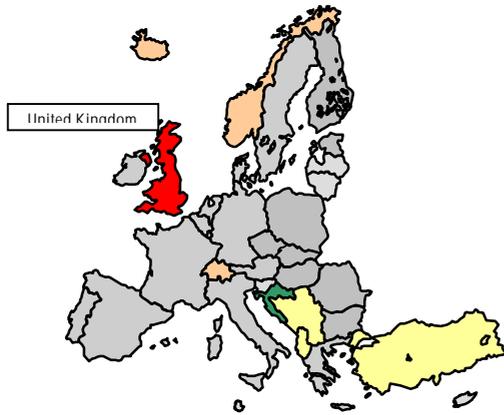


The United Kingdom



In the EU/EEA since	1973
Population (2008)	61,185,981
GDP PPP per capita (2006)	€29,052
Currency	British Pound £ €1.25 = £1.00 (2008)
Main language	English Also Welsh & Gaelic
<p>The National Health Service (NHS) is largely funded through general taxation and providing healthcare to all. Approximately 80% of NHS funds are from general taxation, with the balance coming from charges to patients for prescriptions, dental &amp; optical care. About 40% of all primary dental care is paid from the state system and the balance is through patients' co-payments and fully private practice.</p>	
Number of dentists:	35,873
Population to (active) dentist ratio:	1,974
Membership of the Dental Association::	60%
<p>Specialists are widely used and the use of clinical auxiliaries is well developed. Participation in continuing education is mandatory for all registered dentists and dental auxiliaries, whether in clinical practice or not.</p>	

Date of last revision: 1<sup>st</sup> October 2008

Government and healthcare in the UK

The United Kingdom of Great Britain and Northern Ireland is both a parliamentary democracy and a monarchy. Although the Queen plays a ceremonial part in the legislative process, the parliament is bi-cameral. The first chamber of locally elected members, the House of Commons, is the main forum for debating and changing government policies. The second chamber, the House of Lords, is a fully appointed one, a small proportion whose members are hereditary peers. It plays a significant part in the revision and passing of legislation. Politics in the UK is historically polarised between three main political parties: the Labour Party, Conservative Party and Liberal Democrat Party.

The Government is led by a Prime Minister with a cabinet of Ministers called Secretaries of State. Most Ministries with a seat in the Cabinet represent particular aspects of the economy such as Health or Business. Some powers, in particular health, have recently been devolved to varying degrees to an elected Parliament in Scotland and Assemblies in Wales and Northern Ireland. The UK's capital is London.

The UK has had a comprehensive *National Health Service* (NHS) since 1948, which is largely funded through general taxation and provides healthcare to all. Approximately 95% of NHS funds are provided by general taxation, with the balance coming from charges to patients for prescriptions, dental and optical care.

The amount of funding to the NHS is decided by the Parliaments and Assemblies. Policy is implemented by the Departments of Health in the four home countries and local health authorities based on municipalities in England (Primary Care Trusts – PCTs) and "regions" in the other three countries.

All forms of primary *medical* care services are free at the point of delivery, for all adults and children and there is a nationwide system of patient registration with general medical practitioners. These medical practitioners (*GPs*) also act as 'gatekeepers' to the rest of the NHS with most access to specialist and hospital services being via a GP referral.

Funding of NHS drug prescriptions, dental and optical services has gradually altered to the point where many in the population now pay a significant contribution to the cost of these services. Indeed, the effect of an increased expenditure by patients on private oral healthcare and the high proportion paid by them as co-payments, when obtaining treatment in the dental NHS, means that patients are funding directly about 60% of all spending on dentistry, with only 40% being funded by general taxation (*British Dental Association* estimate, 2007).

Both in terms of funding and population coverage, private health insurance is a small but growing part of medical healthcare.

	Year	Source
% GDP spent on health	8.3% 2005	OECD
% of this spent by gov ernm't	87.1% 2005	OECD

## Oral healthcare

Oral healthcare in the UK is available from three distinct services. As with all other European countries, the majority of care is provided by non-salaried dental practitioners, working outside hospitals usually in privately owned premises. These *General Dental Practitioners* (GDPs), if they accept NHS patients, are part of the *General Dental Service*, which is locally coordinated by health authorities. There are different contractual arrangements in general dental practice in Scotland and Northern Ireland, from England and Wales.

### *England and Wales*

In England and Wales, patients are not formally registered with their dental practice and appointments are technically given on a first-come-first-served basis. Patients pay one of four fixed charges relating to the treatment received, rather than a proportion of the treatment cost. These charges are reviewed annually; in 2007, they ranged from £16.20 for routine treatments such as check-up, scale and polishing, to £198 for complex treatment such as crown and bridgework.

Further details are in the "Practice" section, later.

### *Scotland and Northern Ireland*

The bulk of payments to the GDPs are by fees for items of treatment, but some capitation fees, allowances and direct reimbursement of expenses also occur.

In Scotland, NHS patients may be treated under a 36 months contract, which can be "rolled" forwards, as 'registered patients' for *continuing care*, or for *occasional* (episodic) treatment. Only a limited range of treatments is available for occasional treatment.

Most patients who receive dental treatment under NHS terms from a GDP are charged a percentage co-payment of a set 'NHS fee' (currently 80%); there is also a maximum charge payable in one course of treatment (about €550 in 2008).

### *Across the UK*

Specific groups may receive NHS dental care from a GDP without any patient charge, for example children under 18 years-old, pregnant or nursing mothers, individuals on welfare benefits, and those under 19 years old who are also in full-time education. Some NHS treatments, which are often provided by GDPs, are free of charges for all patients, such as domiciliary care for the housebound and repairs to dentures.

NHS charges are typically about half, or less, of those that would be paid privately.

Access to NHS dental care is difficult for patients in many parts of the UK and the four governments have opened "Access Centres", staffed by salaried GDPs and Public Health Dentists, which offer a variable range of clinical services, at normal NHS charge rates.

Access to a GDP is, in principle, available to all. However, many dentists will not accept everyone who wants to receive

and pay for treatment under NHS terms. A large majority of dentists in the UK do have some commitment to the NHS, while only a few hundred only accept private fee-paying patients. Dentists contracted to provide care under NHS terms may provide as much or as little NHS care, and as much private care as they wish.

In reality about 50% of adults and 60% of children (aged 0 to 18 years) see GDPs for continuing care on an annual basis.

There is also a *Community Dental Service* (CDS). This provides public health dentistry by salaried dentists for groups who have poor access to other dental services, for example 'special needs' children and adults, and communities where there are few GDPs. They also provide dental public health and epidemiological support, for data collection.

Finally, dental care is also provided in most large general hospitals and all dental teaching hospitals. In the UK much specialist dental treatment is carried out within the Hospital Dental Service (HDS), usually after referral from a dentist in the general or community dental services. However, an increasing amount of specialist care is being provided in 'high street' practices, especially in oral surgery. Traditionally, the bulk of orthodontic care has been undertaken in general dental practices.

All dental services provided by hospitals and many services provided by the CDS are free.

All four services - the GDS, CDS, PDS and HDS are planned and coordinated at regional and local geographical level by health authorities and public "trusts". The services are purchased by the health authority from local healthcare providers usually under service contracts.

The level of NHS income for dentists working in the system is set by a quasi-independent committee, the Doctors' and Dentists' Review Body (DDRB), which makes annual recommendations on pay. The governments do not always follow the recommendations. Newly qualified dentists work as salaried Vocational GDPs, and are salaried at a national rate.

Many patients attend six-monthly for their routine re-examinations, but it is thought that less than 50% adults are now keeping to this timetable, because of improvements in oral health.

	Year	Source
% GDP spent on oral health	0.60%	2004 Manual
% of OH expenditure private	50%	2008 BDA

### *Private insurance for dental care*

In the UK, less than 10% of people use private care plans or insurance schemes to pay for the cost of dental care. This can either be a separate policy or an extra to general medical cover.

Most private schemes are personal schemes, where individuals insure themselves by paying premiums directly to the company. The largest scheme (*Dentplan*) is a pre-payment plan where participating dentists receive capitation payments *and* bear the financial risk of treatments provided. During the last few years general insurance companies have also begun to enter the market for dental care insurance.

