



<sup>1</sup> St Richard's Hospital, University Hospitals Sussex NHS Foundation Trust, Chichester PO19 6SE, UK

<sup>2</sup> Worthing Hospital, University Hospitals Sussex NHS Foundation Trust, Worthing BN11 2DH, UK

amy.alger-green@nhs.net

Cite this as: *BMJ* 2022;378:o1580

<http://dx.doi.org/10.1136/bmj.o1580>

Published: 04 July 2022

## FAILING NHS DENTISTRY AND GENERAL PRACTICE

### Effect of crisis in NHS dentistry on dental training

Amy Alger-Green,<sup>1,2</sup> Sabrina Haynes,<sup>1,2</sup> Farzad Borumandi<sup>1,2</sup>

Howard describes the current limitations for patients accessing NHS dental care.<sup>1</sup> Patients with dental problems turn to their general practitioners or local emergency departments.

The NHS Dental Contract is not sustainable, especially in areas where treatment needs are highest, and almost promotes under-treatment because of fears of not hitting dental activity targets and losing money. This obviously entirely contradicts the ethics, morals, and values of dental professionals and the number one standard of “putting patients’ interests first.”

Dental foundation trainees, who need the experience and relish the opportunity to carry out lengthier treatment plans without the weight of targets hanging over them, could provide a buffer. With the internal turmoil of balancing ethical care, meeting targets, getting through the covid-19 backlog, and staffing shortages, it is no wonder that so many dentists are burnt out, going private, seeking hospital jobs, or quitting the profession entirely.

One of the plans put forward in Howard’s article is to “increase the number of dental schools.” If there were more undergraduate places available in the UK, there would also need to be an initiative to ensure that graduates have training posts available to them. The pandemic has led to concerns that dental students are receiving less training than in previous years.<sup>2</sup> As a result, there is a higher burden on educational supervisors to have more input in the training of their dental foundation trainees. There is also concern that educational supervisors are less willing to take on trainees in NHS dental practices owing to the extra training these dentists would require.

Finally, it is crucial to note the positive role of urgent dental care centres set up during the pandemic and the reduction of hospital admissions for odontogenic head and neck infections. Learning from experiences gained during the pandemic, large treatment centres, such as the urgent dental care centres, will reduce pressures on NHS oral healthcare and complications associated with dental infections.<sup>3</sup>

Competing interests: None declared.

Full response at: <https://www.bmj.com/content/377/bmj.o1249/rr>.

- Howard S. The dentistry crisis “lapping at the doors of primary care”. *BMJ* 2022;377. doi: 10.1136/bmj.o1249 pmid: 35609899
- Ogden A. Coronavirus: foundation dentists and the impact of the covid-19 crisis. British Dental Association. 23 Jul 2020. <https://bda.org/news-centre/blog/coronavirus-foundation-dentists-and-the-impact-of-the-covid-19-crisis>.
- Samara E, Paul R, Ko YY, Ameerally P. The effect of COVID-19 outbreak on hospital admissions for dental infections. *Advances in Oral and Maxillofacial Surgery* 2021;2:100025. doi: 10.1016/j.adoms.2021.100025.