over 30% since 2010, and now account for almost 30% of the total budget for NHS dentistry. The total NHS dental budget is currently sufficient to cover care for around half the English population.*

*The total spend on dentistry in the private sector exceeds the NHS dental budget and the trend is for dental practices to provide more private treatment in the fact of decreasing government investment.*

### ***Trends and developments in dental care for persons applying for asylum or refugees***

*There is nothing to report.*

### ***Corporate Dentistry***

#### ***a) position of NDA towards dental chains***

*We are closely monitoring the developments within the corporate dental world.*

#### ***b) problems with dental chains***

*Dental chains, as other practices, face recruitment issues and have recently been seen to return NHS contracts to the government in high-needs areas. This has left patients stranded without access to dentists in some cases.*

*Dentists working in dental chains are less likely to be members of the BDA; sometimes because such membership is discouraged, sometimes because they are not aware of our services or they feel they are not paid enough to pay for membership.*

#### ***c) possible solutions***

*We are redoubling our efforts to recruit members within corporate practice.*

### ***Changes in fees:***

*In Scotland and Northern Ireland, the fee structure has been changed to include fees for composite fillings provided to patients who should*



*no longer receive amalgam fillings unless strictly deemed necessary by the clinician, in line with the EU Mercury Regulation. In England and Wales, the same fee rules do not apply.*

### ***Information regarding promotion of the World Oral Health Day:***

*The BDA will provide news stories on the day and has already contacted students and young dentists to encourage them to provide oral health advice to nurseries and primary schools:*

*<https://www.bda.org/news-centre/latest-news-articles/Pages/Calling-all-dental-students-be-a-part-of-World-Oral-Health-Day-2019.aspx>*

*Further information (activities):*

### ***What are your 3 main concerns?***

- Dental contract reform in England and Wales
- GDC transparency and accountability issues
- Potential ramifications of Brexit

### ***3 points you would like to discuss***