Private care plans and insurance companies are self-regulating and set their own levels of fees. Generally the level of the premiums will be part of a standard scale for all members, but for personal care plans the company will usually only provide cover for those with good oral health.

### *The Quality of Care*

The way in which standards of dental care are monitored depends on which service provides the care. NHS GPs who receive payment through the NHS have their treatment statistics compared to national norms. A Dental Reference Officer (DRO) may investigate the treatment of one or a number of patients in a practice where the results are outside normal limits. Health authorities, if they receive complaints, may ask a DRO to examine patients. DROs also examine patients selected from any practice participating in the General Dental Service/Personal Dental Service.

Each NHS practice and clinic must have a complaints procedure. Any patient complaint must first be made to the dentist. If it is not possible to resolve the complaint through the practice procedure then the matter may be referred to the health authority. In Scotland and Northern Ireland serious complaints are dealt with through an NHS Disciplinary Committee. If they find a breach of regulations this may result in the dentist having to repeat the treatment, a withholding of fees, or removal from the list of dentists who may work in the NHS. In England and Wales a dentist can be removed from an NHS dental list if they do not provide care to a high enough standard. They may refer the matter to the General Dental Council (GDC), for professional conduct issues. The GDC may censure a dentist or remove the right to practise. There is a right of appeal against both health authority and GDC decisions.

For treatment undertaken within the hospital or community service there is a health service complaints procedure.

For treatment delivered outside NHS regulations, a Dental Complaints Service was set up in 2006. The service works by providing advice to patients and dental professionals. It is an arms-length organisation of the GDC. The website is [www.dentalcomplaints.org.uk](http://www.dentalcomplaints.org.uk).

It is also possible for patients to seek redress through litigation independently.

### *Health data*

	Year	Source
DMFT at age 12	0.80	2005 CECD0
DMFT zero at age 12	62%	2005 OECD
Edentulous at age 65	36%	2005 OECD

"DMFT zero at age 12" refers to the number of 12 years old children with a zero DMFT. "Edentulous at age 65" refers to the numbers of over 64s with no natural teeth

### *Fluoridation*

Approximately 6 million people in the UK receive water in which the fluoride content has been adjusted to the optimum level for dental health of around one part of fluoride per million parts of water, or that has a naturally occurring fluoride level of around this level. This means that around one in ten of the total population of the UK is currently receiving water with a fluoride level that is capable of providing protection against tooth decay.

In some areas people drink water containing what can be described as a 'sub-optimal' natural fluoride content of between 0.3 and 0.7 parts per million. This is thought to offer some protection against tooth decay but is below the level at which the optimal benefit is obtained.

In some areas (for example parts of Essex, Wiltshire and Norfolk) naturally occurring fluoride levels can vary substantially between places and over time and it is very difficult to quantify this accurately.

In many areas of the UK, Primary Care Trusts and Boards have arrangements with dental practices and clinics for the distribution of fluoride containing toothpastes to children free of charge.

Dentists may also be contracted to provide fluoride varnishes to children, on a targeted basis, as part of their overall care.

Following a government announcement in early 2008 in support of water fluoridation, it is expected that local areas will consult over fluoridating water supplies in some areas of the UK where dental decay in children is prevalent.

## Education, Training and Registration

### Undergraduate Training

There are 14 UK dental schools, all part of medical faculties of state-funded universities. The newest school, in Aberdeen, Scotland, opened in September 2008.

To enter most dental schools a student must normally have passed at least 3 "A-level" science subjects studied at high school and because of the competition for places these would normally all have to be at the highest pass level. Three schools, two in England (Preston and Plymouth) and one in Scotland (Aberdeen) have an exclusively "graduate" intake – the students must have a primary degree, usually in a biological science. Liverpool and King's College London also have graduate programmes.

Students may have to pay a sum towards the costs of tuition, except in Scotland, for which they may claim a low-interest loan from the state – which is repayable after graduation when earnings have passed a minimum threshold.

Year of data:	2008
Number of schools	15
Student intake	1,063
Number of graduates (2007)	844
Percentage female	52%

Many of the schools have expanded their intake since 2004, so the number of graduates will increase from 2009.

#### *Quality assurance*

The responsibility for quality assurance of the courses in the schools is undertaken by the General Dental Council, who conduct a regular programme of visits to dental schools to check the content and quality of training in the undergraduate dentist and dental care professionals' courses.

#### *Qualification and Vocational Training*

##### *Primary dental qualification*

All the universities award a degree, Bachelor of Dental Surgery (BDS or BChD), upon graduation, although until the late 1960s most offered a diploma of Licentiate in Dental Surgery (LDS) as an alternative. LDS diplomas formerly awarded by the Royal Colleges of England, Edinburgh and Glasgow, have not been available since 2003.

##### *Vocational Training (VT)*

VT in the UK is post-qualification. Dentists may practise outside the NHS system without undertaking VT.

### Registration

All dentists who wish to practise dentistry in the United Kingdom have to be registered with the General Dental Council (GDC). The GDC is the 'competent authority' and maintains the register of dentists as well as those on the specialist lists.

Cost of registration (2008) € 550

To register as a dentist in the UK, a qualified practitioner must present evidence of their recognised first qualification in an EU/EEA dental school, a letter of good standing from their current registering body (if qualification was outside the UK), a passport and a statement attesting to their good health.

EU nationals with non-EU degrees have the option of GDC assessment, in which their qualifications, skills, knowledge and experience are compared to that of a UK dentist at graduation. If the GDC feels that there is a lack in any area of this assessment of the candidate's equivalence, he/she will be required to sit the Overseas Registration Examination (ORE).

#### *Language requirements*

EU nationals are not required to pass an English test at registration level.

However, there is a requirement to pass an English language test (the IELTS or one of a list of other qualifications), at a set standard, for working in NHS general dental practice (see below).

Non-EU nationals are generally required to acquire IELTS and then pass the GDC's Overseas Registration Examination (ORE) before they can register.

### Further Postgraduate and Specialist Training

#### *Vocational Training (VT)*

In order to practise in the NHS in the UK a dentist must normally complete a period of supervised vocational training, in a practice, public health clinic or hospital. GDP and Community VT are based on clinical practice for 4 days a week and day release courses for one day a week. A certificate of completion of VT must be obtained before independent, unsupervised practice is possible.

Graduates of non-UK EU dental schools are exempt from the VT requirement, although they may undertake this if they wish. Graduates from outside the EU are required either to undertake VT or, if they have substantial experience in general dental practice, to undergo 'competency training' (formerly called equivalence training). By arrangement with an employing practice, a Primary Care Trust (PCT) and the local postgraduate deanery, the dentist is given a set amount of time to work through a set of competencies, with the help and support of the practice owner. Only after completion of VT or competency training are dentists able to be included in a local performer list and thus allowed to treat NHS patients in practice.

In Scotland and Northern Ireland, dentists from outside the EU can be employed as assistants while being included in a supplementary list and working under a main list number of the practice principal, and after a set period of time (usually one year full-time or equivalent part-time) are able to show their equivalence and be included in a main list.

*Continuing education*

All dentists (including specialists, administrative and registered retired dentists) must participate in continuing education, of 250 hours in five years. This requirement is subdivided into 75 hours *verifiable* postgraduate education and 175 hours of general (informal) postgraduate education. Verifiable activity would include participation in courses, interactive distance learning, clinical audit, peer review – all of which must have defined learning objectives and outcomes. Since 2007 certain core subjects must be included in the verifiable activity – including radiation and infection control. Dentists must keep a record of their activity and certify compliance annually. The scheme is administered by the GDC.

NHS dentists participate in regular peer review and clinical audit as part of the mandatory continuing education. In Scotland NHS GDCs may claim allowances for loss of practice income, for attending courses.

There are two schools of postgraduate dentistry (London and Edinburgh) and also postgraduate institutes attached to many undergraduate schools.

*Specialist Training*

The training for all specialties takes place in recognised hospital, PCT or other health authority training posts, is supervised by the Medical Royal Colleges and lasts from 3 to 5 years, following a period of 2-year *general professional training* (which includes the year of VT). So, depending upon the specialty, it may take 5 to 7 years to become a recognised specialist.

