



The State of General Dental Practice in 2013

Research Report

November 2013

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1. Executive Summary

- We estimate that there are 32,900 dentists working in general dental practice in the UK and 49,350 registered dental care professionals.
- Pilots for the reform of NHS dental contracts are well underway in England and more limited pilots are taking place in Wales and Northern Ireland. We support the pilot process and it is essential that their success can be properly evaluated.
- The transition from Primary Care Trusts to NHS England has got off to a difficult start for NHS general dental practitioners. The 27 NHS England Area Teams seem to be under-resourced and are not able to provide the same support to dental practices that they have been used to. Local Dental Networks have been slow to get going and we hope that the enthusiasm of dentists to take part in the networks and make a difference is not stifled.
- NHS dentists in Scotland and Northern Ireland are facing cuts in their allowances and in Northern Ireland, a reduction in care available to NHS patients. This will have a negative effect on dentists' morale and motivation and ultimately damage patient care.
- The number of dentists working in general dental practice in the UK is increasing and with a capped budget in all four countries average pay is decreasing. Whilst the majority of general dental practitioners are still men, the proportion of women increases every year.
- Nearly a quarter of BDA member associates work for a limited company. This may be one of the large chains or a smaller company.
- There are still a significant number of practices that have one dentist working there. In England this amounts to 19 per cent of practices registered with the care quality commission and 19 per cent of NHS contracts in England have one dentist attached to the contract. We estimate that 39 per cent of single-dentist practices in the UK are completely private.
- We are concerned that single-dentist practices may have difficulties implementing new contractual arrangements that need clinical IT systems, surgery space and skill-mix. Sixty four per cent of single-dentist practices have one surgery and they are less likely to have a clinical IT system.
- Nearly 40 per cent of general dental practitioners do not agree to patients having direct access to dental hygienists and dental therapists within a dentist led team. Outside a dentist led team the figure is 85 per cent. At present the use of dental hygienists and dental therapists increases with practice size and private commitment.
- In England in the 24 months ending 31st March 2013, 56.1 per cent of the population was seen by an NHS dentist (that is 29.8 million patients).
- In England and Wales the downward trend in dentists' taxable income continued in 2011/12 with practice owner's average taxable income being £112,800 (a drop of 3.8 per cent on 2010/11) and associates average taxable income was £61,800, a drop of 1.7 per cent. Overall since 2009/10 average earnings have fallen for all dentists by 12.4 per cent.
- There are substantial differences in dentists' earnings by region and country. Practice owners in England earned an average of £114,000 in 2011/12 whilst those in Wales earned an average of £90,400. Associates in England and Wales earned an average of £61,700 and £62,800 respectively. Practice owners in the former Yorkshire and Humber Strategic Health Authority area earned the highest taxable income of all SHAs earning £128,700, while those in the South West SHA earned the lowest taxable income of £95,400. Associates in the London SHA earned the lowest £55,900 while those in the North East SHA earned the highest £66,800. For associates this reflects the labour market in London where there is competition

for associate posts. Associates with a high NHS commitment have seen their pay decline most sharply since 2008/9.

- The average Unit of Dental Activity (UDA) values for NHS dental contracts England in 2012/13 was £25.61 (about £12.50 net after average expenses are removed) but average UDA values for associates are less (£10.81/UDA according to specialist dental accountants Morris and Co).
- Those practice owners who reported giving their dental nurses, dental hygienists and dental therapists a pay rise in the last twelve months the median rise was 3 per cent for all groups.
- Average annual bills for water and electricity for dental practices rose by 24.6 per cent between 2012 and 2013
- Only half of practice owners reported planning to invest in 2012/13 but not all managed to complete the planned investment. When investment did take place the cost was more than was budgeted for.
- Fifteen per cent of general dental practitioners are in fully private practice.
- Using the proportion of BDA members reporting that they were exclusively private in 2010/2011 enables an estimate to be made of the size of the UK private dental market of £4.191 billion in 2010/11. This is the latest available figure. This was a fall from £4.246 billion in 2009/10 and a further fall is expected for 2011/12. Anecdotally it appears that the fall in demand for private care flattened in 2012/13
- Recruitment of associates seems particularly difficult in Wales. Welsh associates have the highest pay of any region which probably reflects their difficulty in recruiting. Practice owner pay in Wales is much lower than that in the other countries. Welsh practice owners seem to be paying themselves less in order to engage associates to help meet their UDA targets.
- Overall nearly seven per cent of BDA member GDPs in the UK reported having active plans to retire in the next twelve months. In England the figure was 11 per cent.
- Reasons given for retirement (apart from age) reflect the prevailing issue of increasing administration and regulation. Dentists enjoy clinical practice and patient care and many find the regulatory burden very difficult to manage.
- Practices with more than 11 dentists have the highest £/UDA value.
- The largest practices provide more urgent care than other practices. This could be due to their location, as large practices are more likely to be based in heavily urban populations where patients may be likely to attend for urgent treatment only.
- Overall DFTs did seem to manage to find a first associate job. Some had to look further afield than their preferred location. Of all UK graduates in 2012, 9 per cent were unemployed compared to 12 per cent of respondents to our FT survey. This is concerning.
- On average, associate dentists providing some NHS care in 2011/12 in England and Wales earned 55 per cent of the amount that an average practice owner providing NHS care earned. We found that 25 per cent of associates worked in more than one practice.
- Using the International Labour Organisation's definition of underemployment, 55 out of 545 associates met the criteria giving 10 per cent of respondents were unemployed. Fourteen per cent is probably a more accurate figure. We will monitor this trend going forward, dentists are very expensive to train and a great many people in the UK could benefit from their skills to tackle the serious levels of dental disease in some populations.
- Thirty six per cent of GDPs rate their morale as a dentist as high or very high with 32 per cent as low or very low. Only 32 per cent would recommend a career as a dentist

- In relation to the general population BDA GDP members seem to have slightly lower wellbeing than the rest of the population. In keeping with the national trend, however, those aged between 45 and 54 reported the lowest levels of satisfaction, feeling their life is worthwhile and happiness. They also had the highest levels of anxiety. This could be down to the stresses and pressures of practice ownership and falling incomes taking more of a toll on this age group. Anxiety is greatest in Northern Ireland and this could be caused by the increasing uncertainty that dentists perceive in their businesses as a result of changes being introduced by the government in Northern Ireland.
- Patient care and pay are strong motivating factors for general dental practitioners. Pay is not surprising given that the vast majority are self-employed and are paid according to the volume of work that they do.
- In 2008 following a major review of the NHS Pension Scheme, tiered contribution rates were introduced for the first time. The initial contribution rates were five per cent, 6.5 per cent, 7.5 per cent and 8.5 per cent. The rates reflected annual pensionable pay. Most dentists found themselves in either the 6.5 per cent or 7.5 per cent pay bands.
- Dentists who were paying member contribution rates of six per cent prior to the review in 2008 could be paying 13.5 per cent by 2015: an increase of 125 per cent over a seven-year period.

2. Introduction

- 2.1 The British Dental Association is the professional association and trade union for dentists in the UK. We have over 18,000 members in all spheres of dental practice including general dental practice, salaried dental services, hospital dentistry, university teaching and research, the armed forces and dental students.
- 2.2 We estimate that there are 32,900 dentists working in general dental practice in the UK and 49,350 registered dental care professionals. This report provides a comprehensive picture of how general dental practice is doing in 2013 to inform the Review Body on Doctors' and Dentists' Remuneration and also the dental community. The challenges general practitioners face in running small businesses in a recession, government austerity and with increasing regulation and increasingly high public expectations, are huge. Nevertheless they continue to provide high quality care to their patients and comply with everything that is expected of them.
- 2.3 The report contains our findings from the 2013 BDA Dental Business Trends survey and also contains information from published sources including a Freedom of Information request to the NHS Business Services Authority. Where information is not yet available for this year we have used the nearest available year.
- 2.4 A report has also been produced for the salaried primary dental care service and it can be found on the BDA website www.bda.org.

3. Dental pilots and contract reform in England, Wales and Northern Ireland

- 3.1 The Department of Health (DH) in England is testing elements of a registration and capitation model for a reformed contract for NHS general dental practice. Since 2011, 70 pilot sites in England have been testing one of three different models. A new system of care pathways has been

drawn up and practitioners have to use an IT based clinical decision support system. The pathways are based on prevention and encourage the use of skill mix.

- 3.2 On 23 January 2013 the Department of Health announced the shortlist of 28 new dental practices to take part in the pilots starting in spring/summer 2013. The practices have joined the existing 70 pilot practices testing how different elements of the new contract might work together.
- 3.3 The capitation scheme currently being tested is based on age, gender and the level of social deprivation associated with the postcode of each patient but exact details of the final model have not been decided.
- 3.4 The first two years of piloting have demonstrated the complexities of such fundamental change to the contract and reinforced the need for careful testing and development.
- 3.5 The BDA has undertaken several workshops and one-to-one interviews with pilot sites which have provided interesting feedback. Patients are, in the main, positive about the new system, whereas practitioner feedback is more mixed. Key feedback themes have been: increased waiting times and the impact on NHS access; concerns about associate status; the reliance on IT and; the potential for the replacement of dentists with dental therapists. These early issues aside, practitioners have told us that they like the preventive approach and that this model represents a return to the style of dentistry they were taught at dental school.
- 3.6 The DH has made some amendments to the care pathway being used in the pilots, and the IT systems. To bring the pilots in line with non-pilot practices, a patient charge will now be levied for the interim care appointments when a new FP17 is generated for new treatment. The pilot sites are testing a self-care plan based on a traffic light system, which sees patients advised on how to improve their oral health in the long term.
- 3.7 The dental pilots in Wales are continuing. They have shown a change in working patterns and the pilot that involved only child patients was dropped as being too complicated to work alongside a UDA scheme for adults. Early indications had shown that oral health for these children was improving, however.
- 3.8 Limited progress has been made in Northern Ireland on the new GDS contract arrangements with a limited pilot of the smallest strand of the new contract, that of oral surgery. This pilot began in April 2013 and will run for 6 months. BDA was heavily involved, working with the Health and Social Care Board to get the pilot operational, and we await the evidence from the pilot. The focus of the pilot is to look at ensuring that oral surgery cases are treated in the most appropriate setting. It is focussed on the Southern Local Commissioning Area within Northern Ireland.

4. Cuts in GDP remuneration in Northern Ireland and Scotland

- 4.1 Item of service fees in Scotland have been frozen since 2010/11. The Doctors and Dentists Pay Review Body recommended a one per cent uplift in fees and allowances for 2011/12, 1.38 per cent for 2012/13 and 1.49 per cent for 2013/14. The Scottish Government did not accept the recommendations and offered a 0.5 per cent compounded increase for each of those years. The Scottish Government also proposed that item of service for the current year 2013/14 be uplifted by the DDRB-recommended 1.49 per cent. These uplifts will take effect on 1 November 2013.
- 4.2 The Scottish Government is funding the uplifts to the fees through the sums of money recovered from dentists by Practitioner Services. This recovery exercise is based on alleged overpayments that have been caused by duplicated patient registrations over a 6 year period. The Scottish

Government also proposes to fund the uplifts by placing a cap on the General Dental Practice Allowance of £80,000.

- 4.3 Due to a an overspend in the dental budget in Northern Ireland caused by an increase in the amount of NHS care that is being provided, the Department of Health and Social Care in Northern Ireland consulted on proposals to reduce the availability of some items of treatment available to patients and cut some allowances received by dentists such as payments for NHS commitment.

5. NHS England launch

- 5.1 NHS England took over the commissioning of primary and secondary dental care services in April 2013. It has been a mixed start. General dental contractors have continued to be paid and so general practice NHS dentistry is still available to the public. However there are fewer dental commissioning staff available and those that are there are sometimes new to their posts. This has contributed to stress for dentists and frustration for Local Dental Committees.
- 5.2 Some services that general practitioners previously had access to have been withdrawn such as translation services for patients who can't speak English and occupational health services for dentists and their staff. These services are vital and practitioners would not expect to pay for them. All of these changes are cost saving in nature but increase practice costs and chip away at dentists' motivation and morale.
- 5.3 One hope of the profession was that once PCTs were abolished, NHS England would produce uniform and clear policies for dental commissioning based on best practice. In April six basic policies were produced following input from the BDA. The policies were still not correct and it was difficult to get changes made. Even worse some Area Teams decided that they wanted to produce policy variations and at the time of writing BDA members are still experiencing problems when trying to incorporate their businesses and with end of year processes. We hope that these initial teething troubles will be sorted out soon.
- 5.4 NHS England's big new idea for primary care services was the creation of Local Professional Networks or Local Dental Networks in the case of dentistry. These committees were to consist of an appointed chair and members who would represent all branches of dentists providing services in the area covered by the Area Team. Their role is to improve commissioning and provide clinical leadership. So far progress has been slower than we would have liked due to organisational inertia and lack of funding. However we hope that by early next year they will all be working well and making a real difference for patient care locally.
- 5.5 Local Dental Committees represent local primary care dentists in their areas. NHS England can recognise them and arrange for collection of individual levies from dentists to be collected and passed on to the committees. This has always occurred but because of changing administrative arrangements in the transition between PCTs and NHS England there have been delays with levy collection. We hope that these can be sorted out to prevent a crisis in funding.

6. Number of dentists, surgeries and practices: NHS and private

6.1 Current figures for the number of general dental practices are given in Table 1 below. Table 2 shows the distribution of dentists within practices in England. Similar figures are not available for the other countries.

Table 1: Number of general dental practices

Country	Number of general practices
England	10,130
Scotland	1,091
Northern Ireland	396
Wales	503

6.2 The numbers of dental practices are fairly stable in England and Wales in 2013, tendering for new NHS practices has fallen now that governments believe that there is no longer a problem with access to NHS dentistry. In Scotland and Northern Ireland, dentists are still free to establish new NHS practices and so the number of dentists and practices continues to rise. This has led to pressure on the NHS dental budget and the cuts described above. The latest figures for numbers of NHS dentists in the four countries are given below.

