



Editorial

Brexit - Consequences for the UK's Oral Health Workforce?

Kenneth A. Eaton

Visiting Professor, University College London. Honorary Professor, University of Kent. Adviser to the Platform for Better Oral Health in Europe, Adviser to the Council of European Chief Dental Officers.

On Friday, 20 December 2019, after three and a half years of discussion the Parliament of the United Kingdom (UK) voted decisively that this country should leave the European Union (EU). For many of us this was a sad day. However, this political decision has been made and intensive negotiations will now take place between the UK and the EU's negotiating teams to agree the details for the UK's future relationship with the EU. It is still far from clear exactly what the consequences of the resulting deal will be for both parties. A number of previous articles and editorials have speculated on the possible consequences for health and oral health in the UK. Key areas include workforce, research and regulations for medicines and medical and dental equipment. This editorial will consider the implications for the UK's Oral healthcare workforce.

Currently the NHS relies on professionals from other EU Member States, including doctors, dentists and nurses to help staff practices and clinics and universities employ large numbers of workers from EU Member States as teachers and researchers. At 31 December 2018, there were 42,123 dentists on the General Dental Council's (GDC's) register of whom 6673 were EU nationals and graduates of EU dental schools other than those in the UK (GDC 2019). They have benefitted from European Commission (EC) Directive 05/36/EC (2005) which gives EU nationals, who are graduates of EU universities and are members of seven professions, including dentistry, medicine and nursing, automatic recognition of their professional qualifications and the right of free movement to practice in anywhere in the EU or European Economic Area (EU plus Iceland, Liechtenstein and Norway). The same rights are given to dentists from Switzerland. Possibly because of their strong economies, at 31 December 2018, only 35 dentists from Iceland, Liechtenstein, Norway and Switzerland were registered with the GDC, so their current contribution to the UK's dental workforce is minimal. It seems entirely possible that healthcare workers, including dentists, from EU Members States, currently working in the UK, will be allowed to stay, if they wish to. However, this right will need to be enshrined in the final agreement with the EU.

In the negotiations the current arrangements for professions covered by Directive 05/36/EC (2005) should be considered. Will they be continued for dentists? The recent Queen's Speech included a commitment for the new Government to develop a new post-Brexit immigration policy, which may be based on the one currently used in Australia. If this is the case, workers with specific skills in "shortage" professions and trades will be given priority of entry to the UK's labour force. Disappointingly, in a review of its Shortage Occupation List (SOL), published in May 2019, the UK's Migration Advisory Committee (MAC, 2019) stated: *We do not recommend including Dental Practitioners on the SOL, despite evidence received from stakeholders, as the relative vacancy rate is below average and the ranking of the shortage indicators is middle of the range.* The evidence which the MAC received included a statement from the British Dental Association (BDA) that many providers of dentistry were having trouble in recruiting dentists. It was also aware of research undertaken by the GDC which suggested that as many as a third of EU qualified dentists are considering leaving the UK in the next five years.

It may well be that entry to the GDC's dental register and to the UK's dental workforce will therefore become more difficult for EU dentists. The possibility of requiring them to take and pass the Overseas Registration Examination (ORE) has been discussed. A year ago, the GDC's Chief Executive and Registrar explained the potential legislative and cost implications of going down this route. He also speculated about the possibility of developing a system of mutual recognition based on the one operated by Australia, Canada, New Zealand and the Republic of Ireland, which is based on assessment supplied by the Canadian National Examinations Board (Brack, 2018). A further consideration is that the arrangements for the recognition of Irish dentists' qualifications pre-dates the formation of the European Union and could be continued post-Brexit, irrespective of the arrangements with other countries.

The Advancing Dental Care project is currently considering what the shape of the future oral healthcare

workforce should be. In the long-term, there may well be an increased use of Dental Care Professionals (DCPs) in general, and dental hygienists and therapists in particular, to deliver prevention and basic oral healthcare. It has been suggested, if the current General Dental Services (GDS) contract in England and Wales was revised, a dramatic expansion in the numbers of dental hygienists and therapists could offset any reduction in the numbers of EU qualified dentists entering the UK. Indeed, it has been estimated that in 2011/2012, 73% of clinical time in GDS practice was spent on tasks which are currently within DCPs scope of practice (Wanyonyi *et al.*, 2015). Brexit will have little impact on the numbers of EU qualified DCPs working in the UK, as relatively few DCPs from EU Member States are currently registered with the GDC. For example, at 31 December 2018 only 228 out of the 7274 dental hygienists of the GDC's register were from EU Member States other than the UK. This is probably because EU dental hygienists are not covered by Directive 05/36/EC (2005) and do not have automatic recognition. Their applications for registration are considered on an individual basis and they have to prove that their professional education was equivalent to that of UK dental hygienists. It is also pertinent to note that in comparison to countries such as Denmark, Finland, The Netherlands and Sweden, which all have a dental hygienist : dentist ratio of at least 1:2, this ratio is currently 1:6 in the UK and it would take several years before the dental hygienist : dentist ratio could approach 1:2 let alone equal numbers (Eaton, 2019).

Thus, other than the clarification that Brexit will happen, little has changed since the previous editorial on this subject, was published in *Dental Public Health* (Robinson, 2018). It is to be hoped that the workforce and other issues will be clarified as soon as possible.

References

- General Dental Council (2019): Summary of dentist and DCP registrations at 31 December 2018. London, General Dental Council.
- European Council Directive Number 05/36/EC (2005): *Official Journal European Communities*. L255:0022-0142.
- Migration Advisory Committee (2019): Full review of the Shortage Occupation List, May 2019. London, Migration Advisory Committee. <https://www.gov.uk/Government/organisations/migration-advisory-committee>. Accessed 24 December 2019.
- Brack, I. (2018) EU Exit: Implications for the dental workforce. *The Dentist* December, 14-15.
- Wanyonyi, K.L., Radford, D.R., Harper P.R. and Gallagher, J.E. (2015): Alternative scenarios harnessing mid-level providers and evidence-based practice in primary dental care in England through operational research. *Human Resources Health* **13**, 78 doi 10.186/s12960-015-0072-9.
- Eaton, K.A. and Harris, M. (2019): Dental Hygienists' professional education, numbers and independent practice in the European Union and Economic Area, *Dental Health* **58**, 30-32.
- Robinson, P.G. (2018): A UK and partisan view of Brexit and Dental Public Health. *Community Dental Health* **35**, 130-131.