The GDC administers lists of registered dentists who meet certain conditions and have been given the right by the GDC to use a specialist title. Two dental specialties, Oral Surgery and Orthodontics, are recognised by the EU but UK law allows the GDC to recognise any specialty where this would be justified in the interests of the public and the dental profession. The lists indicate the registered dentists who are entitled to use a specialist title, but do not restrict the right of any registered dentist to practise in any particular field of dentistry or the right of any specialist to practise in other fields of dentistry.

In the UK the following dental specialties are recognised in 2008:

-  Oral Surgery
-  Endodontics
-  Orthodontics
-  Periodontics
-  Restorative dentistry
-  Prosthodontics
-  Dental Public Health
-  Oral Medicine
-  Paediatric dentistry
-  Oral Microbiology
-  Oral Pathology
-  Dental and Maxillofacial Radiology

There are a number of degrees and diplomas associated with specialist qualifications, and these may be awarded by universities (such as Masters' degrees and Doctorates) and the Royal Colleges (such as Memberships and Fellowships).

## Workforce

### Dentists

Despite the fact that the workforce is slowly growing, there is a severe shortage of dental workforce in the UK in parts of the country. The reasons for this are complex, but the gender change towards more females qualifying as dentists, with part-time working may be a major factor. The four UK governments are applying varying measures to address workforce issues.

Year of data:	2008
Total Registered	35,873
In active practice	31,000
Dentist to population ratio*	1,976
Percentage female	40%
Qualified overseas	8,672

\* active dentists only

Despite the reported shortage of dentists mentioned above, there is some (small) reported unemployment amongst dentists in the UK especially immediately following qualification.

Newly qualified dentists are required to undertake vocational training in the NHS before they can work unsupervised (in the NHS) and whilst sufficient places are available across the UK, often the newly qualified dentists cannot, or do not wish to move to areas of availability.

#### *Movement of dentists into and out of the UK*

UK qualified	27,201
EU/EEA qualified	4,865
Qualified by examination	1,622
Qualified others	2,185

There has been a net inflow of dentist into the UK during the early part of this century – particularly from dentists moving to the UK from the new EU countries since 2004.

UK qualified	27,201
Irish	613
Swedish	957
Other EU/EEA	3,278
South African	1,420
Other overseas	2,404

#### *Specialists*

Some Specialists are known as Consultants and work in hospitals. However, Consultants in Dental Public Health are employed by Primary Care Trusts and other health authorities and a few work in teaching hospitals, which are part of the universities.

Many specialists now work in general practice, where they may restrict their services to their speciality – but may also undertake general dentistry, if they wish. However, when practising as a specialist it is usual to receive patients only by referral from general dental practitioners, or from other specialists. Most orthodontists now work out of hospital for part or all of their time – with hospital practice being

increasingly reserved for exceptionally complex cases, including those needing surgical intervention.

Year of data:	2008
Orthodontics	1,158
Endodontics	187
Paedodontics	224
Periodontics	280
Prosthodontics	377
Restorative Dentistry	290
Dental Maxillo-facial Radiology	25
Oral Surgery	768
OMFS	220
Dental Public Health	116
Oral Medicine	82
Others	33

There are many associations and societies for specialists.

### Auxiliaries (Dental Care Professionals)

In the UK, dental auxiliaries are known as Dental Care Professionals (DCPs). Other than dental nurses (chairside assistants), there are six types of dental auxiliary:

- ✚ Dental Hygienists
- ✚ Dental Therapists
- ✚ Orthodontic Therapists
- ✚ Dental Technicians
- ✚ Clinical Dental Technicians
- ✚ Oral Health Educators

All DCPs, except Oral Health Educators, have to be registered with the General Dental Council (or in a formal training programme) and are required to comply with the strict ethical guidance, as laid down by the GDC, including awareness of all regulations pertaining to the practice of dentistry. They have to undertake continuing professional development – DCPs must complete, and keep records of, at least 150 hours of CPD over five years. A minimum of 50 of these hours must be verifiable CPD. To be verifiable CPD, the activity must have concise educational aims and objectives, clear anticipated outcomes, quality controls and documentary proof of attendance/participation from an appropriate third party.

There is some illegal dental practice by non-registered persons, who are routinely prosecuted in the courts upon the instigation of the GDC.

Year of data:	2008
Hygienists	5,340
Technicians	7,094
Clinical Dental Technicians	93
Dental Nurses	40,665
Therapists	1,154
Orthodontic Therapists	10
Other	0
Total number of DCPs	51,951

Note: some DCPs are registered with more than one title, so the total is greater than the sum of the individual numbers.

### *Dental Hygienists*

Dental hygienist training is usually for 24 or 27 months at dental hygiene school, normally in dental schools alongside dental students. To enter hygiene school a student usually needs to be a qualified dental nurse and may be required to have an "A-level". Upon qualification a diploma is awarded. Some schools, such as Dundee, have now extended the course to 3 years and a degree is awarded.

Dental hygienists may only work under the direction of a dentist, who must prepare a treatment plan, but need not be on the premises during treatment. Their duties were subject to a proscribed list (by the GDC) until 2003, but legislative changes mean that now their permitted duties depend upon the training they have undergone. They may:

- provide dental hygiene care to a wide range of patients
- plan the delivery of patient care to improve and maintain periodontal health
- obtain a detailed dental history and evaluate medical history
- complete periodontal examination and charting and use indices to screen and monitor periodontal disease
- provide preventive oral care to patients and liaise with dentists over the treatment of caries, periodontal disease and tooth wear
- undertake supragingival and subgingival scaling and root debridement, using manual and powered instruments
- use appropriate anti-microbial therapy in the management of plaque related diseases
- adjust restored surfaces in relation to periodontal treatment
- apply topical treatments and fissure sealants
- provide smoking cessation advice for patients
- take, process and interpret various film views used in general dental practice
- give infiltration and inferior dental block analgesia
- place temporary dressings and re-cement crowns with temporary cement
- take impressions
- identify anatomical features, recognise abnormalities and interpret common pathology, and carry out oral cancer screening and make appropriate referrals to other healthcare professionals
- Placing rubber dam
- Carry out resuscitation

#### *Additional skills which a dental hygienist might develop during their career:*

- tooth whitening to the prescription of a dentist
- prescribing radiographs
- administering inhalational sedation
- suture removal after the wound has been checked by a dentist

Dental hygienists do not:

- diagnose disease
- restore teeth
- carry out pulp treatments
- adjust unrestored surfaces or
- extract teeth

Hygienists would normally be salaried when working in hospitals and clinics, but would be paid per hour or even as a share of fees earned in general practice. Earnings for a full-time hygienist are dependent on the type of working environment, general practice offering higher sums. Some hygienists own dental practices, in which they employ one or more dentists.

### *Dental Therapists*

Dental therapist training is now a different arrangement of courses, depending upon the school attended by the trainee and the qualification for entry. Entry often requires the student to have an A-level or 6 or more GCSEs. In most schools dental therapy training is for 27 months full-time alongside dental students. They also train as hygienists at the same time. Some schools have now extended the course to 3 years and a degree is awarded.

In addition, some of the schools now hold "conversion courses" of 6 to 12 months (depending upon whether this is full or part-time), for hygienists to re-train as dental therapists. In 2004 two dental therapy schools opened (in Salford and Portsmouth) which allow entry for qualified dental nurses without A-levels, who attend a 6-months' foundation course first.

Upon qualification a diploma (or degree) is awarded. They must be qualified to register with the GDC, which they must do before they can practise. Their type and amount of earnings is similar to hygienists.

Dental therapists do not carry out initial diagnosis or take overall responsibility for planning a patient's treatment. The dentist must prepare a treatment plan but need not be on the premises during treatment.

Dental therapy covers the same areas as dental hygiene, but dental therapists also:

- carry out direct restorations on permanent and primary teeth
- carry out pulpotomies on primary teeth
- extract primary teeth
- place pre-formed crowns on primary teeth
- plan the delivery of a patient's care

#### *Additional skills which dental therapists could develop during their careers:*

- administering inhalational sedation
- varying the detail of a prescription but not the direction of a prescription
- prescribing radiographs
- tooth whitening to the prescription of a dentist
- suture removal after the wound has been checked by a dentist

Therapists are able to work in any sphere of practice.

### *Orthodontic Therapists*

This is a new class of DCP and the first 10 registered in August 2008. The first courses (leading to qualification) started in July 2007.