Table 2: Distribution of dentists in English practices

Number of dentists	Percentages
1	19
2	17
3	15
4	12
5	10
6+	26

Source Care Quality Commission 2013

Table 3: Number of general practice dentists providing NHS care 2012/13

Country	Number of GDPs
England	23,201
Northern Ireland	1,049 (includes a small number of fully private practitioners)
Scotland (2011/12)	2,102
Wales	1,392

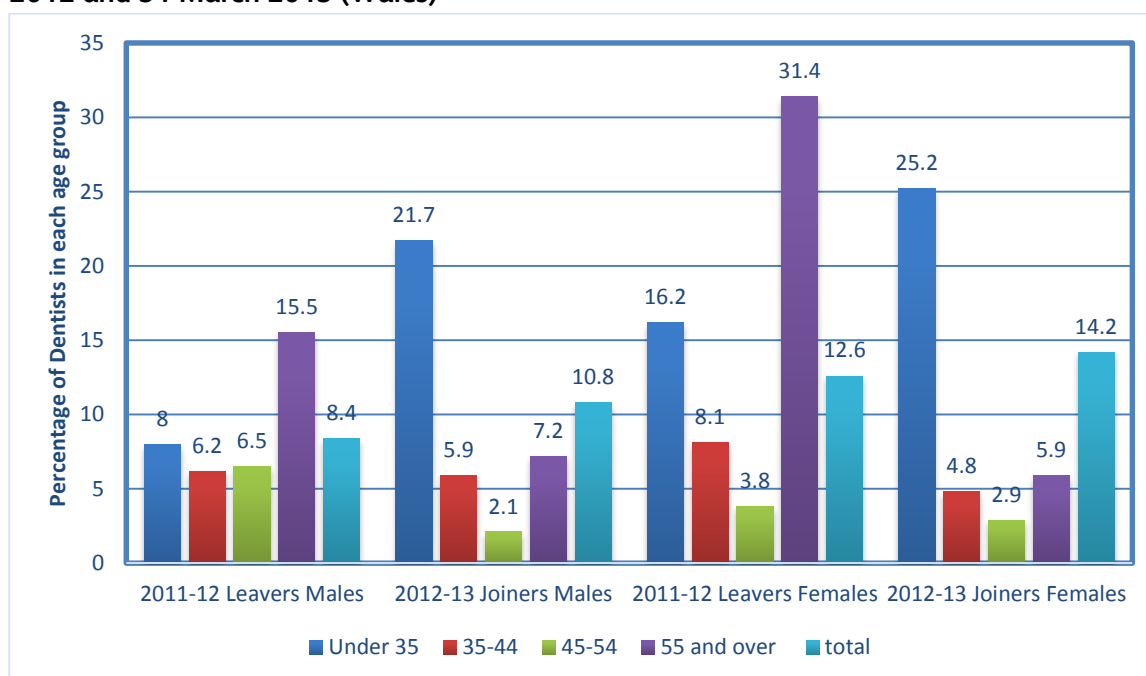
6.3 We can see that the number of dentists working in the UK is increasing.

Table 4: number of dentists with NHS activity 2006/7-2011/12 England (NHS HSCIC 2012)

Dentists	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Dentist	20,160	20,815	21,343	22,003	22,799	22,920	23,201
Joiners	-	1,709	1,803	1,899	1,955	1,715	1,693
Leavers	1,054	1,275	1,239	1,159	1,594	1,412	-
Net change from previous year	-	655	528	660	796	121	281
% change from previous year	-	3.2	2.5	3.1	3.6	0.5	1.2

Source HSCIC NHS Dental Statistics for England 2012/13

Figure 1: NHS Dental leavers and joiners by age and gender (percentages), between 1 April 2012 and 31 March 2013 (Wales)



Source: Statistics for Wales NHS Dental Services 2012-13

6.4 With a limited NHS budget for dentistry and demand for private care static or falling, there is a downward pressure on pay for dentists; This issue is explored further on page 20 It is anticipated that the Department for Health in England will cut the number of dental school places in 2014 but dental graduate numbers will not start to fall for a further five years which will put further pressure on associate earnings.

7. Dental businesses

7.1 We asked dentists where they worked and Table 5 shows the distribution. Numbers in Wales and Northern Ireland are small so the results should be treated with caution. However the table clearly shows the prevalence of dental companies. Nearly a quarter of associates work for a dental company. This may not be one of the large chains but their importance in the dental arena is growing.

Table 5: Distribution of BDA members in different practice types

	UK	England	Wales	Northern Ireland	Scotland
Limited company	22.2	21.1%	35.7%	20.0%	23.3%
Limited liability partnership	1.6	1.7%	0.0%	4.0%	1.4%
Partnership agreement	18.0	16.9%	19.0%	24.0%	23.3%
Sole trader with associates	32.2	31.6%	23.8%	40.0%	38.4%
Sole trader without associates	12.4	13.8%	11.9%	4.0%	5.5%
Expense sharing agreement	11.1	12.3%	7.1%	0.0%	8.2%
Other	2.5	2.6%	2.4%	8.0%	0.0%
Total %	100.0	100.0%	100.0%	100.0%	100.0%
Total N	684	544	42	25	73

Source Dental Business Trends 2013

Table 6: Associates' response to being asked whether they worked for a dental corporate

	Yes	No	Total %	Total N
UK	23.0%	77.0%	100.0%	538
England	24.7%	75.3%	100.0%	457
Wales	28.6%	71.4%	100.0%	21
Northern Ireland	11.8%	88.2%	100.0%	17
Scotland	7.0%	93.0%	100.0%	43

Source Dental Business Trends 2013

7.2 Incorporation is largely concentrated in England and Wales. The large corporate chains continue to purchase practices and their market share will continue to increase. However it is unlikely that dentistry will be dominated by large corporates in the way that pharmaceutical and optical services are, as the economies of scale in purchasing are not there.

7.3 There are still a significant amount of single-dentist practices in the UK. *Dental Business Trends* found that nearly 39 per cent were completely private.

Table 7: single-handed NHS/private mix

	Percentage
100% NHS	11.1
75-99% NHS	22.2
25-74% NHS	11.1
1-24% NHS	15.9
0% NHS	38.9
Don't know	0.8
Total	100.0

Source Dental Business Trends 2013

- 7.4 Nineteen per cent of NHS contracts in England have only one dentist at the practice. These contracts are smaller than average (see page 36) and these practices are also less likely to have a clinical IT system) so will find it more difficult to implement the IT based care pathway currently being piloted in England.
- 7.5 We asked dentists about surgery space and found that single-handed practices had a particular problem. A lot will depend on whether those with no spare surgery have space to put one in and also the size of their NHS contract. However this points the way to single-dentist practices needing development support.

Table 8: Number of surgeries in single-dentist practices

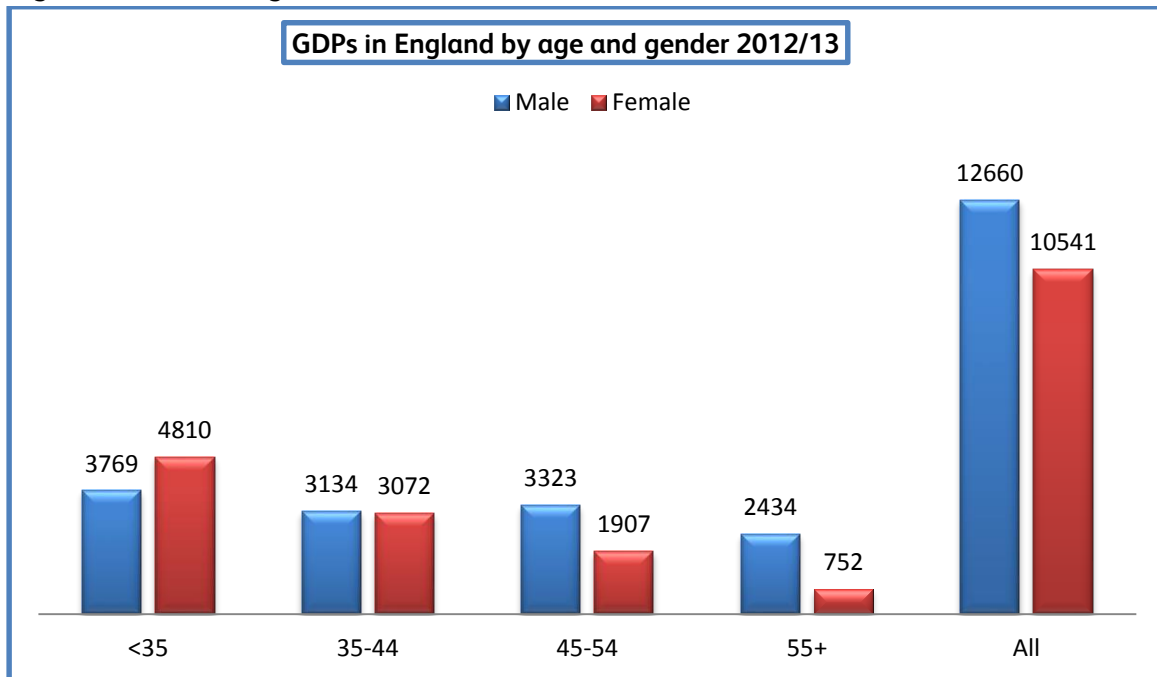
Number of surgeries	Percentage	N
1	64.0%	79
2	32.0%	40
3	2.4%	3
4	0.8%	1
5	0.8%	1
Total	100.0%	124

Source Dental Business Trends 2013

8. Demographics

- 8.1 Information from the 2012/13 *Dental Statistics for England* survey gives the following male/female split in general dental practice

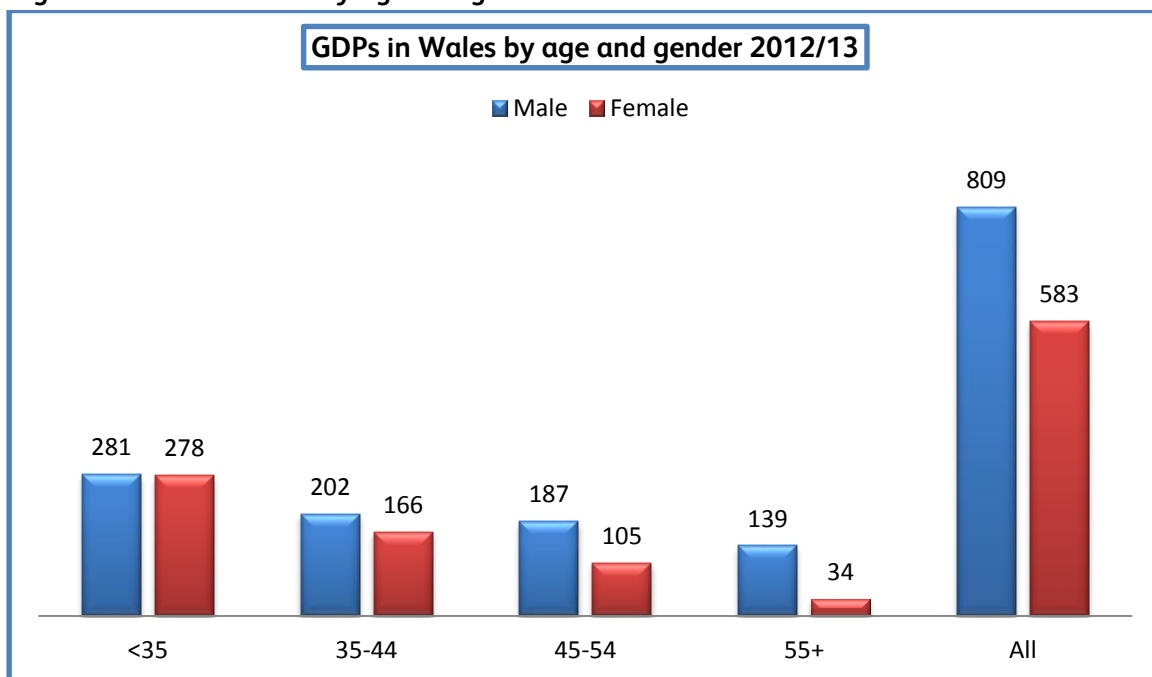
Figure 2: GDPs in England 2012/13



Source HSCIC 2012/13 Dental Statistics for England survey

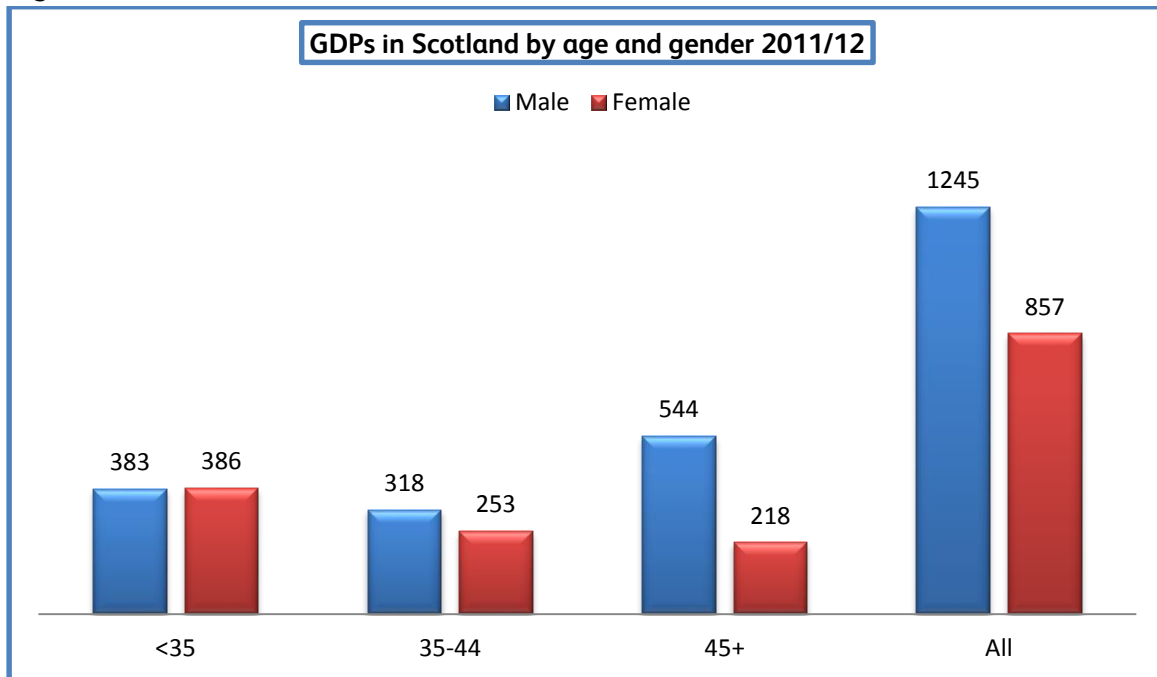
In Wales the split reported by Statistics for Wales' NHS Dental Services 2012-2013 showed:

