

To:
Michael Donaldson, SPPG
CDS Clinical Directors
CDO
Kathryn Ferguson, WPD

19th February 2025

Re. Community Dental Service (CDS) workforce

You will be aware that a key priority of NI Community Dentists Committee (NICDC) has been around seeing growth of the CDS dentist workforce.

Recently obtained data¹ confirms the whole-time equivalent (wte) of HSC employed community dentists has remained largely static between June 2018-June 2024 (wte of 63.36 in 2018 compared with 65.83 in 2024), in stark contrast to the 16.4% growth across HSC as a whole in the same time period.

The case for growing the CDS dental workforce to meet rising demand for services is hardly new. A Skills for Health Workforce Review for Dental Services in NI² completed in 2018 stated that many of the then 92 CDS dentists were approaching retirement, with up to 40% approaching retirement by 2025. As a result, an additional 36 community dentists could be required by 2025, meaning a total number of 61 additional dentists to meet future demand. Despite this, growth has failed to materialise, and we have actually witnessed a further reduction of the service to a headcount of 83 as at 30 June 24.

The Oral Health Improvement Plans for Children and Older Persons Consultation Report stated: 'the Department recognises the increasing demands placed on the Community Dental Service from an increasing older persons population', and 'the Department will continue to engage with dental representatives at all levels to maximise the workforce and ensure that population oral health needs can be met'. Moreover, Recommendation 2.4 makes reference to the need to, 'increase capacity within the CDS for increased demands on service and support wider skill-mix within the CDS team'.

Furthermore, better understanding the correlation between population data alongside workforce data to accurately plan workforce need, including for CDS and expansion of services is one of the points to come out of the Dental Workforce Review Stakeholder engagement at Craigavon on 18th September 23, and accompanying Engage Report.

Impact

Despite the established need and commitments made over many years, we have failed to see any concerted growth of this small but important service. Indeed, failure to adequately workforce plan and to implement a growth strategy to the CDS is now having a significant detrimental impact on staff morale, is a key cause of job strain, and behind the unacceptably high levels of stress

¹ AQW 20238/22-27 Table 1 HSC Community Dentists Employed (whole-time equivalent) at 30 June 2018-24 by HSC Trust

² Skills for Health Workforce Review for Dental Services in Northern Ireland, August 2018

resulting in over 40% of our survey respondents feeling they cannot cope with the current level of stress in their job.

Inadequate staffing in CDS is having an intolerable impact on the working lives of many of our CDS dentists at this time, as evidenced by the findings of a BDA Survey of CDS dentists compiled for our evidence to DDRB 25/26 for salaried Community Dental Services.

BDA evidence to DDRB 25/26 for salaried Community Dental Services

Findings of BDA Survey of CDS dentists in Northern Ireland 2024:

Staffing level/availability:

- 81.8% of CDS dentists responding to BDA survey consider staffing to be a 'very negative/somewhat negative' influence on morale
- 50% of CDS dentists 'extremely concerned' & a further 40.9% 'slightly concerned' about staff availability;
- 63.6% 'extremely concerned' about staff recruitment, with an additional 22.7% 'slightly concerned'

Workload:

36.4% say workload is having a 'very negative' influence on morale; 27.3% workload has a 'somewhat negative' influence

• Job Strain particularly evidence in CDS:

- o 77.3% describing their current workload as 'very high/high';
- 40.9% 'strongly disagreed/disagreed/somewhat disagreed' with the statement, 'I can cope with the level of stress in my current job'
- o 57.1% 'extremely concerned' & 28.6% 'slightly concerned' re. patient backlogs

CDS Staffing Levels

Grade	Headcount	WTE
Community Dental Officer/Senior CDO	79	61.43
Director /Assistant Director of	5	4.40
Community Dental		
TOTAL	83*	65.83

HRPTS as at 30 June 2024

*nb. x1 individual is counted in both CDO/SCDO & Director/Assistant Director grades, so total does not total 84

The 52nd DDRB report stressed the need for workforce planning and other actions to be taken to improve working conditions. Unfortunately, one year on we see little evidence of any progress having been made to address staffing shortages and associated pressures in a Northern Ireland context. Instead, our survey findings show a picture of rising workloads, sub-optimal staff numbers and worsening morale among practitioners working in CDS, at a time when pressures on the service have never been greater. This is compounded by moral injury from patient backlogs and the fallout from a failing GDS which is adding to the situation in CDS.

Simply put, the workforce situation in CDS has reached deeply concerning levels and requires urgent attention.

Moving forward

At our meeting with the Health Minister on 18th February, we highlighted the importance of urgent action being taken to grow the CDS workforce. One of the suggestions put forward was that a needs analysis should be undertaken i.e. a rapid piece of work to quantify the shortfall in existing CDS dentist capacity against current demands including patient backlogs, and projected pressures on the horizon.

A needs analysis would identify the gap in CDS staffing and would inform the quantum of wte growth required in the service.

Our second ask of the Minister was that there should be greater accountability and clarity over where responsibility lies with advancing CDS workforce growth. It is unacceptable that many years after CDS workforce needs being highlighted, there is no plan in place to address these gaps.

In our Trade Union function, BDA has a duty to highlight those issues which are impacting most upon the workforce. While we have already shared our deeply concerning survey data with the Health Minister, WPD and CDO, ultimately our priority is to stimulate change for the sake of staff and the service which the public relies upon.

We ask that this letter will help to initiate a collective response, namely a defined process to quantify the true extent of the existing staffing gap within the CDS and taking forward all steps necessary to effect change.

We respectfully wish to give all key players their place in this process, from Clinical Directors highlighting the pressures which exist across all Trust areas; SPPG actively supporting and taking forward bids for growth; while at a regional level, DoH via CDO and WPD having important strategic roles to play in supporting growth of this small but important service.

We look forward to hearing from you and your suggestions about how we move this important issue forward.

Yours sincerely

Ann McAreavey

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Chair, NI Community Dentists Committee