The training, which is a minimum of a year and leads to a diploma, is being offered by six universities – Bristol, Cardiff, Edinburgh, Leeds, Manchester and Warwick. Entry on to the course is open to qualified dental nurses, hygienists and therapists and dental technicians with appropriate clinical experience.

An orthodontic therapist can deliver a range of treatments within the scope of their role:

- clean and prepare tooth surfaces ready for orthodontic treatment
- identify, select, use and maintain appropriate instruments
- insert passive removable orthodontic appliances
- insert active removable appliances adjusted by a dentist
- remove fixed appliances, orthodontic adhesives and cement
- take impressions
- pour, cast and trim study models
- make a patient's orthodontic appliance safe in the absence of a dentist
- fit orthodontic headgear
- fit orthodontic facebows which have been adjusted by a dentist
- take occlusal records including orthognathic facebow readings
- place brackets and bands
- prepare, insert adjust and remove archwires
- give advice on appliance care and oral health instruction
- fit tooth separators
- fit bonded retainers
- make appropriate referrals to other healthcare professionals
- carry out resuscitation

*Additional skills which orthodontic therapists could develop during their career:*

- applying fluoride varnish to the prescription of a dentist
- repairing the acrylic component of orthodontic appliances
- measure and record plaque indices and gingival indices
- suture removal after the wound has been checked by a dentist.

Orthodontic therapists do not:

- remove *sub-gingival* deposits
- give local analgesia
- re-cement crowns
- place temporary dressings or
- place active medicaments

They cannot diagnose disease, treatment plan or activate orthodontic wires, as these areas are reserved to dentists.

#### *Dental Technicians*

Training as a dental technician is provided by 11 Universities and Colleges, leading to a diploma/certificate (*BTEC* - Business and Technician Education Councils, *Scotvec* in Scotland) or degree (Birmingham, Liverpool, London and Nottingham colleges offer a Foundation Degree Dental Technology programme). Basic training would normally be 4 years, with an additional up to 2 years for more specialised work.

They must be qualified to register with the GDC, which they must do before they can work independently. Their type and amount of earnings is unknown. Dental Technicians are permitted to produce dental technical work to the prescription of the dentist, but cannot work in the mouth. They may:

- review cases coming into the laboratory to decide how they should be progressed
- work with the dentist or CDT on treatment planning and outline design
- design, plan and manufacture a range of custom-made dental devices according to a prescription
- repair and modify dental devices
- undertake shade taking

- carry out infection control procedures to prevent physical, chemical and microbiological contamination in the laboratory
- keep full and accurate laboratory records
- verify and take responsibility for the quality and safety of devices leaving a laboratory
- make appropriate referrals to other healthcare professionals

*Additional skills which dental technicians could develop during their careers:*

- working with a dentist in the clinic assisting with treatment by:
  - taking impressions
  - recording facebows
  - intra-oral and extra-oral tracing
  - implant frame assessment
  - recording occlusal registrations
  - intra-oral scanning for Cad Cam
  - helping dentists with fitting attachments at chairside
- working with a Clinical Dental Technician (CDT) in the clinic assisting with treatment by:
  - taking impressions
  - recording facebows
  - intra-oral and extra-oral tracing
  - recording occlusal registrations
  - tracing cephalographs
  - intra-oral photography

Dental technicians do not:

- work independently in the clinic
- perform clinical procedures related to providing removable dental appliances
- undertake independent clinical examinations
- identify abnormal oral mucosa and related underlying structures
- fit removable appliances

They are permitted to undertake denture repairs directly for the public, provided that they do not need to work in the oral cavity. Historically, they worked in a laboratory alongside dental practices, as employees of dentists, but by 2008 this has become very rare – most now work in commercial dental laboratories which charge fees to dentists, PCTs or other health authorities. Some work as salaried employees in hospitals.

#### *Clinical Dental Technicians (CDTs)*

Until 2008 there were no courses available wholly within the UK to achieve this qualification. The course by the George Brown City College in Canada matches the requirements of the GDC's curriculum but is not recognised, in full, as a registerable qualification as it is awarded from outside the EU. However, the Faculty of General Dental Practice (<http://www.fgdp.org.uk/>) has accredited this diploma and awards their own diploma to George Brown College graduates, by a process of accredited prior learning. The FGDP diploma is a registerable qualification for CDTs and currently only those holding the George Brown College qualification are able to access this accreditation.

In July 2008 it was announced that the first UK-based course will commence at the Edinburgh Dental Institute later in 2008.

Clinical dental technicians specialise in the manufacture and fitting of removable dental appliances directly to patients. The main type of work they undertake is in the provision of dentures. They are able to provide complete dentures to edentulous patients independently of other members of the dental team. Currently, they can provide partial dentures as long as the patient has been seen by a dentist who has

issued a certificate of oral health and a treatment plan. So, they may:

- take detailed dental history and relevant medical history
- perform technical and clinical procedures related to providing removable dental appliances
- undertake clinical examinations
- take and process radiographs and other images related to providing removable dental appliances
- distinguish between normal and abnormal consequences of ageing
- recognise abnormal oral mucosa and related underlying structures and make appropriate referrals
- fit removable appliances
- provide appropriate advice to patients

*Additional skills which a CDT could develop during their career:*

- oral health education
- provide sports mouthguards
- re-cement crowns with temporary cement
- provide anti-snoring devices on prescription of a dentist
- remove sutures after the wound has been checked by a dentist

They must be qualified to register with the GDC, which they must do before they can work independently. Their type of earnings is unknown and they are subject to similar disciplinary procedures as other DCPs.

#### *Dental Nurses*

Dental nurses work at the chairside to assist dentists. In the UK they are usually responsible for infection control and are often called upon to write patient records.

Education and training will often be undertaken informally initially by the employing dentist, but there is an extensive range of educational establishments which offer off-site education, in colleges and schools, typically as "day-release" for one day a week, or as evening courses, which the trainee dental nurse must undertake.

There are established qualifications, following a final examination, under an Examination Board ([www.nebdn.org](http://www.nebdn.org)), or as vocational qualifications (NVQ and SVQ) accepted by a national accrediting body. Qualified dental nurses must register with the GDC to enable them to work with dentists and they are subject to the same continuing education requirements and disciplinary procedures as other DCPs. Their duties include:

- prepare and maintain the clinical environment, including the equipment
- carry out infection control procedures to prevent physical, chemical and microbiological contamination in the surgery or laboratory

- record dental charting carried out by other appropriate registrants
- prepare, mix and handle dental materials
- provide chairside support to the operator during treatment
- maintain full, accurate patient records
- prepare equipment, materials and patients for dental radiography
- process dental radiographs
- monitor, support and reassure patients
- give appropriate advice to patients
- support the patient and their colleagues in the event of a medical emergency
- carry out resuscitation
- make appropriate referrals to other health professionals

*Additional skills which dental nurses could develop during their careers:*

- further skills in oral health education and oral health promotion
- assisting in the treatment of patients who are under conscious sedation
- further skills in assisting in the treatment of patients with special needs
- intra-oral photography
- shade taking
- placing rubber dam
- measuring and recording plaque indices
- pour, cast and trim study models
- suture removal after the wound has been checked by a dentist
- constructing occlusal registration rims and special trays
- repair the acrylic component of removable appliances
- tracing cephalographs

*Additional skills on prescription:*

- taking radiographs to the prescription of a dentist
- applying topical anaesthetic to the prescription of a dentist
- applying fluoride varnish to the prescription of a dentist
- constructing mouthguards and bleaching trays to the prescription of a dentist
- impressions to the prescription of a dentist or a CDT (where appropriate)

Dental nurses do not diagnose disease or treatment plan. All other skills are reserved to one or more of the other registrant groups.

#### *Oral Health Educators*

Oral Health Educators give advice to individuals or groups on oral health care. This takes place in any setting, with or without the supervision of a dentist. There are diplomas available but there is no registerable qualification for oral health educators. They are often general teachers who have changed careers, or dental nurses who have undertaken additional training.

## Practice in the United Kingdom

Year of data:	2008
General (private) practice	24,000
Public dental service	1,800
University	400
Hospital	2,000
Armed Forces	210
Administrative	250
General Practice as a proportion is	77%
Number of general practices	11,000

To be able to work in unsupervised practice in the NHS all dentists need to demonstrate that they understand English. They have to undertake an examination (IELTS) and receive a certificate which indicates that they have achieved a score of at least "6" in each of the four, separate modules (listening, speaking, academic reading and academic writing).