Figure 3: GDPs in Wales by age and gender 2012/13



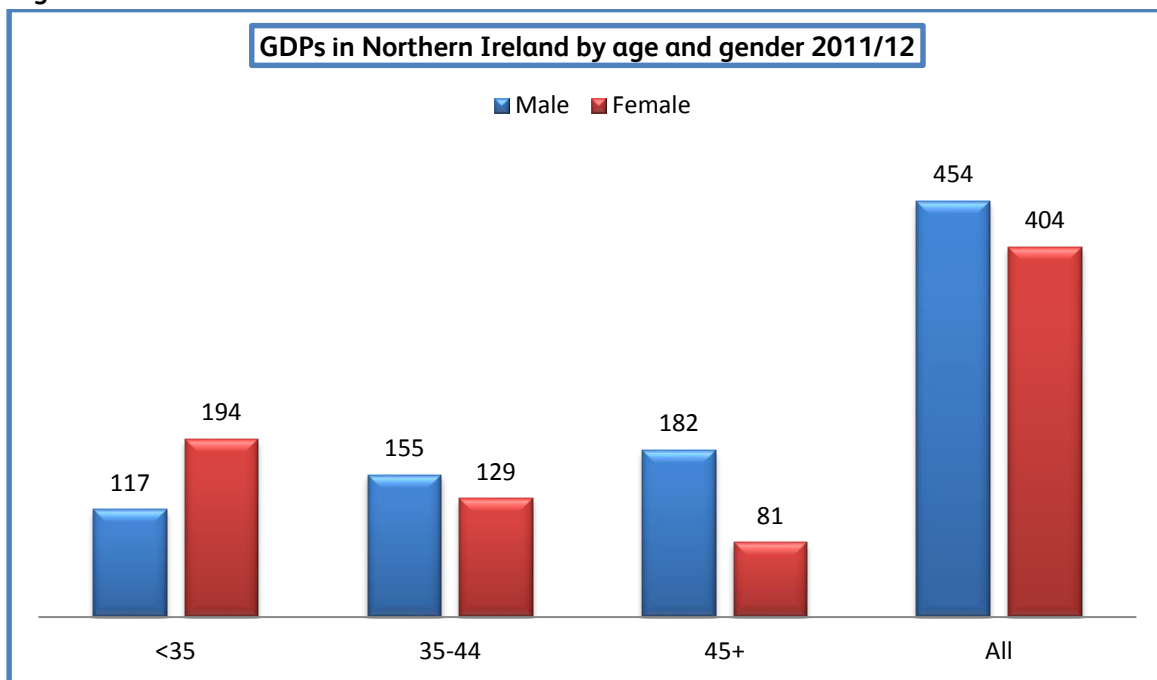
Source Statistics for Wales NHS Dental Services 2012-13

Figure 4: GDPs in Scotland 2011/12



Source NHS HSCIC Dental Working Hours, Scotland 2010/11 and 2011/12 – Experimental Statistics

Figure 5: GDPs in Northern Ireland 2011/12

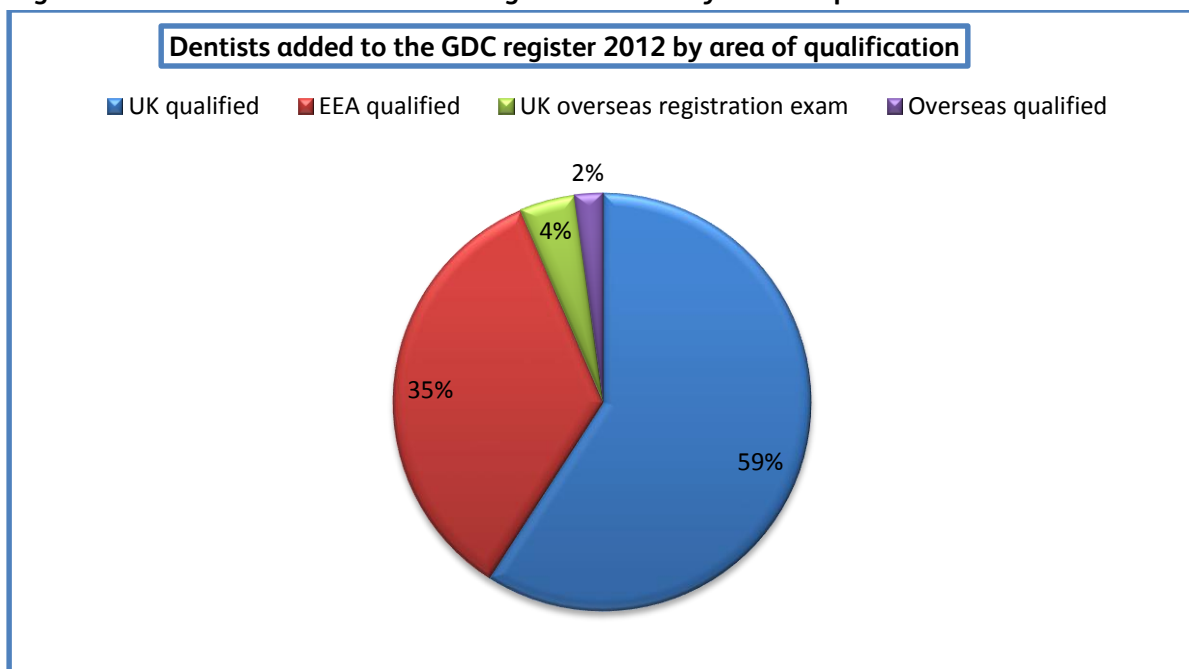


Source NHS HSCIC Working Hours, Northern Ireland 2010/11 and 2011/12 – Experimental Statistics

- 8.2 With the majority of dental graduates being female, in the future dentistry will become much more feminised. Future reports will track this change.
- 8.3 There is no information available about the ethnicity of general dental practitioners. There is a bit more about area of qualification. Since the majority of dentists coming to the UK to work will go

into general dental practice it provides some clues about the growing mix of dentists in high street practice.

Figure 6: Dentists added to the GDC register in 2012 by area of qualification



Source GDC Annual report and accounts 2012

9. Skill mix and direct access

9.1 In March 2013 the General Dental Council made the decision to give patients the ability to directly access dental hygienists and dental therapists without seeing a dentist first. Presently this is only allowed under private contract but once NHS regulations are amended it will be possible under NHS arrangements. Dentists were generally opposed to the proposal, particularly where it occurs outside of a dentist led team and this opinion remains. Tables 9 and 10 give the views of general dental practitioners.

Table 9: Dentists views in response to the following statement ‘Dental hygienists and therapists should be able to treat patients without prescription from a dentist within a dentist led practice’

	Percentage
Strongly agree	14.6
Agree	29.9
Neither agree nor disagree	16.8
Disagree	19.0
Strongly disagree	19.7
Total	100.0

Source Dental Business Trends 2013

¹ GDC annual report 2013

Table 10: Dental hygienists and therapists should be able to treat patients without prescription from a dentist outside a dentist led practice

	Percentage
Strongly agree	0.7
Agree	4.4
Neither agree nor disagree	9.6
Disagree	34.6
Strongly disagree	50.7
Total	100.0

Source Dental Business Trends 2013

- 9.2 Contract reform in England, Northern Ireland and Wales is very much geared to the use of skill mix and it could be said that in order to make the contract work, direct access and extended duties dental nurses will be necessary. We asked practice owners how many dental hygienists and dental therapists worked at their practices.

Table 11: Do you employ hygienists in your main practice?

		Yes	No	Total N
UK		63.5%	36.5%	688
Country	England	63.8%	36.2%	549
	Wales	66.7%	33.3%	42
	Northern Ireland	65.4%	34.6%	26
	Scotland	59.2%	40.8%	71
Practice size	1 (Single handed)	42.1%	57.9%	126
	2	59.1%	40.9%	164
	3	67.6%	32.4%	148
	4	68.4%	31.6%	114
	5+	75.0%	25.0%	136
NHS commitment	75-100% NHS	46.7%	53.3%	304
	25-74% NHS	70.2%	29.8%	104
	0-24% NHS	78.3%	21.7%	267
	Don't know	71.4%	28.6%	7

Source Dental Business Trends 2013

Table 12: How many hygienists work at your main practice?

		1	2	3	4+	Total %	Total N
UK		51.5%	28.0%	12.2%	8.3%	100.0	435
Country	England	49.6%	28.2%	13.3%	8.9%	100.0	347
	Wales	67.9%	21.4%	7.1%	3.6%	100.0	28
	Northern Ireland	76.5%	23.5%	0%	0%	100.0	17
	Scotland	46.5%	32.6%	11.6%	9.3%	100.0	43
Practice size	1 (Single handed)	63.0%	27.8%	5.6%	3.7%	100.0	54
	2	67.7%	18.8%	6.3%	7.3%	100.0	96
	3	51.9%	32.7%	10.6%	4.8%	100.0	104
	4	49.4%	27.3%	15.6%	7.8%	100.0	77
	5+	31.7%	32.7%	20.2%	15.4%	100.0	104
NHS commitment	75-100% NHS	57.2%	29.0%	9.7%	4.1%	100.0	145
	25-74% NHS	50.0%	28.4%	12.2%	9.5%	100.0	74
	0-24% NHS	47.8%	26.8%	14.4%	11.0%	100.0	209
	Don't know	50.0%	50.0%	0%	0%	100.0	6

Source Dental Business Trends 2013

- 9.3 As can be seen from the above table, the use of dental hygienists grows with practice size and private commitment.

Table 13: Do you employ therapists in your main practice?

		Yes	No	Total N
UK		20.6%	79.4%	689
Country	England	20.3%	79.7%	548
	Wales	35.7%	64.3%	42
	Northern Ireland	15.4%	84.6%	26
	Scotland	16.4%	83.6%	73
Practice size	1 (Single handed)	8.7%	91.3%	126
	2	14.0%	86.0%	164
	3	22.3%	77.7%	148
	4	23.7%	76.3%	114
	5+	35.0%	65.0%	137
NHS commitment	75-100% NHS	24.2%	75.8%	306
	25-74% NHS	20.4%	79.6%	103
	0-24% NHS	16.5%	83.5%	267
	3.Don't know	28.6%	71.4%	7

Source Dental Business Trends 2013

- 9.4 Only about 20 per cent of practices engage a dental therapist. Again these are larger practices. The widespread use of skill mix looks unlikely to happen in the near future. The median number of therapists per practice was 1 but 17 per cent of UK practice owners reported increasing the number

of therapists in the past twelve months. Eighty five per cent of respondents recruited to one post and 33 per cent reported difficulties in recruiting. The median number of applications in England was two.

10. Dental patients

- 10.1 We only have accurate information about the number of patients treated on the NHS in any one year. Table 14 gives the number of patients provided with NHS dental treatment in 2012-13. The four countries collect different levels of information about the actual treatment supplied. Information for England is given below.
- 10.2 A total of 29.8 million patients were seen in the 24 month period ending March 2013, an increase of 1.6 million on the March 2006 baseline. This represents 56.1 per cent of the population compared with the March 2006 baseline of 55.8 per cent.
- 10.3 The number of children seen by an NHS dentist is equal to the March 2006 baseline of 7.8 million although the percentage of children seen (69.1 per cent) is below the baseline (70.7 per cent).
- 10.4 In terms of individual dentists the average number of patients seen per day is shown below. As can be seen the greater the private commitment the fewer patients are seen each day. Thirty patients a day doesn't really give enough time for prevention but this is the number that seems to need to be seen to provide access to NHS dentistry.

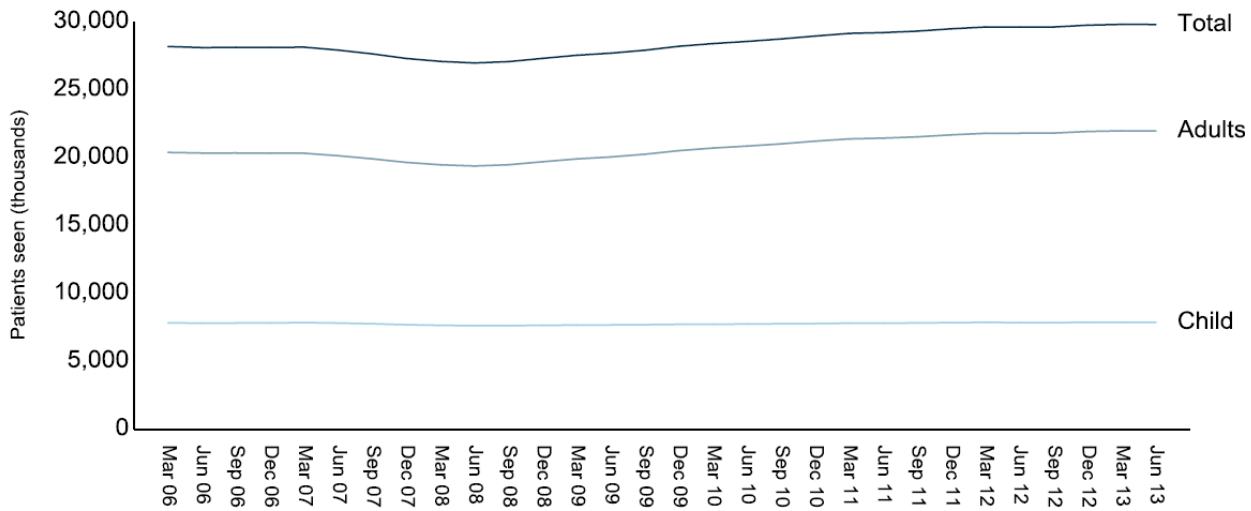
Table 14: Average number of patients seen each day

		Mean	N
UK		24.02	1128
Practice size	Single handed	20.41	125
	2 plus	24.47	1003
NHS commitment	100% NHS	28.64	159
	75-99% NHS	28.08	442
	25-74% NHS	24.85	133
	1-24% NHS	21.12	182
	0% NHS	13.33	191
	Don't know	18.36	14
Job role	Practice owner	23.68	646
	Associate	24.48	482

Source Dental Business Trends 2013

The total number of patients seen by an NHS dentist in England has been increasing since its decline following the introduction of the UDA based contract in 2006. The number of children being seen, however, has failed to increase at the same rate as adults and represents a slight decline in the child population accessing general dental services in England.

Figure 7: NHS patients seen in the previous 24 months, March 2006 to June 2013 (England)



Source NHS HSCIC NHS Dental Statistics for England: 2012/13

Table 15: Number and percentage of courses of treatment by patient type and treatment band, at specified dates (England)

Thousands & Per cent

		Number (000s)					Total	Per cent of total					
		Band 1	Band 2	Band 3	Urgent	Other		Band 1	Band 2	Band 3	Urgent	Other	Total
2006/07	Paying adults	9,755	5,075	730	1,596	-	-	51.3	47.5	47.7	55.4	-	-
	Non-paying adults	2,696	2,730	758	912	-	-	14.2	25.5	49.6	31.7	-	-
	Children	6,562	2,883	41	373	-	-	34.5	27.0	2.7	13.0	-	-
	Total	19,013	10,688	1,529	2,881	940	35,051	100.0	100.0	100.0	100.0	100.0	100.0
2010/11	Paying adults	10,424	5,737	963	1,841	670	19,635	50.3	48.6	44.0	50.9	73.0	50.0
	Non-paying adults	3,172	3,214	1,162	1,285	176	9,009	15.3	27.2	53.1	35.5	19.2	23.0
	Children	7,123	2,853	63	489	72	10,600	34.4	24.2	2.9	13.5	7.9	27.0
	Total	20,719	11,805	2,187	3,615	918	39,245	100.0	100.0	100.0	100.0	100.0	100.0
2011/12	Paying adults	10,518	5,786	958	1,863	668	19,793	50.4	48.8	43.2	50.6	72.7	50.0
	Non-paying adults	3,173	3,255	1,193	1,318	176	9,114	15.2	27.4	53.8	35.8	19.2	23.0
	Children	7,196	2,822	66	504	75	10,663	34.5	23.8	3.0	13.7	8.2	26.9
	Total	20,887	11,862	2,217	3,685	919	39,571	100.0	100.0	100.0	100.0	100.0	100.0
2012/13	Paying adults	10,635	5,812	972	1,914	444	19,778	50.6	49.5	43.4	51.6	73.7	50.3
	Non-paying adults	3,110	3,192	1,197	1,308	115	8,923	14.8	27.2	53.5	35.2	19.1	22.7
	Children	7,271	2,747	70	490	43	10,621	34.6	23.4	3.1	13.2	7.2	27.0
	Total	21,016	11,751	2,239	3,712	603	39,322	100.0	100.0	100.0	100.0	100.0	100.0

Source NHS HSCIC NHS Dental Statistics for England: 2012/13

The table above shows that for the last three years, delivered courses of treatment have remained fairly constant. Band three treatments have risen slightly and continue to be more prevalent among non-fee paying adults, although the number of band three courses of treatment delivered to fee paying adults and children have also risen. This appears to have been at the expense of band two treatments, which have seen a decline. While the overall number of urgent treatments delivered has diminished, they remain more prevalent among fee paying adults than the other two groups.

