

Call for evidence Response

**The Department of Health and Social
Care's call for evidence on the NHS
10-Year Workforce Plan**

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Section one: the three shifts

The GDC is the regulator for dentists and dental care professionals in the UK. Our primary purpose is protecting the public. We do this by setting learning outcomes for and quality assuring pre-registration dental education and training in the UK, maintaining a register of dental professionals, ensuring that nobody is admitted to that register if they do not meet the relevant requirements, setting standards of conduct for those on our register, and taking action when concerns raised with us indicate that a dental professional may have fallen short of those standards.

The GDC welcomes the aims of the 10 Year Plan and the shifts from hospital to community, analogue to digital, and sickness to prevention. The shortage of dentists providing NHS care is a barrier to achieving these shifts, particularly the shift from sickness to prevention. We know that many people across the country cannot find an NHS dentist, meaning that opportunities to treat minor dental issues or provide preventative care are often missed and problems become more serious before they are able to be treated. According to Dental Workforce Data, in December 2024 there were 2,516 FTE NHS vacancies for general dentists ([Dental-Workforce-Publication-December-2024.xlsx](#)).

While training more dentists in the UK and registering more dentists with overseas qualifications may help to reduce vacancies, it is also essential that the NHS improves its retention of dentists. The GDC recently conducted a study of the working patterns data from our registrants: [Dentist working patterns inferential analysis](#). This data indicates that the longer a dentist has been on our register, the less likely they are to be providing some amount of NHS care. For instance, in the first five years after registration 86% of UK-qualified dentists provide at least some NHS care, but this figure drops to 66% for those who have been registered for 6-15 years. Similar patterns exist for dentists with EEA and non-EEA qualifications, and 80% of dentists from all routes to registration who have been registered for less than five years provide some NHS care, while just 46% of those on the register for 36+ years provide any NHS care.

The GDC also maintains specialist lists for dentists who have qualifications in one or more specialities. Nearly one-third of specialist list registrations are for orthodontics (1406/4457), while some specialities have very low numbers on their lists, such as oral microbiology (5) and dental and maxillofacial radiology (33). There has not been any comprehensive service planning for specialities, and therefore there is also a lack of planning on training needs for specialities. Dental care professionals (DCPs), including dental therapists, hygienists, technicians, and nurses, are essential members of the care team. Dental hygienists and therapists play an important role in providing preventative care. Dental workforce data reported 71 FTE NHS vacancies for hygienists

and 342 FTE NHS vacancies for therapists in December 2024. In addition to dentists, the GDC also collected working pattern data from DCPs and this data indicates that 50% of therapists and 67% of hygienists in clinical roles are working in the private sector ([Dental therapists working patterns inferential analysis](#); [Dental hygienists working patterns inferential analysis](#)). Increasing the availability of preventative dental care will require ensuring that the NHS is an attractive place for hygienists and therapists to work and that they are able to work to the full scope of their profession. The dental care workforce is also experiencing shortages of dental technicians, and these shortages are likely to increase in future as Dental Technology programmes close, resulting in an inadequate number of new graduates. Many of these programmes do not have succession planning in place, therefore, when the technicians running the programmes retire there is likely to be significant difficulty in finding replacements. Dental technicians are the only one of our registers to see a net decrease in registrants from 2020-2024, as there were 5,533 registered dental technicians in 2020 but 5,025 in 2024, a nearly 10% decrease ([Registration Statistical Report 2024](#)). This is undoubtedly linked to a decline in education providers; for example, this year is the first year that there will be no provision of dental technology programmes in Scotland. We have heard from dental professionals that recruiting for dental technicians is already very challenging, and that majority of applicants for these positions are overseas trained. In light of changing population needs, improvements in technology, and the use of overseas qualified technicians, there needs to be comprehensive workforce planning, including planning around training needs, to ensure that there are sufficient technicians now and for the future. Like hygienists, therapists, and technicians, dental nurses are also experiencing workforce shortages. Without dental nurses available to provide chairside support, increasing the number of dentists, hygienists, and therapists will not result in more patient care. Dental nurses also play an important role in preventative care, supporting the shift from sickness to prevention. In December 2024 there were 1,289 FTE NHS vacancies for dental nurses, which represents 88% of the total vacancies for dental nurses across the public and private sectors. Retention is also a key issue for dental nursing, as issues like low pay are motivating dental nurses to seek other work. It is crucial that the Government recognises the importance of dental nurses to the dental care team, and that a lack of available dental nurses will limit the amount of care dentists, hygienists, and therapists can provide.

Section two: modelling assumptions

The GDC is aware that the Government is implementing a three-year NHS tie in for new dental graduates. While we support measures that seek to encourage dentists to work in the NHS, our data indicates that the tie-in is unlikely to substantially increase the availability of NHS care. In the first five years after registration 86% of UK-qualified dentists provide at least some NHS care, but

this figure drops to 66% for those who have been registered for 6-15 years. 80% of dentists from all routes to registration who have been registered for less than five years provide some NHS care, while just 46% of those on the register for 36+ years provide any NHS care. ([Dentist working patterns inferential analysis](#)). Increasing the availability of NHS dental care requires that dentists stay working in the NHS, so policies should focus on making the NHS an attractive place to work for dentists throughout their careers.

Dentists and DCPs with overseas qualifications make a significant contribution to the UK workforce. In 2024, 31.1% (14,409) of registrants on the dentist register had overseas qualifications, and the percentage of registrants with overseas qualifications has increased each year over the past five years. Last year, 47.2% (1020) of new dentists had overseas qualifications ([Registration Statistical Report 2024](#)). If current trends continue, the proportion of the register that is overseas-qualified will continue to increase.