Also, there are requirements to declare that they have had no criminal convictions *anywhere in the world* which has led to a prison sentence of more than 6 months. Two clinical references must be obtained.

### Working in General Practice

In the UK dentists who practise on their own or as small groups, outside hospitals or schools, and who provide a broad range of general treatments are said to be in *General Practice*. It is estimated that there are about 11,000 practices in the UK. Practitioners work without another dentist in the same practice in about a third of practices. However, most practices have two or more dentists working together with dental hygienists and/or dental therapists. These are known as "group practices".

Some practices are owned and run by clinical dental technicians, to provide dental prostheses to patients. However, these practices are not yet able to obtain contracts to provide NHS care. Clinical dental technicians must work to the prescription of a dentist unless they are providing full sets of dentures to edentulous patients.

Most dentists in general practice are self-employed and earn their living partly through charging fees for treatments and partly by claiming payments from the government. A growing number of dentists in general practice accept only private fee-paying patients, but this was still thought to be less than 20% of all GPs in 2008.

#### *England and Wales*

The general practice system for payments to dentists is based on a fixed annual sum (a Contract Value) being paid to each practice (to a "provider"), divided into 12 equal monthly payments. This sum is to cover all expenses connected with the delivery of oral healthcare to patients and the income of all the dentists ("performers") and dental care professionals and other staff in the practice. Associated with this is a "target" of activity (Units of Dental Activity or UDAs) which the practice has to produce in the year. Failure to achieve the target may lead to a clawback of funds paid and a reduced contract value the following year.

For practices which were open on April 1<sup>st</sup> 2006 and were offered a contract, the Contract Value was based on their activity in the 12 months from October 1<sup>st</sup> 2004 to September 30<sup>th</sup> 2005 – uprated by inflation. The number of UDAs was supposed to be based on an analysis of their activity during the same period, but many dentists believe that the figures produced were flawed.

Other payments may be made as direct allowances, especially for additional services that are not included in the normal Contract Value (such a sedation services).

#### *Scotland and Northern Ireland*

There is a prescribed NHS fee scale with defined contributions from the government and the patient. Prior approval for treatment, from a central authority (the Practice Services (Dental) Division or Central Services Agency respectively), is required for complex treatment which costs more than €570, orthodontics for adults and some other treatments.

In addition there are allowances for various items such as a basic practice allowance, seniority, continuing education etc.

#### *The United Kingdom*

For private patients who pay the whole cost of care themselves, there is no restriction upon the fees charged. Private insurance schemes are described earlier.

There are no specific contractual requirements between practitioners working in the same practice. Draft contracts are available from the BDA and other similar organisations and form the basis for such arrangements. This is particularly important as most of these arrangements are on a self-employed basis, which provides for no or very limited employment rights. A dentist's employees however are protected by the national and European laws on employment rights, equal employment opportunities, maternity benefits, occupational health, minimum vacations and health and safety.

#### *Joining or establishing a practice*

There are no stated regulations which specifically aim to control the location of dental practices. A dental practice which does not intend to work within the NHS may be opened anywhere, subject to local planning laws.

For sedation services, and for a new practice, the PCT or local health authority has the right to inspect the premises first (before first opening) to ensure compliance with health and safety regulations. Any type of building may be used which fulfils the legislative claims to dental practice. There are also no rules which limit the size of a dental practice in terms of the number of associate dentists or other staff. Premises may be rented or owned. There is little state assistance for establishing a new practice, so dentists usually negotiate commercial loans from a bank.

Dentists starting in practice usually work for a general practitioner as an associate, provided they have completed VT. They then either buy into that practice or purchase their

own. Traditionally, dental practices were opened in converted private homes and above shops, but increasingly practices can now be found in ground floor, modern-fronted "high street" shops, shopping malls and purpose built clinics.

Dental practices may only be owned by GDC registrants (but see Corporate Dentistry). However, widows or widowers may continue to own a dental practice for up to three years after their spouse's death.

To participate in NHS general practice a dentist must also have evidence of indemnity insurance, and a practice address, when they apply to the local health authority to be included in their list of dentists.

NHS General Dental Practitioners see on average about 160 patients a week and have about 2,500 patients on their NHS "list". Typically they also have a few fully private patients.

A GDP who is fully private would see about 100 patients a week. BDA figures show that an increasing number of dentists are increasing the proportion of their practices to provide private-only care, independent of the NHS.

*England and Wales*

All practices with a contract on March 31<sup>st</sup> 2006 were allowed to join the "new" NHS.

However, for providers wishing to open a practice offering NHS care who did not have a contract on March 31<sup>st</sup> 2006 the potential provider of services must bid for any available funding to open in the preferred locality. Whether they receive funding is subject to available funds and (in theory) a local needs assessment by the PCT.

*Scotland and Northern Ireland*

There are no regulations which prevent an NHS practice opening anywhere (subject to local planning laws) but practice allowances may not be available. Indeed, there are incentive schemes to persuade dentists to open practices in certain areas.

**Working in the Public Clinics**

The public dental service is known as the Community Dental Service (or Salaried Primary Dental Care Service) and mostly provides care for children, domiciliary care, treatment for people with disabilities and for those who have problems receiving dental care from another source. The service employs dentists as *clinical dental officers, senior dental officers or dental service managers* and the size is reducing. Working in the Community Dental Service requires no formal postgraduate training but promotion is usually given to those who have additional qualifications. A high proportion dentists working in the community dental service are female.

Increasingly public health dentistry is being offered through the Personal Dental Services (see above), where access to NHS dentistry is perceived by the health authorities to be problematic.

The monitoring of dentists in the public dental service is usually within guidelines prescribed by the health authority. All dental staff are required to participate in clinical audit. The complaints procedures are the same as those for dentists working in other settings, as already described.

**Working in Hospitals**

Dentists who work in hospitals are salaried employees of NHS Trusts. Hospital dentists may treat patients outside the hospital with the agreement of their employer, if they work part-time and there are no earnings restrictions.

Dentists work as hospital consultants, associate specialists or in staff grade positions. There are career grade posts and there are also junior training grade posts – for example, house officer or specialist registrar. In order to be promoted to a consultant it is necessary to follow a formal specialist training pathway, as described above. To be offered a post in maxillo-facial surgery normally requires a medical qualification in addition to any dental qualification.

Dentists in the service are monitored through clinical audit and by the Faculties of the Royal Surgical Colleges. All hospital dentists are required to participate in clinical audit.

**Working in Universities and Dental Faculties**

Again, the dentists who work in university dental faculties are employees. Private practice is often restricted and dentists need to negotiate this right with their employer. However, many Community dentists and GDPs work part-time as lecturers.

The main academic title within a UK dental faculty is that of university professor, supported by senior lecturer and lecturer. Dental academics in the UK hold an academic title but also an honorary hospital title. For promotion a dentist must undergo clinical specialist training as well as academic training usually by obtaining a PhD, or Master's degree and publishing their work. There are no other regulations or restrictions on the promotion of dentists within faculties. Academic dentists spend approximately 60% of their time on clinical duties and the remainder on teaching, research and administration.

**Working in the Armed Forces**

In 2008, about a third of the full-time dentists in the Armed Forces were female.

Number of dentists in 2008:

Army	121
Royal Air Force	47
Royal Navy	42

## Professional Matters

### Professional associations

The main dental organisation for dentists in the UK is the *British Dental Association* (or *BDA*).

	Number	Year	Source
British Dental Association	20,680	2008	BDA
Dental Practitioners Association	2,500	2008	DPA

About 60% of active dentists are members of the BDA. As well as being a professional association it is also the trade union for dentists, being responsible for negotiations with the four UK governments on terms and conditions of service for dentists working in the NHS. It is also a scientific society. There are four professional branches each headed by a central committee, for General Dental Practice, Hospital Dental Services, Community and Public Dental Services and Clinical Academic Staff. The BDA also has an extensive structure of regional branches and local sections.

There are also some other, smaller general practitioner associations and scientific interest groupings (besides the specialist societies).