Table 16: Number of UDAs by patient type and treatment band at specified dates (England)

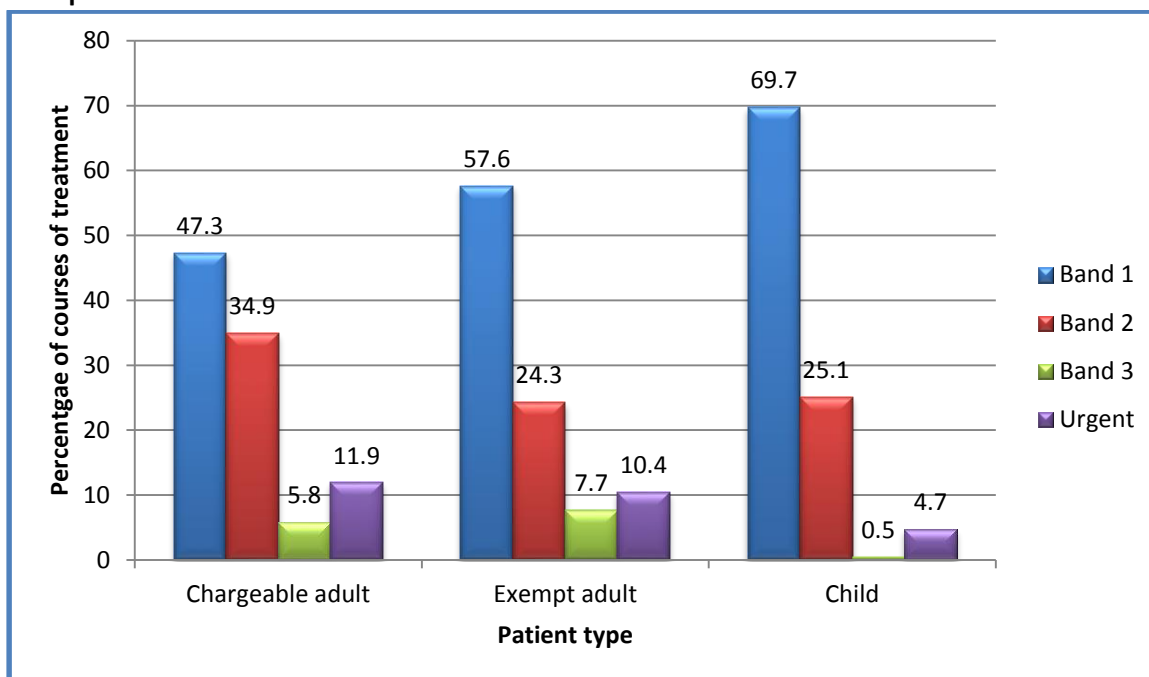
Thousands & Per cent

		Number (000s)						Per cent of total					
		Band 1	Band 2	Band 3	Urgent	Other	Total	Band 1	Band 2	Band 3	Urgent	Other	Total
2006/07	Paying adults	9,755	15,226	8,755	1,915	-	-	51.3	47.5	47.7	55.4	-	-
	Non-paying adults	2,696	8,189	9,099	1,095	-	-	14.2	25.5	49.6	31.7	-	-
	Children	6,562	8,649	496	448	-	-	34.5	27.0	2.7	13.0	-	-
	Total	19,013	32,063	18,350	3,457	767	73,650	100.0	100.0	100.0	100.0	100.0	100.0
2010/11	Paying adults	10,424	17,212	11,555	2,210	545	41,945	50.3	48.6	44.0	50.9	73.4	48.0
	Non-paying adults	3,172	9,643	13,942	1,542	143	28,442	15.3	27.2	53.1	35.5	19.3	32.5
	Children	7,123	8,560	753	587	54	17,077	34.4	24.2	2.9	13.5	7.3	19.5
	Total	20,719	35,414	26,250	4,338	743	87,464	100.0	100.0	100.0	100.0	100.0	100.0
2011/12	Paying adults	10,518	17,357	11,497	2,236	543	42,150	50.4	48.8	43.2	50.6	73.1	47.8
	Non-paying adults	3,173	9,764	14,314	1,582	143	28,976	15.2	27.4	53.8	35.8	19.3	32.8
	Children	7,196	8,466	794	605	57	17,117	34.5	23.8	3.0	13.7	7.6	19.4
	Total	20,887	35,587	26,605	4,422	743	88,244	100.0	100.0	100.0	100.0	100.0	100.0
2012/13	Paying adults	10,635	17,435	11,668	2,297	373	42,408	50.6	49.5	43.4	51.6	74.2	48.1
	Non-paying adults	3,110	9,577	14,368	1,570	97	28,722	14.8	27.2	53.5	35.2	19.3	32.6
	Children	7,271	8,241	836	588	33	16,968	34.6	23.4	3.1	13.2	6.5	19.3
	Total	21,016	35,253	26,871	4,454	503	88,098	100.0	100.0	100.0	100.0	100.0	100.0

Source NHS HSCIC NHS Dental Statistics for England: 2012/13

Table 16 presents the same trend as table 15 above. The majority of UDAs are delivered for band two treatments. This is different from the situation in Wales as shown in the figure below. In Wales most treatment is delivered at band one for all patient groups, in England more course of treatment were delivered at band two for exempt patients than band one however. The trend for children appears to be roughly the same across England and Wales, though suggesting that in the younger generation health is stabilising.

Figure 8: Percentage of courses of treatment by type of patient and treatment band, between 31 April 2012 and 31 March 2013



Source Statistics for Wales NHS Dental Statistics in Wales, 2011–12

11. Dentists’ Earnings and Expenses 2011/12 UK

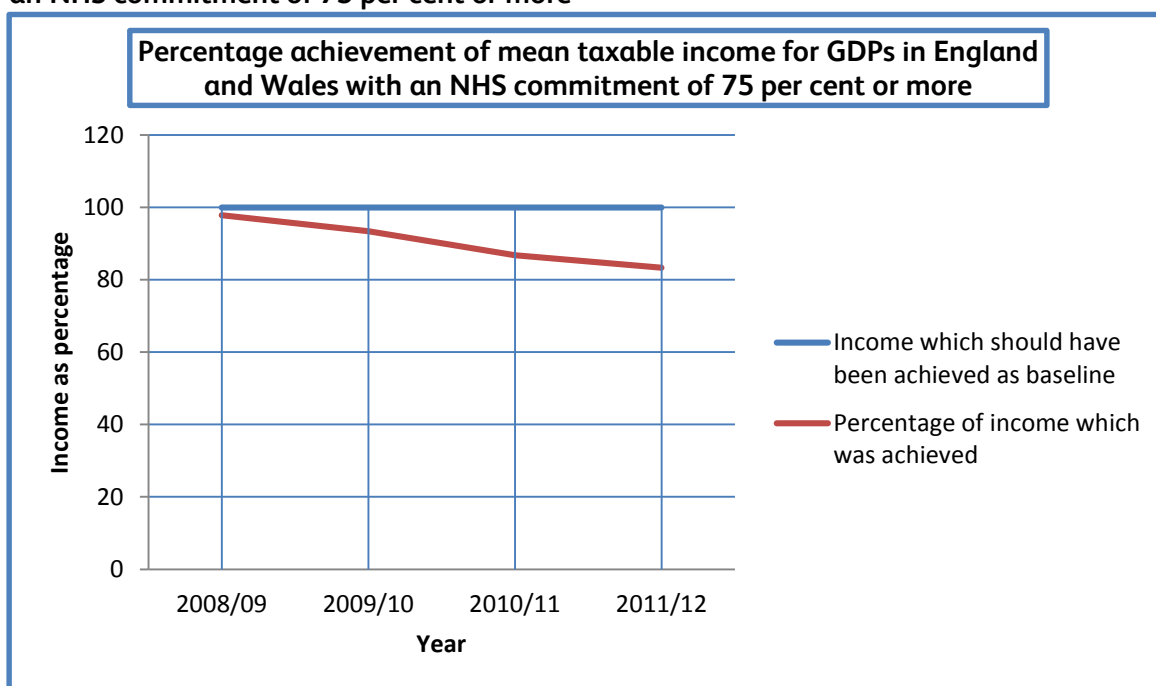
- 11.1 The most accurate information available on general dental practitioners’ earnings, expenses and taxable income comes from the Health and Social Care Information Centre that publishes reports for England and Wales, Northern Ireland and Scotland. The information is based on HMRC tax returns and relates to dental earnings from both NHS and private care.
- 11.2 In England and Wales, the downward trend in dentists’ taxable income continued in 2011/12 with practice owner’s average taxable income being £112,800 (a drop of 3.8 per cent on 2010/11) and associates average taxable income was £61,800, a drop of 1.7 per cent. Average earnings, expenses and taxable income are shown in Table 18. Overall since 2009/10 average earnings have fallen for all dentists by 12.4 per cent. The table and graph below show the income levels which Department of Health uplifts were intended to achieve against the incomes that have actually been achieved for all dentists with an NHS commitment of 75 per cent or more.

Table 17: Taxable income for all dentists with 75 per cent or more NHS commitment – actual and expected (England and Wales)

Pay award	Year that award applies to	Income that should have been achieved with uplift	Actual average taxable income	Difference in actual income to income that should have been achieved	Percentage difference
1%	2013/14	£90,092	Unknown	Unknown	Unknown
0%	2012/13	£89,200	Unknown	Unknown	Unknown
0%	2011/12	£89,200	£74,300	−£14,900	−16.7%
0%	2010/11	£89,200	£77,400	−£11,800	−13.2%
1.5%	2009/10	£95,512	£89,200	−£6,312	−6.6%
2.2%	2008/9	£96,170	£94,100	−£2,070	−2.2%

Source NHS HSCIC Dental Earnings and Expenses 2011/12

Figure 9: Percentage achievement of mean taxable income for GPs in England and Wales with an NHS commitment of 75 per cent or more



Source NHS HSCIC Dental Earnings and Expenses 2011/12

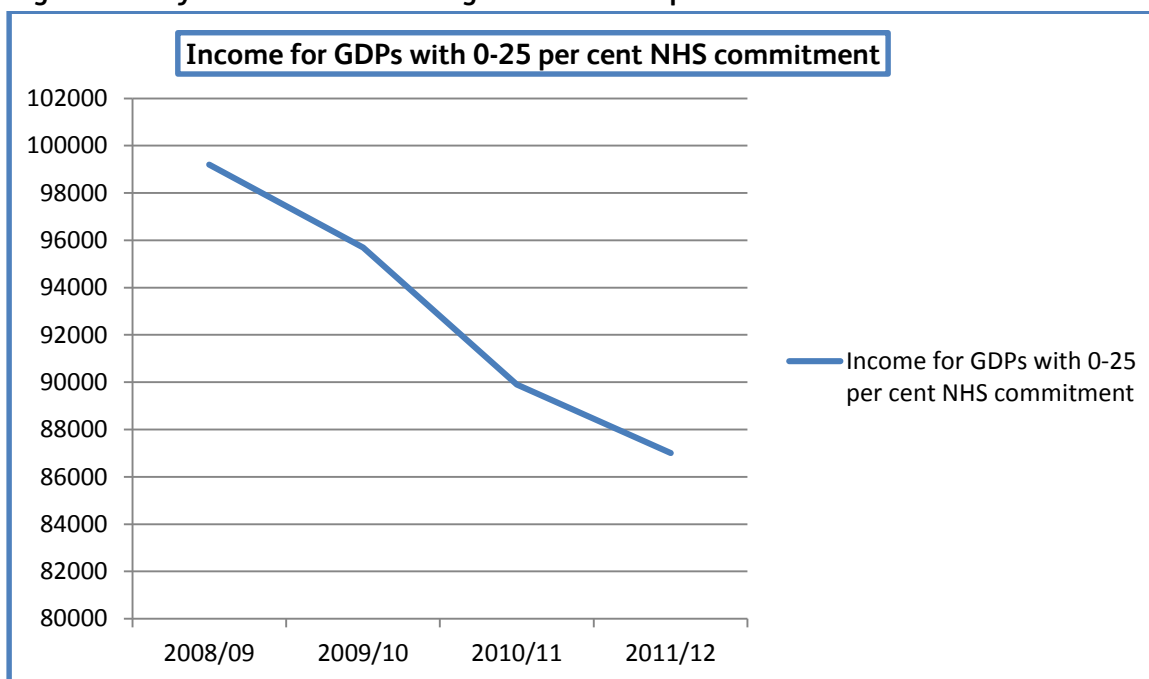
11.3 The table and graph below show how incomes for those with an NHS commitment of 0-25 per cent have changed. We have used the previous year’s average taxable income as the baseline on the assumption of pay freezes each year for those with a low NHS commitment.