For DCPs, recent statistics on new additions have been impacted by the unprecedently high number of applications for the dental therapist and/or dental hygienist register from overseas qualified dentists before this route to registration closed in March 2023. As of 2024, over a quarter of the total number of dental hygienists on our register (2,628) have overseas qualifications, as have over a third of dental therapists (2,618).

The GDC is currently undertaking work to improve our international registration processes to ensure that candidates with adequate skills, knowledge, and experience can efficiently join our registers and contribute to the UK workforce. Nevertheless, it is important that Government carefully considers the role that overseas trained professionals play in developing a sustainable workforce. We have been working with DHSC who have indicated that one of their priorities is to increase international registration of dentists, however, Government has also made it clear that they want to move towards limiting reliance on foreign workers and reduce net migration. Future policy development and workforce planning should both account for the current reality where almost equal numbers of overseas professionals and UK-trained dentists are joining the register and provide investment in UK training to ensure a more sustainable domestic workforce for the future. For example, changes to immigration rules that aim to reduce net migration must take into account the significant proportion of new registrants that have overseas qualifications in order to ensure the workforce is sufficient to support the ambitions of the 10 Year Health Plan. In July the Government made changes to Skilled Worker Visa eligibility that removed DCPs from the list of eligible professions. This has meant that those awaiting assessment and any prospective applicants with overseas qualifications who do not have another route to getting the right to work in

the UK will be unable to practice, even if they receive GDC registration. Given the current recruitment challenges in these professions, we would urge the Government to reconsider this decision and consider adding these occupations to the Occupation Shortage List to ensure that there will be an adequate workforce to support the ambitions of the 10 Year Plan.

Section three: productivity gains from wider 10 Year Health Plan implementation

For the UK to have a sufficient dental workforce that reduces reliance on overseas recruitment, there needs to be more investment in training, particularly in areas that are the most underserved. As regulator, the GDC assesses and approves new dental training programmes but does not determine where training places are or provide funding. We have provided guidance on receiving Dental Authority status, which is required for programmes to be able to offer a Bachelor of Dental Surgery (BDS) which leads to registration as a dentist. We have seen an increase in interest and submissions for new dental schools that are located in areas with dental care access issues, but lack of capital funding and knowledge about the allocation of funding for expansion is a barrier to establishing these programmes as centres for training local students who are likely to stay and work in these underserved areas. The capital investment needed for dental training, including BDS, Dental Hygienist and Therapist and Dental Technology courses, requires consistent long-term planning due to the cost involved in setting up these programmes. Clarity is needed on funding of the expansion of the workforce and we welcome plans that include funding for training in underserved areas, otherwise it is likely that there may be more international and private schools, which are less likely to improve access issues. To ensure that there is an adequate workforce in all parts of the UK to support the shifts in the 10 Year Plan, there needs to be more diversity in training places so that dentists are being trained and working across the country.

Increasing the amount of training places also requires ensuring that there are adequate numbers of academic staff to conduct training, and this is another area where there are workforce shortages that will increase if the situation is not addressed. It is necessary to have adequate reimbursement and incentives for professionals to participate in training and to train teachers and supervisors, as the availability of trainers is a crucial factor that needs to be accounted for in planning training places, otherwise there will be no one to support the future workforce in the NHS.

Improving access to dental care is not only about increasing the number of professionals available to provide care, but also about making sure every member of the dental team is used effectively. We welcome measures that seek to optimise skill mix and ensure that Dental Care Professionals (DCPs) are able to work to their full scope of practise. We also support measures that improve direct access to DCPs, as this will support both the shift from sickness to prevention and hospital to community.

Section Four: Culture and Values

The GDC recognises that staff wellbeing supports both retention and safe, high-quality patient care. We support measures that support open learning cultures that promote continuous improvement, as well as support for professionals to speak up about concerns when things go wrong.

It is particularly important to support professionals who are new to the UK dental workforce to ensure that they want to stay in the profession. We offer a 'New to UK Practice' seminar for overseas qualified dentists and DCPs, but more could be done to support overseas professionals to adapt to working in the NHS.

There has been limited research on interventions to help dentists who are struggling with their mental health. The GDC has recently commissioned a rapid evidence assessment to update and extend the GDC's evidence base on mental health and wellbeing across the dental professions. We look forward to sharing the results of this research and continuing to work towards improving mental health and wellbeing across dentistry.

Additional information

The GDC supports the shifts outlined in the 10 Year Health Plan, but achieving these shifts will require addressing the significant workforce shortages in dentistry. Too many dentists are leaving the NHS, and the UK is becoming increasingly reliant on overseas recruitment to try to fill vacancies. To build a sustainable workforce, Government must invest in training, particularly in underserved areas, and improve retention in the NHS.

Comprehensive workforce planning is also required for Dental Care Professionals (DCPs). DCPs are valuable members of the dental team and planning should include a focus on ensuring skill mix is optimised and that DCPs are able to work to the full scope of their profession. Without ensuring that there are sufficient numbers of DCPs, increasing the number of dentists will not result in an increase in care. A decline in training programmes, combined with the removal of DCPs from eligibility for Skilled Worker Visas, is causing significant difficulty with recruitment in professions like dental technicians, which will only get worse if these problems are not addressed.

Currently, lack of available NHS dental care is a barrier to achieving the aims of the 10 Year Health Plan, as the lack of availability of dental care means that minor dental issues are often escalating into more serious problems which require more resources to solve. Workforce planning for all

dental professions, investing in training, and developing policy that supports retention of professionals in the NHS will be key to ensuring the Plan is successful.

General Dental Council

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