### Ethics and Regulation

#### *Ethical Code*

Guidance on most aspects of professional behaviour is contained in a series of guidance documents produced by the registration body, the *General Dental Council* (GDC). The guidance includes the contracts with patients, consent and confidentiality, continuing education and advertising. This code is administered by the GDC. Guidance and advice on relationships and behaviour between dentists, and between dentists and their staff, is provided by the BDA and the other associations.

#### *Fitness to Practise/Disciplinary Matters*

The GDC is the main disciplinary body for dentists in the UK, through a Fitness to Practise Panel (FTPP) of over 70 people (including dentists, DCPs and non-dentists) who form panels for Professional Conduct, Health Matters, Re-registration and Performance Review.

Hearings are conducted as a court of law, with (usually) lawyers conducting the case for the "prosecution" and "defence" and witnesses called. The panel is assisted by legal counsel. Upon the recommendation of a FTPP panel a dentist who has an "Impairment to Practise" may be admonished, put on probation, suspended, or erased from the register and therefore lose the right to practise – depending upon the severity of the misdemeanour.

There is a right of appeal to the Courts.

#### *Data Protection*

The provisions of the various Data Protection Regulations are taken seriously in the UK and all dentists have to comply with these. Annual notification to the Information Commissioner (at €50 per year) is compulsory for all practising dentists who keep records on computer.

#### *Advertising*

A dentist may only use publicity or advertising material that is legal, decent, honest, truthful and has regard for professional propriety. They may advertise in newspapers, magazines, on the radio and TV. All advertisements and printed material must include the name of at least one dentist normally in attendance at the practice in question. Publicity or advertising material should not be of a character which could bring the profession into disrepute. It should not make a claim that is not capable of substantiation nor suggest superiority over any other dentist or practice and it should not contain any reference to the efficiency, skills or knowledge of any other dentist or practice.

Dentists may use websites to publicise their practices and the BDA has advised its members about the need to follow the guidelines set out by the CED, following the enactment of the Directive on Electronic Commerce in 2001.

#### *Indemnity Insurance*

Liability insurance is compulsory for all dentists working in the NHS. Professional indemnity insurance is provided by *Dental Protection Ltd*, the *Dental Defence Union*, and the *Medical and Dental Defence Union of Scotland* and some commercial companies. They provide cover for advice, legal costs and virtually unlimited indemnity. There are different prices for different types of dentists, but a full-time general dental practitioner pays approximately €1,950 annually (€2,150 for those who own a practice – with the extra responsibilities).

The indemnity may cover the dentist for working overseas.

#### *Corporate Dentistry*

Until 2006, only dentists were able to own dental practices. Under new regulations, all GDC registrants can own practices and can also incorporate. Some are owned by external commercial organisations (*bodies corporate*). There are several large chains of bodies corporate, which trade on the stock market, and own upwards of 300 practices each. Many dentists in group practices have found it financially advantageous to incorporate and occasionally dental care professionals who own practices have done the same.

Nevertheless, in all cases the majority of directors currently must be dentists or dental care professionals.

#### *Tooth whitening*

A House of Lords judgement in June 2001 confirmed that tooth whitening agents were covered by the EU Cosmetics Directive (implemented by the UK Cosmetic Products (Safety) Regulations 1996), and not by the Medical Devices Directive. This means that it is a criminal offence to supply products with more than 0.1% hydrogen peroxide or compounds that release it. Tooth whitening agents typically contain 3.6% hydrogen peroxide.

Since 2007 it has been the General Dental Council's view that applying materials and carrying out procedures designed to improve the aesthetic appearance of teeth amounts to the practice of dentistry and should only be

carried out by a registered dentist. So too does the giving of clinical advice about such procedures. Anyone who practises dentistry illegally risks being prosecuted by the GDC in the criminal courts.

### Health and Safety at Work

Dentists and those who work for them must be inoculated against Hepatitis B and later be checked regularly for sero-conversion. The employer usually pays for inoculation of the dental staff, although in many parts of the UK this is now provided free of charge by the Occupational Health Services of the local health authorities.

#### *Ionising Radiation*

Dental practices are subject to the Ionising Radiation Regulations 2000. Dentists and dental care professionals learn about ionising radiation as part of their initial training. Once in practice they must update their knowledge by undertaking further training in every subsequent 5-year period. Only a fully trained person is permitted to take radiographs in a dental practice. Dentists are encouraged to undertake regular audit of the quality of their radiographs.

There are also rules about the practice establishment. Dental equipment has to be sited, used and maintained subject to local rules relevant to the particular practice layout. Certificates of compliance must be displayed and regular inspections are carried out.

#### *Hazardous waste*

Clinical waste is considered 'hazardous' under the *Hazardous Waste (England & Wales) Regulations 2005*. Similar regulations cover Scotland and Northern Ireland. As such clinical waste has to be collected by a licensed company along with appropriate documentation including waste descriptions and the relevant waste codes. Clinical waste will either be incinerated or rendered safe before final disposal.

The regulations also mean that all waste dental amalgam is now classified as hazardous waste and, as such, discharge to sewer is not allowed. To comply with the regulations dental practices (both existing and new) require amalgam separation units to be installed and ensure the amalgam collected is disposed of in accordance with the regulations.

#### Regulations for Health and Safety

<i>For</i>	<i>Administered by</i>
Ionising radiation	Health and Safety Executive at local level
Electrical installations	Health and Safety Executive at local level
Waste disposal	Health and Safety Executive at local level
Medical devices	Medical Devices Agency
Infection control	Local health authorities

## Financial Matters

### Retirement pensions and Healthcare

Dentists who work in the NHS are usually members of the NHS superannuation scheme, a retirement pension scheme. The dentist contributes between 5% and 8.5% of net income (after practice expenses) and the NHS 14.2%, to produce a retirement fund (which is uprated each year, for inflation). After 40 years they can take a pension based on 1/80th of the fund (if they have been in practice) or if a salaried dentist in a hospital or community setting a proportion of their final salary. They can retire earlier than this, from the age of 50 or from 55 after 2010, at a reduced pension. There is a similar but independent arrangement for University staff who are members of the University Superannuation Scheme.

Dentists working outside the NHS are responsible for their own pension and contribute to private pension schemes where the final payment is dependent upon the amount of money saved.

The normal retirement age in the UK is 65, although NHS general practitioners can carry on as practice owners until they are 70. Dentists working as assistants (or "performers") in the NHS and/or in private practice have no fixed retirement age.

### Taxes

There is a national income tax (dependent on salary), and a local council tax.

Basic tax is 20% of income which is above a personal allowance of approximately €7,000. A higher rate of tax of 40% is levied on income above approximately €60,000. National Insurance payments are also made (at a further 10% of income to about €60,000 and 1% on all income thereafter).

*VAT/sales tax* is 17.5%, which is payable on all equipment, instruments and materials. There is a reduced rate of 5% for certain items such as energy costs.

### Various Financial Comparators

Zurich = 100	London 2003	London 2008
Prices (excluding rent)	97.6	104.7
Prices (including rent)	111.4	123.0
Wage levels (net)	63.9	78.4
Domestic Purchasing Power	63.6	63.7