Table 18: Pay for dentists with 0-25 per cent NHS commitment (England and Wales)

Year	Income from previous year	Actual taxable income	Difference	Percentage difference
2012/13	£87,000	Unknown	Unknown	Unknown
2011/12	£89,900	£87,000	−£2,900	−3.2%
2010/11	£95,700	£89,900	−£5,800	−6.1%
2009/10	£99,200	£95,700	−£3,500	−3.5%
2008/9	£97,299	£99,200	£1,901	+2%

Source NHS HSCIC Dental Earnings and Expenses 2011/12

Figure 10: Pay levels for GDPs in England with 0-25 per cent NHS commitment



Source NHS HSCIC Dental Earnings and Expenses 2011/12

- 11.4 The graph above shows the rate of decline in pay for mostly private dentists. For both primarily NHS and primarily private dental practitioners income has been falling steadily since 2008/9. Despite the economy remaining weak and private dental business shrinking, the fall in income has been sharper for those with a greater NHS commitment.
- 11.5 There are a few explanations for this including a sharp rise in dental expenses in the last few years, a fall in private income and for associates an oversupply in some areas, particularly London, causing a downward pressure on pay. Private practice income is more directly market related. If patients reduce their frequency of attendance, expenses decrease but so does pay. On the other hand private practices have greater scope to alter their fees to either recoup more from fewer patients or to drop fees to increase patient numbers. Primarily NHS practices do not have the same option as they must meet UDA targets. This maintains the expense levels, and also makes them more vulnerable to increases in the cost of laboratory work and materials. This is supported by HSCIC figures which show that the expenses to earnings ratio for primarily private practitioners has remained fairly constant while for primarily NHS dentists the ratio has increased.

Table 19: Earnings and expenses for all dentists in England and Wales

Dental Type	Percentage of time spent on NHS dentistry	Average gross earnings	Average total expenses	Average taxable income	EER
Practice Owners	0-25%	£316,600	£213,400	£103,300	67.4%
	25-75%	£353,200	£247,200	£106,000	70%
	75%+	£346,200	£229,000	£117,300	66.1%
	All	£358,400	£245,600	£112,800	68.5%
Associates	0-25%	£132,100	£61,000	£71,200	46.1%
	25-75%	£118,600	£48,900	£69,700	41.3%
	75%+	£91,100	£28,400	£62,700	31.2%
	All	£96,200	£34,500	£61,800	35.8%
All dentists	0-25%	£223,300	£136,300	£87,00	61%
	25-75%	£196,400	£114,700	£81,700	58.4%
	75%+	£145,100	£70,900	£74,300	48.8%
	All	£161,00	£86,600	£74,400	53.8%

Source NHS HSCIC Dental Earnings and Expenses 2011/12

11.6 There are substantial differences by region and country. Practice owners in England earned an average of £114,000 whilst those in Wales earned an average of £90,400. Associates in England and Wales earned an average of £61,700 and £62,800 respectively. Practice owners in the former Yorkshire and Humber Strategic Health Authority area earned the highest taxable income of all SHAs earning £128,700, while those in the South West SHA earned the lowest taxable income of £95,400. Associates in the London SHA earned the lowest £55,900 while those in the North East SHA earned the highest £66,800.

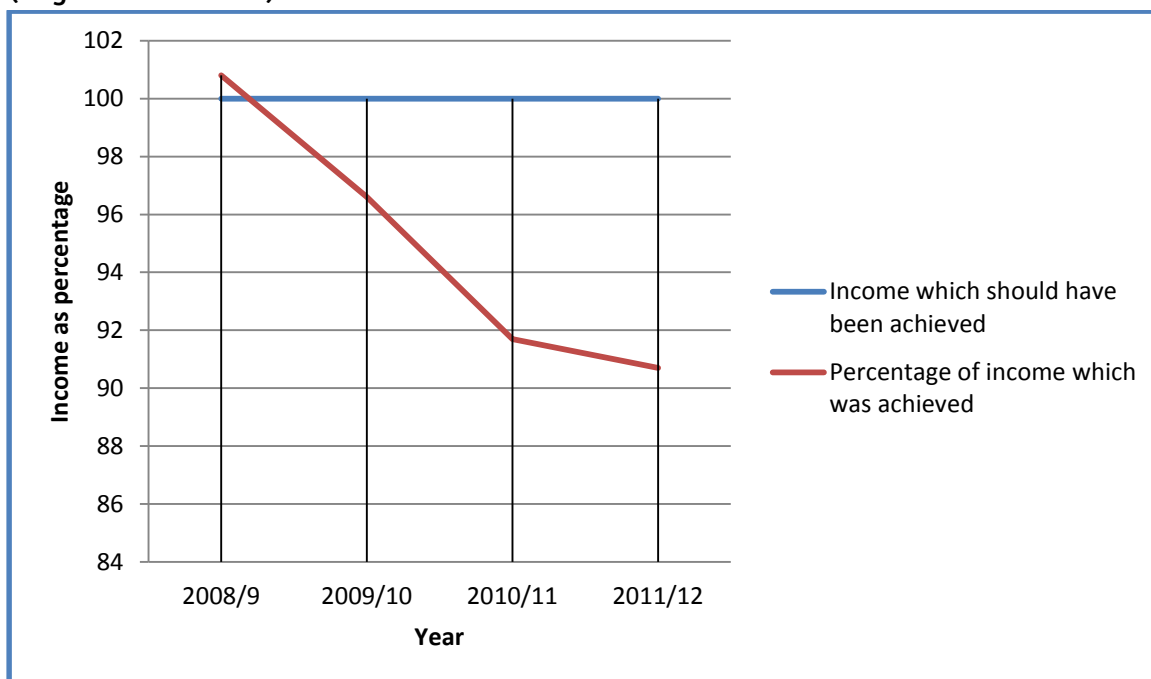
11.7 Associates in England and Wales working in a practice with a high NHS commitment have seen their incomes decline sharply since 2008/9:

Table 20: pay for associates in a practice with an NHS commitment of 75 per cent or more (England and Wales)

Pay award that should be applied	Year that award applies to	Income that should have been achieved with uplift	Actual taxable income	Difference in actual income to income that should have been achieved	Percentage difference
1%	2013/14	£69,791	Unknown	Unknown	Unknown
0%	2012/13	£69,100	Unknown	Unknown	Unknown
0%	2011/12	£69,100	£62,700	-£6,400	-9.3%
0%	2010/11	£69,100	£63,400	-£5,700	-8.3%
1.5%	2009/10	£71,558	£69,100	-£2,458	-3.4%
2.2%	2008/9	£69,968	£70,500	£532	+0.8%

Source NHS HSCIC Dental Earnings and Expenses 2011/12

Figure 11: Income for associates in a practice with an NHS commitment of 75 per cent or more (England and Wales)



Source NHS HSCIC Dental Earnings and Expenses 2011/12

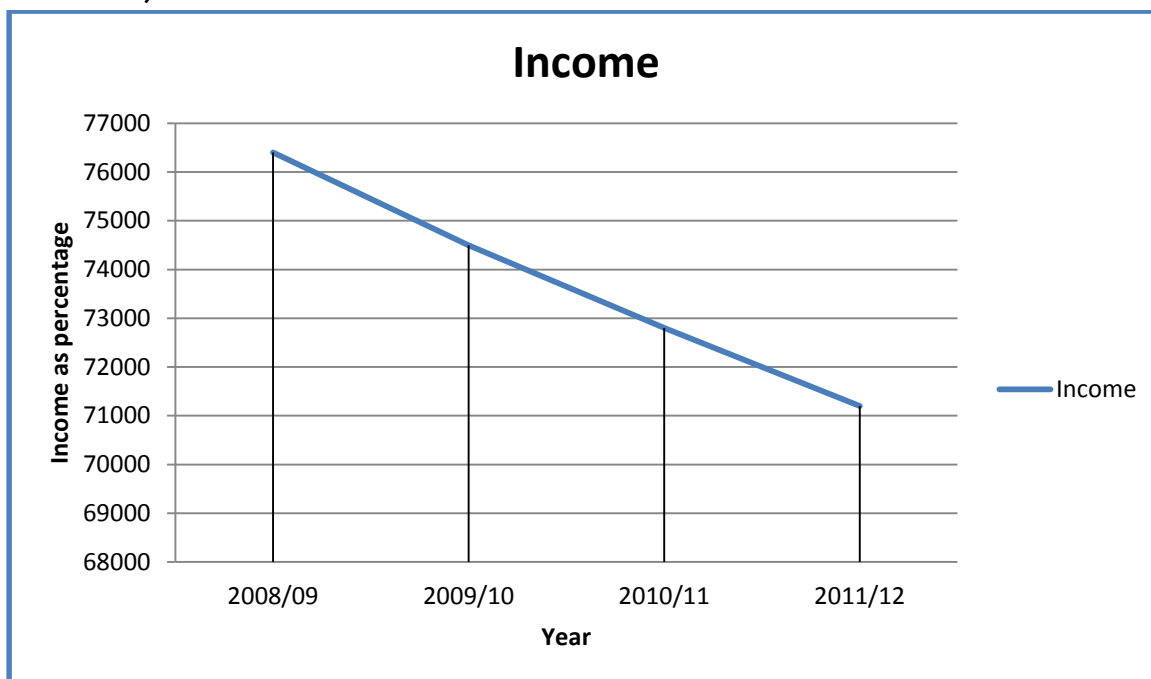
11.8 While their counterparts with a high private commitment have also seen a decline, though as with practice owners in mainly private practice, the decline appears to be slowing:

Table 21: pay for associates in practices with an NHS commitment of 0-25 per cent (England and Wales)

Year	Income from previous year	Actual income	Difference	Percentage difference
2012/13	£71,200	Unknown	Unknown	Unknown
2011/12	£72,800	£71,200	-£1,600	-2.2%
2010/11	£74,500	£72,800	-£1,700	-2.3%
2009/10	£76,400	£74,500	-£1,900	-2.5%
2008/9	£76,821	£76,400	-£421	-0.5%

Source NHS HSCIC Dental Earnings and Expenses 2011/12

Figure 12: Income for associates in a practice with 0-25 per cent NHS commitment (England and Wales)



Source NHS HSCIC Dental Earnings and Expenses 2011/12

11.9 The HSCIC report *Dentists Earnings and Expenses in England and Wales 2011/12* includes very useful information from the National Association of Dental Accountants and Lawyers showing the distribution of dental practice expenses.

11.10 Quite clearly practice owners earn more than their associates which reflects the fact that they have invested in their practices and have to bear the financial risk and they set their associates' pay. In England the average UDA value for NHS contracts was £25.61 in 2012/13 (which equates to £12.50/UDA if average expense levels are deducted, with associates who have been qualified for four or more years being paid an average of £10.81 per UDA according to figures from Morris and Co specialist dental accountants. Associates continue to be self-employed and BDA research shows that they wish to remain so, even when they understand the employment rights that they would receive if employed.

12. Practice expenses including staff pay and utility costs

12.1 Dental practice expenses are normally divided into a number of categories including dental laboratory and materials costs, staff costs and other expenses which includes premises, utilities, finance/legal, marketing and equipment purchase and maintenance. Table 22 shows that dentists with the highest private commitment spend a greater proportion of their income on laboratory and materials costs, premises and other costs.

Table 22: Expense proportions in general dental practice in England in practices with 80 per cent or more NHS commitment

Practice type	Expense	2011/12 cost as percentage of gross income
NHS practices	Non-clinical staff costs	19.9%
Private practices	Non-clinical staff costs	19.5%
NHS practices	Laboratory costs	6.1%
Private practices	Laboratory costs	7.2%
NHS practices	Materials costs	6.6%
Private practices	Materials costs	7.4%
NHS practices	Other non-staffing costs	16.6%
Private practices	Other non-staffing costs	22.8%

Source NHS HSCIC Dental Earnings and Expenses 2011/12

12.2 Dental practices employ a range of job roles including dental nurses, receptionists, practice managers, dental hygienists, dental therapists and other dentists. In some areas of the UK dental practices are important local employers and provide important training and jobs in rural areas. In order to keep good members of the dental team, provide stability for patients and motivate staff practices have found that they have had to be providing some level of pay increase. This has been occurring at the same time that the practice owners have received an average pay cut of 3.8 per cent, few employees have experienced a pay cut. In fact, many have seen pay increase:

Table 23: Changes to dental nurse pay 2012/13

		Increased their rate of pay	Decreased their rate of pay	Stayed the same	Total %	Total N
UK		59.2%	1.5%	39.3%	100.0	687
Country	England	61.5%	1.5%	37.0%	100.0	546
	Wales	59.5%	2.4%	38.1%	100.0	42
	Northern Ireland	46.2%	3.8%	50.0%	100.0	26
	Scotland	46.6%	-	53.4%	100.0	73
Practice size	1	55.2%	1.6%	43.2%	100.0	125
	2	57.1%	2.5%	40.5%	100.0	163
	3	62.8%	0.7%	36.5%	100.0	148
	4	57.8%	-	42.2%	100.0	116
	5+	63.0%	2.2%	34.8%	100.0	135
NHS commitment	75-100% NHS	63.3%	1.3%	35.4%	100.0	305
	25-74% NHS	54.9%	2.0%	43.1%	100.0	102
	0-24% NHS	57.7%	1.5%	40.8%	100.0	267

Source Dental Business Trends Survey 2013

Table 24: Average percentage increase in dental nurses rates of pay for those given an increase

		Mean	Median	N
UK		3.95	3.00	380
Country	England	4.10	3.00	315
	Wales	3.84	2.75	22
	Northern Ireland	3.18	3.00	11
	Scotland	2.79	2.55	32
Practice size	1.00	5.34	4.00	64
	2.00	4.21	3.00	88
	3.00	4.24	3.00	84
	4.00	3.13	3.00	62
	5+	2.92	2.00	82
NHS commitment	75-100% NHS	4.37	3.00	179
	25-74% NHS	3.46	2.75	52
	0-24% NHS	3.65	3.00	145
	Don't know	3.50	3.50	2

Source Dental Business Trends Survey 2013

Table 25: Changes in dental hygienists pay in the last twelve months

		Increased	Stayed the same	Decreased	Total %	Total N
UK		9.4%	85.0%	5.5%	100.0	434
Country	England	9.8%	84.4%	5.8%	100.0	347
	Wales	10.7%	89.3%		100.0	28
	Northern Ireland		88.2%	11.8%	100.0	17
	Scotland	9.5%	85.7%	4.8%	100.0	42
Practice size	1.00	9.4%	88.7%	1.9%	100.0	53
	2.00	6.3%	88.5%	5.2%	100.0	96
	3.00	7.7%	86.5%	5.8%	100.0	104
	4.00	6.4%	87.2%	6.4%	100.0	78
	5+	16.5%	76.7%	6.8%	100.0	103
NHS commitment	75-100% NHS	10.3%	87.0%	2.7%	100.0	146
	25-74% NHS	6.8%	87.8%	5.4%	100.0	74
	0-24% NHS	9.7%	82.6%	7.7%	100.0	207

Source Dental Business Trends Survey 2013

Table 26: Average percentage increase in dental hygienists rates of pay for those given an increase

		Mean	Median	N
UK		4.08	3.00	142
Country	England	4.26	3.00	119
	Wales	3.56	2.50	8
	Northern Ireland	3.67	3.00	3
	Scotland	2.77	2.00	12
Practice size	1.00	3.95	3.00	16
	2.00	5.51	3.00	31
	3.00	3.75	3.00	35
	4.00	3.06	2.50	21
	5+	3.85	2.00	39
NHS commitment	75-100% NHS	4.15	2.75	38
	25-74% NHS	3.93	2.25	28
	0-24% NHS	4.10	3.00	74

Source Dental Business Trends Survey 2013

Table 27: Changes to the pay of dental therapists in the past twelve months

		Increased their rate of pay	Decreased their rate of pay	Total %	Total N
UK		26.6%	2.8%	100.0	143
Country	England	29.2%	0.9%	100.0	113
	Wales	14.3%	7.1%	100.0	14
	Northern Ireland	-	25.0%	100.0	4
	Scotland	25.0%	8.3%	100.0	12
Practice size	1.00	18.2%	-	100.0	11
	2.00	12.5%	12.5%	100.0	24
	3.00	31.3%	-	100.0	32
	4.00	28.6%	-	100.0	28
	5+	31.3%	2.1%	100.0	48
NHS commitment	75-100% NHS	23.3%	1.4%	100.0	73
	25-74% NHS	28.6%	4.8%	100.0	21
	0-24% NHS	30.4%	4.3%	100.0	46

Source Dental Business Trends Survey 2013

Table 28: Average percentage increase in dental therapist rates of pay for those given an increase

		Mean	Median	N
UK		5.84	3.00	32
Country	England	5.45	2.85	28
	Wales	3.00	3.00	1
	Northern Ireland	-	-	-
	Scotland	10.50	10.00	3
Practice size	1.00	3.65	3.65	2
	2.00	2.85	2.85	2
	3.00	6.50	1.50	8
	4.00	3.64	3.00	7
	5+	7.42	3.00	13
NHS commitment	75-100% NHS	6.57	3.00	14
	25-74% NHS	3.33	2.25	6
	0-24% NHS	6.25	2.50	12

Source Dental Business Trends Survey 2013

- 12.3 It will not be sustainable for practice owners to continue to increase the pay of those they employ while taking substantial pay cuts themselves. Staff are more likely to look for other practices or even leave dental practice altogether if their pay is not increased and this incurs additional costs for practice owners in re-training and recruitment. In order to maintain dental practices as local employers, the increase in expenses needs to be met in full and the falls in pay reversed.
- 12.4 Dental practices use a lot of electricity and water and so are hit by rising utility costs. Table 28 gives the changes we found in mean costs for electricity and water between 2012 and 2013.

Table 29: Percentage increase in the cost of utilities for practices between 2012 and 2013

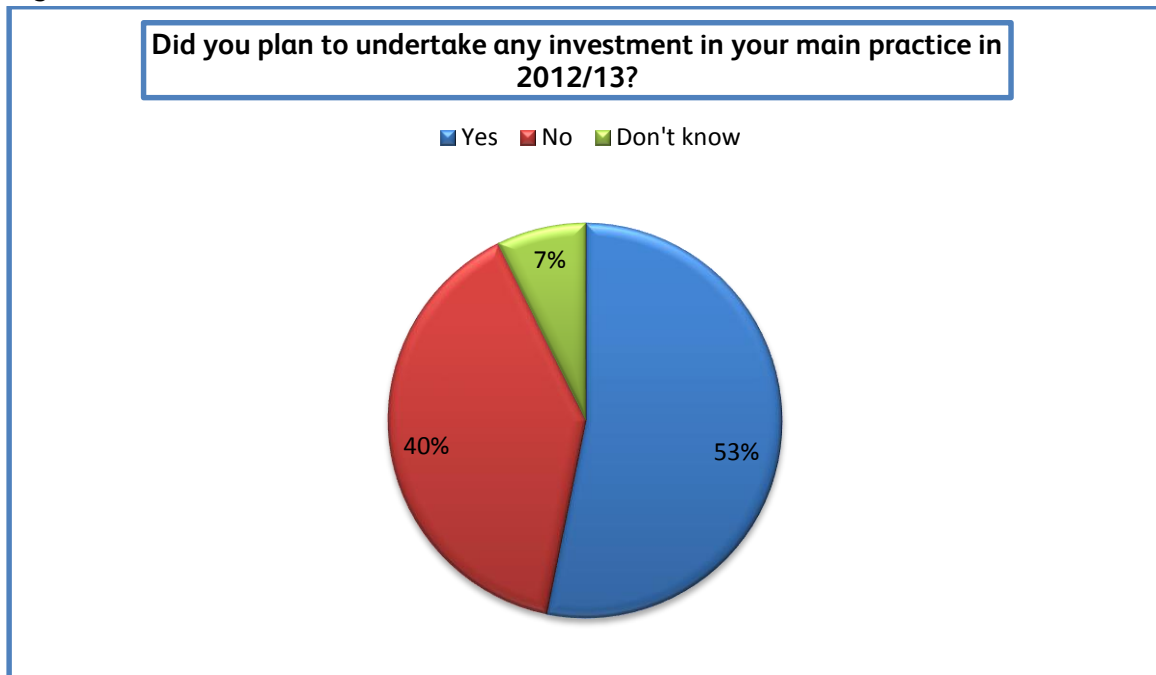
	Percentage difference
Annual water bill	34.13%
Annual electricity bill	17.11%

Source Dental Business Trends Survey 2013

13. Investment intentions and actual investment made in practices

- 13.1 A very good barometer of dental business confidence is the amount of investment undertaken in practices. Some investment cannot be avoided if safe practice is to continue but some is optional.
- 13.2 Figure 13 shows that only half of practice owners reported planning to invest in 2012/13 but not all managed to complete the planned investment. When investment did take place the cost was more than was budgeted for. This is worrying. Dentistry is a technical profession with equipment needing regular replacement. Figure 14 shows the range of investments undertaken.

Figure 13: Intentions to undertake investment



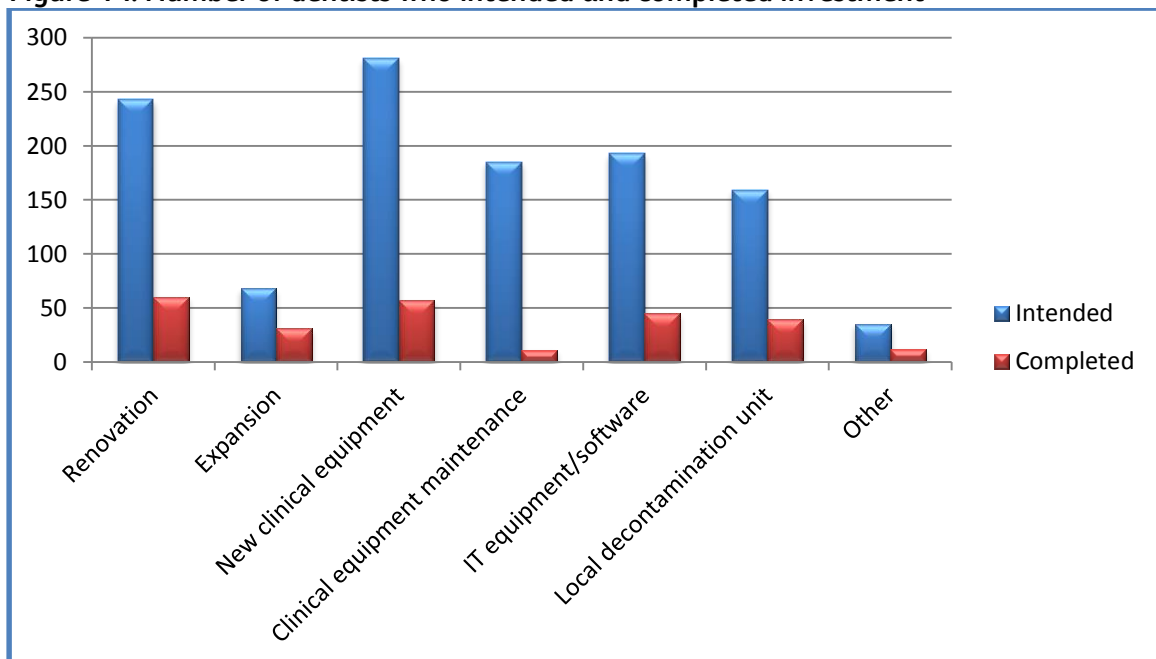
Source Dental Business Trends Survey 2013

Table 30: How much of your planned investment did you complete?

	N	Percentage
All	194	53.0
Most	88	24.0
Some	64	17.5
None	20	5.5
Total	366	100.0

Source Dental Business Trends Survey 2013

Figure 14: Number of dentists who intended and completed investment



Source Dental Business Trends Survey 2013

Table 31: Average planned investment, Actual investment and difference between the two

	Mean	N
Planned investment cost	£42,813.98	322
Actual investment cost	£50,804.48	315
Difference in Investment	Additional £7,719.84	308

Source Dental Business Trends Survey 2013

14. Private dental care

- 14.1 Respondents to Dental Business Trends 2013 had the following self-reported NHS commitment. Fifteen per cent of respondents declared themselves to be exclusively private. This is a fairly consistent percentage.

Table 32: Percentage of practices providing levels of NHS care

NHS commitment	Percentage	N
100% (Exclusively NHS)	14.7%	203
75-99%	40.4%	558
50-74%	6.5%	90
25-49%	6.1%	84
1-24%	16.0%	221
0% (Exclusively private)	15.0%	207
Don't know	1.0%	14
Would prefer not to answer	0.2%	3
Total	100.0%	1380

Source Dental Business Trends Survey 2013

- 14.2 Using the proportion of BDA members reporting that they are exclusively private in 2010/2011 enabled an estimate to be made of the size of the UK private dental market of £4.191 billion in 2010/11. This was a fall from £4.246 billion in 2009/10 and a further fall is expected for 2011/12. Anecdotally it appears that the fall in demand for private care flattened in 2012/13

15. Practice sales and values

- 15.1 Dental accountants in England report that the market for dental practices remains strong. Associate pay is falling and for many different reasons many wish to own their own practice. Dental corporates are able to pay large amounts for large NHS practices so associates are having to opt for smaller practices including those for one dentist. It is almost impossible for an associate to win an NHS tender. Since starting up in NHS practice is not possible in England and Wales, practice purchase is the only option.
- 15.2 It is still possible to start a new NHS practice in Scotland and Northern Ireland and it is still being done. However in many places the recession has led to a slow-down of patients seeking dental care so building a practice is harder than it was ten years ago.

16. Recruitment of general practice staff/associates

16.1 There are recruitment issues for associates and practice staff in some areas. This is particularly true of rural locations. However rates of recruitment seem to be falling. We don't know whether vacancies are not being filled to save costs or that, for example, because there are fewer associate vacancies, associates are staying in jobs even if they are not happy in them.

Table 33: In the past 12 months, how has the number of dentists at your main practice changed?

		Increased	Stayed the same	Decreased	Total %	Total N
UK		10.7%	78.5%	10.8%	100.0	701
Country	England	10.8%	77.6%	11.7%	100.0	557
	Wales	7.0%	86.0%	7.0%	100.0	43
	Northern Ireland	18.5%	70.4%	11.1%	100.0	27
	Scotland	9.5%	83.8%	6.8%	100.0	74
Practice size	1.00	0.8%	88.2%	11.0%	100.0	127
	2.00	2.4%	90.3%	7.3%	100.0	165
	3.00	8.6%	84.1%	7.3%	100.0	151
	4.00	18.6%	63.6%	17.8%	100.0	118
	5+	25.0%	62.1%	12.9%	100.0	140
NHS commitment	75-100% NHS	12.5%	75.6%	11.9%	100.0	312
	25-74% NHS	16.2%	72.4%	11.4%	100.0	105
	0-24% NHS	7.0%	83.0%	10.0%	100.0	271
	Don't know	-	100.0%	-	100.0	7

Source Dental Business Trends Survey 2013

Table 34: Have you sought to recruit any dentists in the past 12 months?

		Yes	No	Total %	Total N
UK		31.4%	68.6%	100.0	700
Country	England	30.8%	69.2%	100.0	556
	Wales	30.2%	69.8%	100.0	43
	Northern Ireland	22.2%	77.8%	100.0	27
	Scotland	40.5%	59.5%	100.0	74
Practice size	1.00	9.4%	90.6%	100.0	127
	2.00	18.9%	81.1%	100.0	164
	3.00	31.8%	68.2%	100.0	151
	4.00	46.6%	53.4%	100.0	118
	5+	52.9%	47.1%	100.0	140
NHS commitment	75-100% NHS	35.9%	64.1%	100.0	312
	25-74% NHS	39.0%	61.0%	100.0	105
	0-24% NHS	23.3%	76.7%	100.0	270
	Don't know	28.6%	71.4%	100.0	7

Source Dental Business Trends Survey 2013

Table 35: How many applications did you receive in total? Average number of application per vacant position

		Mean	Median	Total N
UK		20	10	206
Country	England	23	12	157
	Wales	11	7	13
	Northern Ireland	5	4	6
	Scotland	14	12	30
Practice size	1.00	10	3	11
	2.00	29	12	30
	3.00	17	15	42
	4.00	19	11	54
	5+	21	10	69
NHS commitment	75-100% NHS	19	10	108
	25-74% NHS	18	12	39
	0-24% NHS	24	10	56
	Don't know	3	3	1

Source Dental Business Trends Survey 2013

16.2 A third of practice owners tried to recruit a dentist in the past twelve months. The mean number of applications was 20, which indicates a recruitment issue. A third reported problems. Recruitment seems particularly difficult in Wales. Welsh associates have the highest pay of any region which probably reflects their difficulty in recruiting. Practice owner pay in Wales is much lower than that in the other countries (see page 23). Welsh practice owners seem to be paying themselves less in order to engage associates to help meet their UDA targets.

17. Retirement intentions of dentists

17.1 Dentistry is physically demanding, responsible and stressful work. At the present time dentists working in the NHS can take their pension from age 60 without financial penalty. This will eventually rise to 68 but most dentists will not be capable of working to this age due to the demands of the job. We asked dentists if they planned to retire in the next year and if so the reasons for this, apart from age. As can be seen from Table 35 single-handed practitioners are the most likely to plan to retire.

17.2 Reasons given for retirement (apart from age) reflect the prevailing issue of increasing administration and regulation. Dentists enjoy clinical practice and patient care and many find the regulatory burden very difficult to manage.

Table 36: Do you have active plans to retire in the next 12 months?