*(Source: UBS August 2003 & January 2008)*

## Other Useful Information

<p><i>Main national association:</i></p> <p>British Dental Association 64 Wimpole Street London W1G 8YS UK Tel: +44 20 7563 4563 Fax: +44 20 7487 5232 E-mail: <a href="mailto:enquiries@bda.org">enquiries@bda.org</a> Website: <a href="http://www.bda.org">www.bda.org</a></p>	<p><i>Competent Authority and official information centre:</i></p> <p>General Dental Council 37 Wimpole Street London W1M 8DQ UK Tel: +44 20 7887 3800 Fax: +44 20 7224 3294 Email: <a href="mailto:Information@gdc-uk.org">Information@gdc-uk.org</a> Website: <a href="http://www.gdc-uk.org">www.gdc-uk.org</a></p>
<p><i>British Society for Dental Hygiene and Therapy</i></p> <p>Email: <a href="mailto:enquiries@bsdht.org.uk">enquiries@bsdht.org.uk</a> Website: <a href="http://www.bsdht.org.uk">www.bsdht.org.uk</a></p> <p><i>British Association of Dental Therapists</i></p> <p>Email: <a href="mailto:badtadmin@badt.org.uk">badtadmin@badt.org.uk</a> Website: <a href="http://www.badt.org.uk">www.badt.org.uk</a></p> <p><i>The Clinical Dental Technicians' Association</i></p> <p>Email: <a href="mailto:info@cdta-online.co.uk">info@cdta-online.co.uk</a> Website: <a href="http://www.cdta.org.uk/">www.cdta.org.uk/</a></p>	<p><i>British Association of Dental Nurses</i></p> <p>Email: <a href="mailto:admin@badn.org.uk">admin@badn.org.uk</a> Website: <a href="http://www.badn.org.uk">www.badn.org.uk</a></p> <p><i>The Dental Technicians' Association</i></p> <p>Email: <a href="mailto:info@dta-uk.org">info@dta-uk.org</a> Website: <a href="http://www.dta-uk.org">www.dta-uk.org</a></p>
<p>The BDA produces a wide range of <i>Advice Sheets</i> on aspects of practice management, health and safety, finance, ethical and legal matters and employing staff. The BDA also has a comprehensive list of specialist societies and other useful addresses.</p>	
<p><i>Publications:</i></p> <p>British Dental Journal Editorial Office 64 Wimpole Street London W1G 8YS UK Tel: +44 20 7535 5830 Fax: +44 20 7535 5843 Email: <a href="mailto:bdj@bda.org">bdj@bda.org</a> Website: <a href="http://www.bdj.co.uk">www.bdj.co.uk</a></p>	<p><i>For advertising:</i></p> <p>BDJ Classified Advertising Department Porters South 4 Crinan Street London N1 9WX Tel: +44 20 7843 4729 Fax: +44 20 7843 4725 Email: <a href="mailto:bdj@nature.com">bdj@nature.com</a> Website: <a href="http://www.bdjjobs.co.uk">www.bdjjobs.co.uk</a></p>

Dental Schools:

*Belfast*

Queen's University of Belfast  
 School of Clinical Dentistry  
 Grosvenor Road  
 Belfast BT12 6BP  
 Tel: +44 28 90 263122  
 Fax: +44 28 90 438861  
<http://www.qub.ac.uk/cd/>  
 Dentists graduating each year: 38  
 Number of students: 209

*Bristol*

University of Bristol  
 Dental School  
 Lower Maudlin Street  
 Bristol BS1 2LY  
 Tel: +44 117 923 0050  
 Fax: +44 117 928 4994  
<http://www.dentalschool.bris.ac.uk/>  
 Dentists graduating each year: 48  
 Number of students: 324

*Glasgow*

Glasgow Dental Hospital & School  
 378 Sauchiehall Street  
 Glasgow G2 3JZ  
 Tel: +44 141 211 9703  
 Fax: +44 141 331 2798  
<http://www.gla.ac.uk/schools/dental/>  
 Dentists graduating each year: 75  
 Number of students: 419

*London*

Barts and The London Campus  
 Queen Mary's School of Medicine and Dentistry  
 Turner Street  
 London E1 2AD  
 Tel: +44 20 377 7000  
 Fax: +44 20 377 7612 <http://www.mds.qmw.ac.uk/dental/>  
 Dentists graduating each year: 60  
 Number of students: 404  
 Number of therapists in training: 12

*Leeds*

Leeds Dental Institute  
 Clarendon Way  
 Leeds LS2 9LU  
 Tel: +44 113 343 6172  
 Fax: +44 113 343 6165  
[www.leeds.ac.uk/dental/](http://www.leeds.ac.uk/dental/)  
 Dentists graduating each year: 51  
 Number of students: 387  
 Number of therapists in training: 8

*Manchester*

Turner Dental School  
 Higher Cambridge Street  
 Manchester M15 6FH  
 Tel: +44 161 275 6601  
 Fax: +44 161 275 6604  
<http://www.den.man.ac.uk/>  
 Dentists graduating each year: 72  
 Number of students: 407  
 Number of therapists in training: 12

*Plymouth/Exeter*

Peninsular Dental School  
 Universities of Exeter & Plymouth  
 The John Bull Building

*Birmingham*

University of Birmingham  
 School of Dentistry  
 St Chad's Queensway  
 Birmingham B4 6NN  
 Tel: +44 121 237 2763  
 Fax: +44 121 625 8815  
<http://www.dentistry.bham.ac.uk/>  
 Dentists graduating each year: 65  
 Number of students: 408

*Cardiff*

University of Wales College of Medicine  
 Dental School  
 Heath Park  
 Cardiff, CF14 4XN  
 Tel: +44 29 2074 7747  
 Fax: +44 29 2076 6343  
<http://www.uwcm.ac.uk/>  
 Dentists graduating each year: 57  
 Number of students: 325  
 Number of therapists in training: 9

*Dundee*

University of Dundee Dental School  
 Park Place  
 Dundee DD1 4HN  
 Tel: +44 1382 635976/7  
 Fax: +44 1382 225 163  
<http://www.dundee.ac.uk/dentalschool/>  
 Dentists graduating each year: 54  
 Number of students: 353

*London*

Guy's, King's and St Thomas' Dental Institute Campus  
 Hodgkin Building  
 Guy's Campus St Thomas's Street  
 London SE1 1UL  
 Tel: +44 20 7848 6963  
 Fax: +44 20 7848 6982  
<http://www.kcl.ac.uk/depsta/dentistry/>  
 Dentists graduating each year: 151  
 Number of students: 799

*Liverpool*

University of Liverpool  
 Liverpool University Dental Hospital  
 Pembroke Place  
 Liverpool L3 5PS  
 Tel: +44 151 706 5203  
 Fax: +44 151 706 5652  
<http://www.liv.ac.uk/luds/index.htm>  
 Dentists graduating each year: 50  
 Number of students: 378  
 Number of therapists in training: 47

*Newcastle upon Tyne*

Dental School  
 Framlington Place  
 Newcastle upon Tyne NE2 4BW  
 Tel: +44 191 222 8347  
 Fax: +44 191 222 6137  
<http://www.ncl.ac.uk/dental/>  
 Dentists graduating each year: 70  
 Number of students: 427

*Preston*

Central Lancashire School of Dentistry  
 Faculty of Health  
 University of Central Lancashire

<p>Tamar Science Park, Research Way, Plymouth, PL6 8BU Tel: +44 1752 437 333 Fax: Website: <a href="http://www.pms.ac.uk/dentistry">http://www.pms.ac.uk/dentistry</a> Dentists graduating each year: new school – none yet Number of students: 63</p>	<p>Preston, PR1 2HE Tel: +44 1772 893 805 Fax: +44 1772 892 995 Website: <a href="http://www.uclan.ac.uk/facs/health/dentistry/school/index.htm">http://www.uclan.ac.uk/facs/health/dentistry/school/index.htm</a> Dentists graduating each year: new school – none yet Number of students: 32</p> <p>Sheffield University of Sheffield School of Clinical Dentistry Claremont Crescent Sheffield S10 2TA Tel: +44 114 271 7801 Fax: +44 114 279 7050 <a href="http://www.shef.ac.uk/dentalschool/">http://www.shef.ac.uk/dentalschool/</a> Dentists graduating each year: 53 Number of students: 371</p>
<p><i>Edinburgh (postgraduate only)</i></p> <p>Postgraduate Dental Institute Centre for Dental Education Lauriston Building Lauriston Place Edinburgh EH3 9YW Tel: +44 131 536 4961 Fax: +44 131 536 4962 <a href="http://www.epdi.org.uk/index.asp">http://www.epdi.org.uk/index.asp</a> (currently under redevelopment)</p>	<p><i>London (postgraduate only)</i></p> <p>Eastman Dental Institute for Oral Health Care Sciences (postgraduate only) University of London 256 Gray's Inn Road London WC1X 8LD Tel: +44 20 7915 1038 Fax: +44 20 7915 1039 <a href="http://www.eastman.ucl.ac.uk/">http://www.eastman.ucl.ac.uk/</a> Number of therapists in training: 10</p>

	Number of Undergrads	Annual Graduates
Aberdeen	None yet	None yet
Belfast	209	38
Birmingham	408	65
Bristol	324	48
Cardiff	325	57
Dundee	353	54
Glasgow	419	75
Leeds	387	51
Liverpool	378	50
London	1193	211
Manchester	407	72
Newcastle	427	70
Plymouth	120	None yet
Preston	64	None yet
Sheffield	371	53
	5,385	844
Many of the schools have expanded their intake since 2004 so their number of graduates will increase from 2009		

## The British Dependent Islands

All the islands are English speaking British Crown dependencies. Officially, they are not part of the UK. Their head of state is Queen Elizabeth II, who appoints a Lieutenant Governor for each of Jersey, Guernsey (and its dependent islands), and the Isle of Man.