		Yes	No	Don't know	Total %	Total N
UK		6.9%	89.3%	3.8%	100.0	1355
Country	England	6.8%	89.0%	4.1%	100.0	1067
	Wales	10.3%	86.8%	2.9%	100.0	68
	Northern Ireland	3.8%	96.2%	0.0%	100.0	52
	Scotland	4.6%	93.1%	2.3%	100.0	131
Practice size	1 (Single handed)	11.7%	80.3%	8.0%	100.0	137
	2	7.9%	88.8%	3.3%	100.0	240
	3	6.9%	89.2%	4.0%	100.0	277
	4	4.7%	92.5%	2.8%	100.0	214
	5+	6.0%	90.8%	3.3%	100.0	487
Age	< 35	0.5%	99.0%	0.5%	100.0	209
	35 - 44	1.5%	97.1%	1.5%	100.0	340
	45 - 54	1.6%	96.2%	2.2%	100.0	445
	55 - 64	21.4%	70.1%	8.5%	100.0	318
	65+	29.7%	48.6%	21.6%	100.0	37

Source Dental Business Trends Survey 2013

Table 37: Reasons for intending to retire other than age

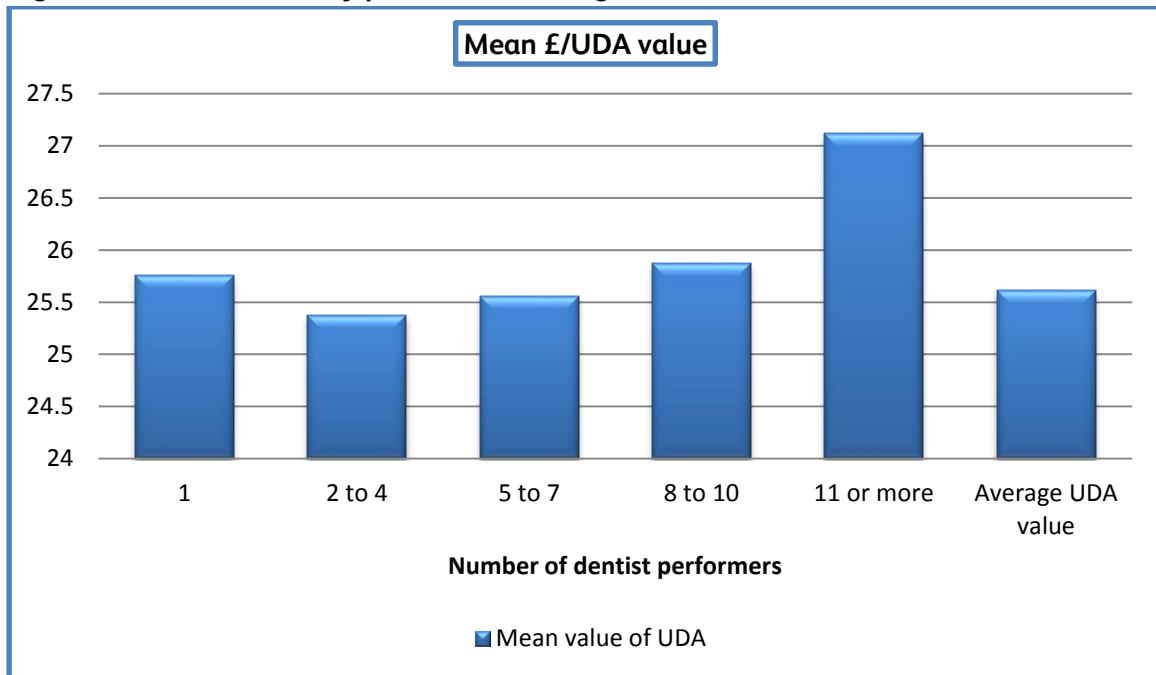
	Per cent of cases	N
Burden of administration/ Increasing administration	37.2%	29
Increasing regulations / Unhappy with regulations / Burden of regulations	33.3%	26
Stress within the profession	11.5%	9
Cost of running and maintaining a practice	11.5%	9
Declining levels of pay	9.0%	7
Fed up with dentistry	7.7%	6
Uncertainty (NHS, new contract)	6.4%	5
Unhappy with the current contract	6.4%	5
Workload increasing	2.6%	2
Other (health, other activities, etc.)	20.5%	16
Total		78

Source Dental Business Trends Survey 2013

18. NHS contract information: contract values and UDA amounts

18.1 The figures below show information provided by NHS Dental Services for Unit of Dental Activity values in England. There does not appear to be a significant divergence of UDA value by practice size, except for very large practices. Practices with more than 11 dentists have the highest £/UDA value. As we saw above in table 7, single dentist practices were likely to provide substantial amounts of private care.

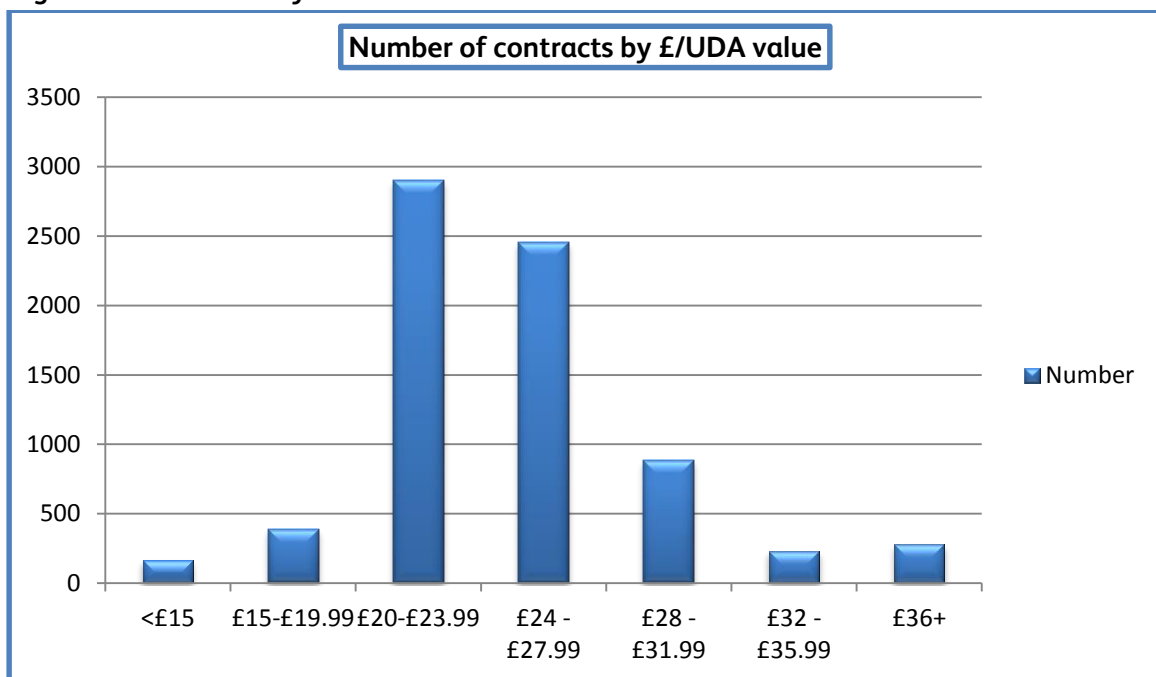
Figure 15: £/UDA values by practice size in England 2012/13



Source NHS Business Services Authority

18.2 Most UDAs commissioned are valued between £20-£27.99, with an average value of £25.61.

Figure 16: Contracts by £/UDA value



Source NHS Business Services Authority

18.3 Table 38 gives the mean contract value for contracts with different numbers of dentist performers. As would be expected, the larger the practice the larger the average contract value. We have excluded some contracts from the table below principally those with £/UDA values of more than £50 and less than £10 and those with no activity recorded.

Table 38: Contract values by practice size

Number of Performers	Average	Sum total	N
1	£85,562	£152,728,699	1,785
2 - 4	£212,391	£655,864,051	3,088
5- 7	£392,657	£623,932,591	1,589
8 - 10	£568,617	£320,699,937	564
11+	£807,052	£220,325,092	273
Total	£270,386	£1,973,550,371	7,299

Source NHS Business Services Authority

18.4 Table 39 below shows that very similar services are purchased irrespective of UDA values. The exception appears to be that the largest practices provide more urgent care than other practices. This could be due to their location, as large practices are more likely to be based near larger populations where patients may be likely to attend for urgent treatment.

Table 39: Proportion of delivered Bands of treatment by practice size

Number of Performers	Band 1	Band 2	Band 3	Urgent	Total %	Total
1	56.6%	30.3%	5.6%	7.4%	100.0	2,553,163
2-4	55.6%	30.3%	5.9%	8.1%	100.0	11,009,507
5-7	54.5%	30.6%	6.0%	8.9%	100.0	10,319,655
8-10	54.2%	30.9%	5.7%	9.1%	100.0	5,239,903
11+	52.5%	30.7%	6.0%	10.8%	100.0	3,559,993
Total	54.8%	30.5%	5.9%	8.7%	100.0	32,682,221

Source NHS Business Services Authority

19. Dental foundation trainees, getting their first associate job

19.1 Almost 15 per cent of respondents to our Foundation Dentist survey who had found a post reported difficulties with finding their first associate post. The main problem was a lack of posts, followed by a lack of posts for dentists with less experience. Nearly 12 per cent of respondents had not found a post at the time of the survey.

19.2 The average number of applications made in order to find a post was five. Twenty three respondents in England and Wales who had found a job in general practice anticipated earning between £30,000 and £50,000 in their first year with an additional 18 anticipating earning between £50,000 and £60,000.

19.3 Overall DFTs did seem to manage to find a first associate job. Some had to look further afield than their preferred location. Of all UK graduates in 2012, 9 per cent were unemployed compared to 12 per cent of respondents to our FT survey. This is concerning.

20. Associate underemployment

20.1 On average, associate dentists providing some NHS care in 2011/12 in England and Wales earned 55 per cent of the amount that an average practice owner providing NHS care earned. This is not surprising given that associates are more likely to work part-time, work fewer hours and have no central responsibility for practice management. As mentioned previously, in many metropolitan areas associates find full-time jobs hard to find. In *Dental Business Trends* we asked associates about their job situation. We found that 25 per cent worked in more than one practice.

20.2 The definition of underemployment we used was taken from the International Labour Organisation (ILO) and is used by the ONS. It defines underemployment as:

- People currently working less than 48 hours per week
- Who are willing to work more hours because they want a job additional to their current job, want another job with longer hours, or want more hours in their current job
- Who are available to start additional work within two weeks

20.3 535 out of 542 associates work 48 hours or less a week.

Table 40: Do you want to work more hours?

	Frequency	Percentage
Yes	76	14.2
No	423	79.1
Don't know	36	6.7
Total	535	100.0

Source *Dental Business Trends Survey 2013*

Table 41: To work more hours would you like to....

	N	Percentage
Extend the hours in your current main role	50	65.8%
Take another job, in addition to your main role	33	43.4%
Take another job with longer hours than your current job and give up your current job	14	18.4%
Don't know	4	5.3%
Other	5	6.6%
Total	76	100.0%

Source *Dental Business Trends Survey 2013*

Table 42: Are you available start any additional work within 2 weeks?

	N	Percentage
Yes	55	72.4
No	19	25.0
Don't know	2	2.6
Total	76	100.0

Source *Dental Business Trends Survey 2013*

20.4 So using the ILO definition, 55 out of 545 associates met the criteria giving 10 per cent. However as associates perceive themselves to be underemployed, 14 per cent is probably a more accurate figure. We will monitor this trend going forward, dentists are very expensive to train and a great

many people in the UK could benefit from their skills to tackle the serious levels of dental disease in some populations.

21. Practice owners' and associates' motivation and morale

21.1 General dental practitioners show levels of morale below that of the average for the general population. We asked practice owners and associates about their morale, what motivates them in their work and also about their levels of well-being and stress.

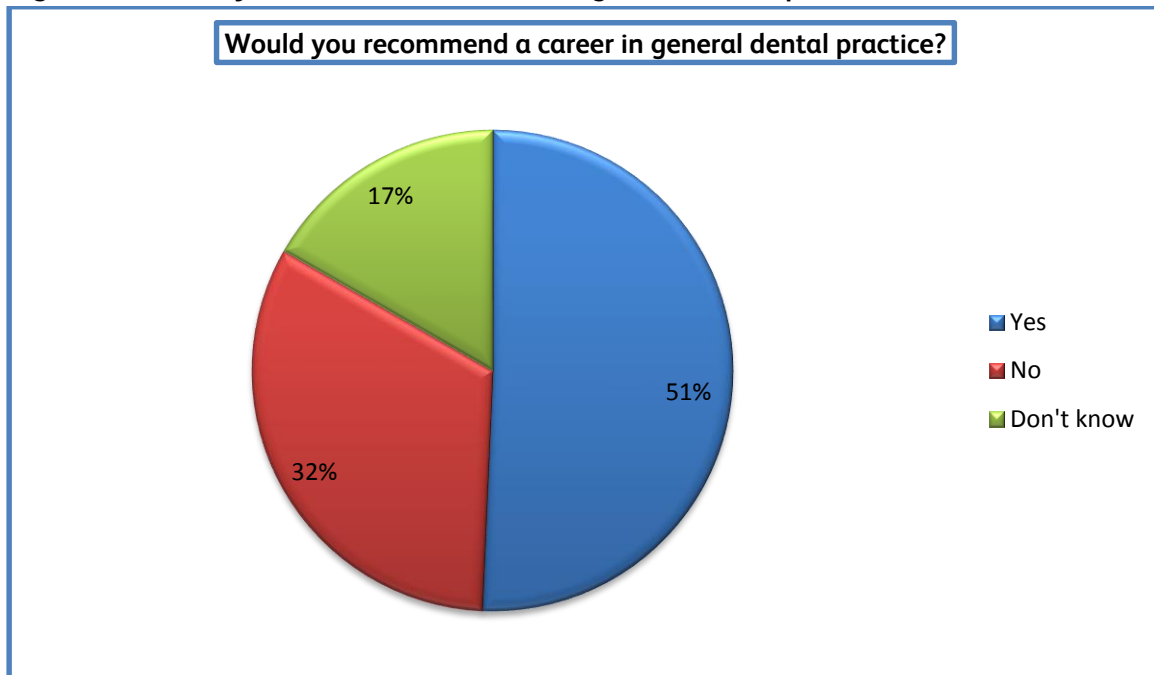
Table 43: How would you rate your morale as a dentist at the moment?

		Very high	High	Neither low nor high	Low	Very low	Total %	Total N
UK		8.9%	27.4%	31.2%	22.2%	10.3%	100.0	1319
Country	England	9.7%	28.4%	30.5%	21.1%	10.3%	100.0	1070
	Wales	7.4%	22.1%	38.2%	25.0%	7.4%	100.0	68
	Northern Ireland	3.9%	19.6%	23.5%	35.3%	17.6%	100.0	51
	Scotland	4.6%	25.4%	36.2%	24.6%	9.2%	100.0	130
Job Role	Practice owner	9.8%	26.9%	28.5%	22.6%	12.3%	100.0	766
	Associate	7.6%	28.0%	35.1%	21.8%	7.6%	100.0	542
Age	< 35	4.8%	29.8%	34.6%	23.1%	7.7%	100.0	208
	35 – 44	10.7%	26.2%	33.3%	22.0%	7.7%	100.0	336
	45 – 54	9.4%	23.5%	30.6%	22.8%	13.6%	100.0	434
	55 – 64	6.1%	30.4%	30.4%	22.7%	10.4%	100.0	309
	65+	36.1%	41.7%	13.9%	5.6%	2.8%	100.0	36

Source Dental Business Trends Survey 2013

21.2 Thirty six per cent of GDPs rate their morale as a dentist as high or very high with 32 per cent as low or very low. Practice owners seem to have slightly lower morale than associates and dentists in Northern Ireland have the lowest morale. This might be due to the planned cuts to dental services in Northern Ireland which will mean a loss of commitment payments to dentists.

Figure 17: Would you recommend a career in general dental practice



Source Dental Business Trends Survey 2013

21.3 General dental practitioners are not very likely to recommend a career as a dentist. This suggests that morale and motivation among the profession is lower than the table above shows. With the great number of changes and frustration that dentists feel with administration and the implementation of direct access to dental hygienists and therapists it is no wonder that almost a third would not recommend a career in dentistry.

22. Practice owners' and associates' wellbeing

22.1 Dentists were asked questions about their general wellbeing and asked to rate their answers on a scale of 1 to 10. In relation to the general population BDA members seem to have slightly lower wellbeing than the rest of the population. In keeping with the national trend, however, those aged between 45 and 54 reported the lowest levels of satisfaction, feeling their life is worthwhile and happiness. They also had the highest levels of anxiety. This could be down to the stresses and pressures of practice ownership and falling incomes taking more of a toll on this age group. Anxiety is greatest in Northern Ireland and this could be caused by the increasing uncertainty that dentists perceive in their businesses as a result of changes introduced by DHSSPSNI. Dentists in Northern Ireland continue this trend in all categories.

Table 44: Overall, how satisfied are you with your life nowadays?

		Mean	Median	N
UK		6.74	7.00	1313
Country	England	6.78	7.00	1066
	Wales	6.88	7.50	68
	Northern Ireland	6.18	7.00	51
	Scotland	6.54	7.00	128
Job Role	Practice owner	6.65	7.00	764
	Associate	6.88	7.00	540
Age	< 35	6.89	7.00	205
	35 – 44	6.75	7.00	328
	45 – 54	6.47	7.00	430
	55 – 64	6.92	8.00	309
	65+	7.69	8.00	35

Source Dental Business Trends Survey 2013

Table 45: Overall, to what extent do you feel the things you do in your life are worthwhile?

		Mean	Median	N
UK		7.20	8.00	1314
Country	England	7.24	8.00	1067
	Wales	7.15	8.00	68
	Northern Ireland	6.65	7.00	51
	Scotland	7.13	7.00	128
Job Role	Practice owner	7.19	8.00	764
	Associate	7.21	8.00	541
Age	< 35	7.08	7.00	206
	35 – 44	7.17	7.00	328
	45 – 54	6.98	7.00	430
	55 – 64	7.51	8.00	309
	65+	8.29	9.00	35

Source Dental Business Trends Survey 2013

Table 46: Overall, how happy did you feel yesterday?

		Mean	Median	N
UK		6.79	7.00	1313
Country	England	6.80	7.00	1066
	Wales	7.06	8.00	68
	Northern Ireland	6.49	7.00	51
	Scotland	6.66	7.00	128
Job Role	Practice owner	6.73	7.00	764
	Associate	6.87	7.00	541
Age	< 35	6.73	7.00	206
	35 – 44	6.84	7.00	327
	45 – 54	6.55	7.00	430
	55 – 64	6.96	8.00	309
	65+	8.17	8.00	35

Source Dental Business Trends Survey 2013

Table 47: Overall, how anxious did you feel yesterday?

		Mean	Median	N
UK		4.21	4.00	1311
Country	England	4.19	4.00	1065
	Wales	4.03	3.00	68
	Northern Ireland	4.94	5.00	51
	Scotland	4.20	4.00	127
Job Role	Practice owner	4.33	4.00	762
	Associate	4.03	4.00	541
Age	< 35	4.31	5.00	206
	35 - 44	4.15	4.00	326
	45 - 54	4.40	4.50	430
	55 - 64	4.20	4.00	308
	65+	2.06	2.00	35

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22.2 The rest of the UK has higher levels of overall life satisfaction, feelings that life is worthwhile and happiness and lower levels of anxiety than that reported by general dental practitioners.

Table 48: UK wellbeing score from the ONS

Table 1.1 Average (mean) rating and percentage of adults reporting very low, low, medium, high and very high ratings for each subjective well-being question (1), 2011-12 (2, 3, 4)

United Kingdom

Percentages

	Very low (0-4)	Low (5-6)	Medium (7-8)	High (9-10)	Average (mean)
Life satisfaction	6.6	17.5	49.8	26.1	7.4
Worthwhile	4.9	15.1	48.6	31.4	7.7
Happy yesterday	10.9	18.0	39.3	31.8	7.3
	Very high (6-10)	High (4-5)	Medium (2-3)	Low (0-1)	Average (mean)
Anxious yesterday	21.8	18.1	23.5	36.6	3.1

Table source: Office for National Statistics

22.3 The trend can be directly compared in the table below which shows the average responses for all general dental practitioners in the UK. Over a third of respondents rated their life satisfaction as low or very low, almost a third did not consider their life worthwhile and over 37 per cent were not happy yesterday, compared to 29 per cent of the rest of the UK. Over half of respondents were anxious yesterday while less than 40 per cent of the rest of the UK was anxious.

Table 49: General dental practitioner reported wellbeing

	Very low (0-4)	Low (5-6)	Medium (7-8)	High (9-10)	Total %	Average (mean)	Base N
Life satisfaction	15.5	20.5	44.6	19.4	100.0	6.74	1308
Life worthwhile	10.1	18.0	45.4	26.5	100.0	7.20	1308
Happy yesterday	15.5	22.2	37.9	24.4	100.0	6.79	1308
	Very high (6-10)	High (4-5)	Medium (2-3)	Low (0-1)			
Anxious yesterday	35.6	19.1	24.4	20.8	100.0	4.21	1308

Source Dental Business Trends Survey 2013

22.4 As we would expect, patient care is a strong motivator for general dental practitioners as is pay which 89 per cent saw as very important or moderately important.

Table 50: How important are these factors to your motivation?

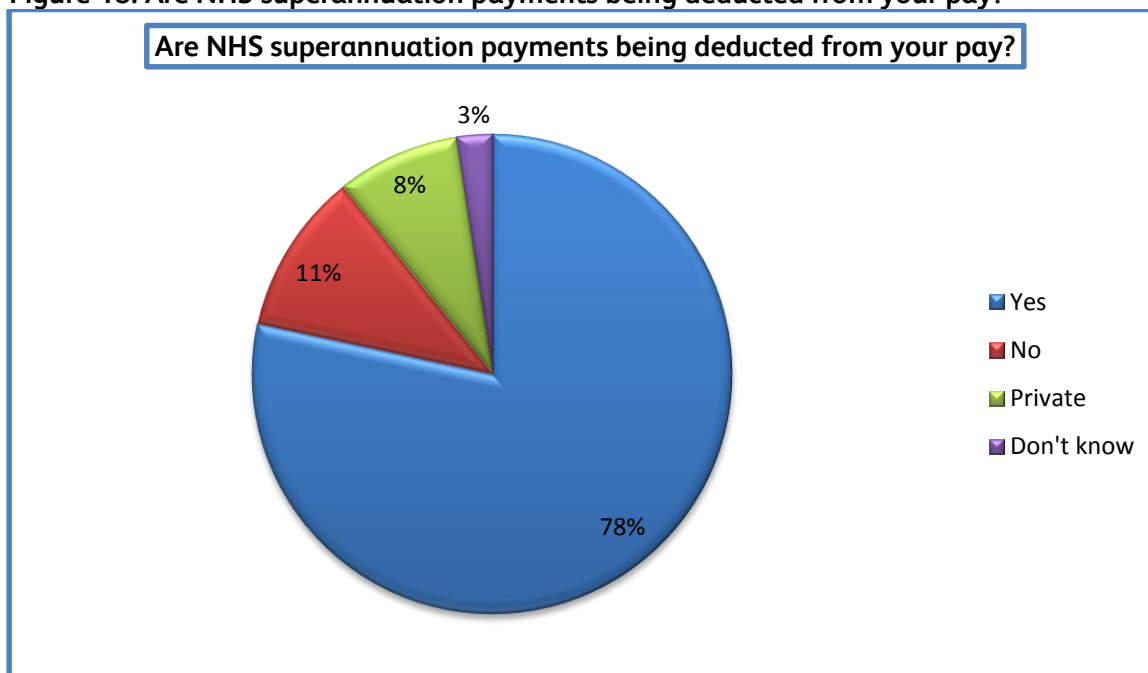
	Very important	Moderately important	Neutral	Low importance	Not important	Total	Total
Career progression	18.9%	30.8%	30.3%	10.9%	9%	100%	1346
Training	32.3%	42.9%	17.9%	4.8%	2%	100%	1343
Colleagues	32.1%	42.5%	20.4%	3.8%	1.2%	100%	1344
Variety of work	42.8%	45.9%	9.9%	1%	0.4%	100%	1348
Pay	40%	49.3%	9.4%	1.2%	0.1%	100%	1345
Care to patients	78.2%	20%	1.6%	0%	0.1%	100%	1347
Management	46.4%	37.7%	13.1%	2.5%	0.3%	100%	1346
Commitment to NHS	16.7%	25.8%	23.5%	14%	20%	100%	1341
Job security	57.4%	31.2%	9.4%	1.3%	0.7%	100%	1345
Terms and conditions	34.8%	32.4%	24.9%	5.2%	2.7	100%	1335

Source Dental Business Trends Survey 2013

23. Pension contributions and participation in the NHS pension scheme

23.1 We asked associates whether they were having NHS superannuation contributions deducted from their NHS earnings. We wanted to try and understand their level of participation in a major NHS benefit. It looks as if participation rates are very good if totally private associates are excluded. Next year we will find out whether those saying no have specifically opted out of the pensions scheme because they might only be working in the NHS for a short time or they might be older associates who have already taken their pension.

Figure 18: Are NHS superannuation payments being deducted from your pay?



Source Dental Business Trends Survey 2013

- 23.2 In 2008 following a major review of the NHS Pension Scheme, tiered contribution rates were introduced for the first time. The initial contribution rates were five per cent, 6.5 per cent, 7.5 per cent and 8.5 per cent. The rates reflected annual pensionable pay. Most dentists found themselves in either the 6.5 per cent or 7.5 per cent pay bands.
- 23.3 Independently of the Hutton reports on the future shape of public service pension schemes, the Coalition Government increased tiered contribution rates over a three year period by an average of 3.2 percentage points.
- 23.4 2013-14 is the second year of the increased rates. The increase in contribution rates did not relate in any way to the financial solvency of the NHS Pension Scheme but to a need to raise £2.8 billion to reduce the overall financial deficit in the economy.
- 23.5 In addition, the increases have not been raised equally across public service schemes as the lower paid were to be protected and higher increases were to be met by the higher paid, including dentists.
- 23.6 Dentists who were paying member contribution rates of six per cent prior to the review in 2008 could be paying 13.5 per cent by 2015: an increase of 125 per cent over a seven-year period.
- 23.7 The Pensions Policy Institute in its paper on the implications of the Coalition Government's public service pension reforms² made the following observations, inter alia-
- The Coalition Government's reforms to the NHS, Teachers, Local Government and Civil Service pension schemes will reduce the average value of the benefit offered across all scheme members by more than a third.
 - The impact across all members of the NHS Scheme is to reduce the pension benefit from 23 per cent of a member's salary before the reforms to 14 per cent after the reforms, a reduction of more than a third.
- 23.8 The new NHS Pension scheme which will begin in April 2015 will be a Career Average Re-Valued Scheme.

² *The implications of the Coalition Government's public service pension reforms* Pensions Policy Institute, May 2013

24.

Dental Business Trends Survey 2013

The BDA carried out its annual Dental Business Trends Survey in 2013. The survey collects data on morale, motivation, recruitment and retention as well as information on the size of dental practices, hours worked, pension arrangements, working patterns and demographic information.

The survey was carried out in the summer of 2013 with practice owners and associates who were members of the BDA in June 2013. The survey sought to investigate the following areas:

- Dental workloads
- Morale and motivation in the profession
- Financial circumstance of dentists
- The dental workforce

Fieldwork for this survey took place between 12th June and 8th August 2013 via an electronic survey. The survey population included all dentists working in general dental practice who were members of the BDA at that time and for whom the BDA had current and reliable information.

The survey was e-mailed to 10,058 GPs in the UK and 1,341 responded within the allotted timeframe.

The final response rates can be seen below.

Final response rates	
England	13%
Wales	15%
Scotland	18%
Northern Ireland	18%

25.

Dental Foundation Trainee Survey

The BDA conducted its annual survey of Dental Foundation Trainees. The aim of the 2013 survey was to understand the labour-market experience of DFTs in the UK and had the following objectives:

- To assess levels of recruitment among DFTs;
- To understand DFTs' experiences of finding and looking for a post;
- To identify any barriers to finding employment among DFTs.

The target population for the survey was all DFTs in the UK who were due to complete their DFT training before October 2013. The effective survey population included BDA members and non-members who had not opted out of receiving communications from the BDA and for whom up-to-date contact data were available on BDA data systems. Fieldwork for this survey took place between 11th June and 23rd July 2013. The survey was administered online with a postal reminder.

Of the 741 DFTs who were invited to participate, 194 responded to the survey (26 per cent of those surveyed), with members being slightly more likely to respond than non-members. Among respondents, 140 completed the survey, were in VT/DVT/DFT at the time of survey, and were due to finish their training before October 2013.

Annex 3

FOIA to the BSA

On 11th July the BDA contacted the NHS Business Services Authority with a Freedom of Information Act Request. The first response was received on 29th July informing the BDA that the correct protocol had not been followed for the request as the e-mail account had changed. A second request was made on 05th August and the final response was received on 30th August. A copy of the request can be found below.

To whom it may concern,

The following request for information is being made under the Freedom of Information Act.
Request:

For each dental contract in England, that has provided or provides dental services, excluding those providing only orthodontic, sedation or domiciliary dental services, or Trust Dental Services contracts can you provide the following:

- * name of each contractor and their contract number(s)
- * The area team which it falls under the control of
- * The first part of the practice postcode i.e. CR1 7 or W1G 8
- * The purpose of the contract (e.g. general, general and orthodontic)
- * Total Contracted UDA Activity
- * Total delivered UDAs
- * Total Contracted Value
- * Cost per UDA
- * The number of patients seen by the practice in the last year (1/04/2012 - 31/03/2013).
- * The number of patients seen by the practice in the last three years (1/04/2010 - 31/03/2013).
- * The number of performers that have carried out NHS work with in the practice (1/04/2012 - 31/03/2013)
- * The number of Band 1, 2, 3 and urgent courses of treatment performed in the last year? (1/04/2012 - 31/03/2013)
- * Type of contract (e.g. GDS, PDS, PDS+).

In addition can you please provide the number of patients seen under TDS contracts last year (1/04/2012 - 31/03/2013)?