The dental workforce numbers enumerated here are already included within the numbers for the UK.

Year of data:	2008
Dentists	163
Hygienists	28
Technicians	12
Clinical Dental Technicians	0
Dental Nurses	143
Therapists	3

### The Channel Islands

The Channel Islands represent the last remnants of the medieval Dukedom of Normandy, which held sway in both France and England. They are located in the English Channel, off the northwest coast of France. The two largest islands are Jersey and Guernsey, and there are a number of smaller islands. The islands follow English law but with local statute; justice is administered by the Royal Courts of Guernsey and Jersey. The islands of Guernsey, Alderney, Herm and Sark are normally referred to as "The Bailiwick of Guernsey".

Guernsey and Jersey have separate unicameral Assemblies.

Financial services - banking, fund management, insurance, etc. - account for about 55% of total income in the tiny Channel Islands economy. Tourism, manufacturing, and horticulture, mainly tomatoes and cut flowers, have been declining. Light taxes and no death duties make them popular tax havens (taxes are relatively low and there is no VAT levied on goods and services).

The islands are not members of the European Union, but enjoy a relationship with the EU under the terms of Protocol 3 to the United Kingdom's 1972 Treaty of Accession. Briefly this gives the islands the benefit of access to the free trade area without the obligation to harmonise their laws and taxes. Specifically the islands are not bound by EU Directives on tax or any other matters. So, although the islands are within the EU's customs territory, EU competition rules do not apply to them, except so far as is necessary to permit the United Kingdom, of which they are dependencies, to observe its obligations under the 1972 Treaty of Accession. Channel Islanders do not benefit from the EU rules on the free movement of persons and services within the Union, but EU natural and legal persons enjoy "equal treatment" under EU law.

There are no dental schools in the Channel Islands, and registration as a dentist is with the UK General Dental Council, whose ethical rules must be followed.

Numbers 2008	Guernsey*	Jersey
Registered dentists	32	70
General practice	29	63
Public Dentistry	2	7
Hospitals	0	5

\*including Alderney (1)

### Guernsey

Guernsey has a land area of 78 sq km and a population of 65,726 (July 2008). Its capital is St Peter Port. The GDP was €28,000 PPP in 2005 (latest figures) and the currency used is the Guernsey Pound, which has parity with the GB Pound. There is no National Health Service on Guernsey, for dentistry or medicine.

The registered dentists in Guernsey include 1 orthodontist, 1 surgical dentist and 1 periodontist. Oral healthcare is normally provided in private practice, by the general practitioners who are in 14 practices (including one on Alderney). There is a part-time surgery in the summer months only on Sark, run by one of the dentists from Guernsey. The Guernsey dental practitioners also attend to their patients in hospital. The hospital "Dental Unit" is the GDPs who access the hospital facilities for their patients. Emergencies are covered on a rota of GDPs. It is a requirement of practising and of the Guernsey Dental Association (GDA) membership to take part in the rota. There is one visiting Oral Surgeon for more complex cases on referral.

Dental auxiliaries on Guernsey: there are 13 hygienists, 6 technicians (including 2 on Alderney) and one dental nurse for each dentist (it is thought that 18 are qualified).

Public dental healthcare is provided for some eligible children up to the age of nineteen, in full time education. The Children's Dental Service has one full-time and two part-time dentists providing free dental care for those eligible children and those referred under special criteria. In 2006 the States decided to abolish free dental treatment for all children, with only the neediest and those referred being entitled to free treatment. Orthodontics is not available under this scheme.

The Guernsey Social Security Department will pay for treatment for adults on benefits, or after means testing. This treatment is provided in private practice paid for by the Guernsey Social Security Department on a scale of fees. The fee scale is agreed between the Guernsey Social Security Department and the Guernsey Dental Association (GDA).

All dentists on Guernsey are members of the GDA. Members fill the officer posts in rotation.

Guernsey is not open to dentist newcomers. The Health Department registers all dentists in the Bailiwick of Guernsey and monitors numbers with the GDA. Also, unless the individual dentist already has a housing rights

qualification, then the person requires a housing licence to reside in local market accommodation. These licences are issued by the Housing Department and numbers are restricted. The Housing Department also issues right to work documents. Usually entry to Guernsey by a dentist is when a dentist here retires or leaves the islands. Jobs are advertised in the usual dental press and the local "Guernsey Press" newspaper. The setting up of a practice premises is restricted by the Environment Department who govern either new premises or a change of use of existing premises. Both types of permission can be very difficult to obtain.

### *Jersey*

Jersey has a land area of 116 sq km and a population of 91,533 (July 2008). Its capital is St Helier. The GDP was €36,000 (PPP) in 2005 and the currency used is the Jersey Pound, which has parity with the GB Pound.

Oral healthcare is provided mainly by the General Practitioners on the island, under private arrangements. There is a Jersey Dental Fitness scheme, for children only, which the *States* (government) subsidise at £6 (€8.50) a month to families whose income is less than £40,580 (€51,265) a year – and whose children are between 11 and 18 (or up to 21 if they are in full-time education).

There is also a Community and Hospital Dental Services Scheme, provided by salaried dentists, for those from 4 to 11 years of age. For the over-65s, who are on low income, they have access to a Dental/Optical state-funded scheme which reimburses charges at up to £250 (€316) per year. The programme is means tested to be restricted to those on low income (so being a non tax-payer, resident in Jersey and having less than £20,000 (€25,266) capital assets).

Based at the hospital there are two resident orthodontists, two oral surgeons, one restorative specialist and a community dental officer. The island also has a resident specialist endodontist. Various dental specialists visit the island by arrangement with the hospital or with individual practices. These include oral surgeons and orthodontists. There are also about ten dental hygienists and three independent laboratories. The practices and the hospital employ about 70 dental nurses in total.

Most of the dentists on the island (approx. 70) are members of The Jersey Dental Association. It is not possible for persons who are not residentially qualified for living on the island to set up practice as an independent dentist in Jersey.

### The Isle of Man

The Isle of Man is a dependency of the British crown but has never formed part of the United Kingdom. It is situated in the Irish Sea approximately half way between Ireland and Great Britain, and the land area is 572 sq km. There is a population of 76,220 (2008) and the capital is Douglas.

The Isle of Man is politically stable and enjoys parliamentary government without party politics. Its 1,000 year-old parliament, Tynwald presides over the Island's domestic affairs including, specifically, taxation. The UK is responsible for the Island's defence and foreign affairs.

The island forms part of the EU single market and VAT area but is otherwise not part of the EU fiscal area. Under protocol 3 of the UK's Treaty of Accession, the Isle of Man is part of the customs territory of the Union. It follows that there is free movement of industrial and agricultural goods in trade between the Island and the Union. The Isle of Man neither contributes to, nor receives from, the funds of the European Union, thus guaranteeing the Isle of Man's fiscal independence. The Isle of Man has an English common law type legal system and tends to follow English legislation. There is an infrastructure of sophisticated legal and other professional services, and direct taxation is low.

The currency is the Isle of Man Pound, which also has parity with the GB Pound.

There is no dental school on the Island and dentists register as such with the UK's General Dental Council, whose ethical rules are followed. In 2008 there were 62 registered dentists on the island. Whilst the island does have a local dental committee, dentists are members of the BDA and are attached to an English Branch based around Liverpool. Two thirds of the dentists were members of the British Dental Association.

Oral Healthcare in the Island includes private care from 28 General Practitioners in 13 practices, who may also contract to work inside the Island's NHS – which follows closely the regulations and statutes of the NHS in England, but is wholly independent of this.

The Community Dental Service is an Island-wide service providing a range of appropriate oral health care services in 3 clinics within the NHS, for schoolchildren and for adults with special needs. Screening for oral health care services is carried out in all the Island's schools.