“We need to consider carefully how to plan for the future workforce”

An interview with Health Education England’s Sam Shah and Dental Core Trainee Edward Sinclair

After the vote to leave in the European Union Referendum last month and the appointment of Theresa May as Prime Minister, negotiations between Westminster and Brussels are expected to commence soon. In an article published by the British Dental Journal, researchers from Health Education England in London already in May drafted a possible Brexit scenario and its implications for dentistry in the UK. Dental Tribune had the opportunity to speak with authors Edward Sinclair and Sam Shah in London about the possible impact of this historic decision on dental regulations and the workforce.

Dental Tribune: In the EU referendum, the majority of Brits voted for the UK to leave the EU. What impact could an upcoming Brexit have on the British health care sector and dentistry in particular?

Edward Sinclair: To give an exact and short answer to your question would be difficult. I would say that in the short term very little will change. After that it will really depend on the outcome of any negotiations. One would hope that there would be minimal disruption to the existing systems.

One of the areas that could be affected is workforce. At the moment, the UK has many workers from other EU countries who fall under the freedom of movement arrangement and benefit in general from mutual recognition of their professional qualifications. One of the reasons the leave vote triumphed was because a lot of people seemed unhappy with the whole concept of freedom of movement. In the future, it is possible that it will be restricted in some way. What we might end up with is something like the arrangement in North America where professionals are able to come to the UK if they have a job offer.

As a nation we also benefit from products and material being manufactured elsewhere in Europe that get imported in the UK for use in dentistry, for example in the fields of implant dentistry or endodontics. If there are going to be changes, there will need to be trade agreements in place between the EU and the UK. Inevitably this is likely to have an impact on price.

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In addition to immigration, one of the topics that leavers put forward in the referendum was regulation. To what extent is the dental industry in the UK regulated by EU laws?

Sinclair: As an example, the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 became UK regulation in 2013. This originates from EU Council Directive 2000/35/EC on the prevention of sharps injuries in the hospital and healthcare sector. For something like this it would now be up to the UK legislature to decide upon. It’s important to note however, that there are some countries in the EU that have a much lower regulatory burden. I think it was a distortion in the run-up to the referendum to state that leaving the EU would somehow reduce the amount of red tape.

Shah: You also have to consider other European rules for example on ionising radiation or the transfer of clinical images. The reality is whether we are part of the EU or not, there will need to be something whether it is a policy or regulation that addresses matters such as these. It is unlikely that the State would just dismantle the rules without any replacement because there have to be some safeguards in place for society.

The type of regulation that dentists may be more familiar with are EU competition laws. The UK has its own version of competition laws in any event. There is a chance that we will need an alteration of these rules however they will probably still exist. At the moment, I am yet to be convinced that any EU regulation would not continue to apply in some form if the UK does continue to leave the EU.

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Sam Shah: There is a whole myriad of legislation that will need to be unravalled, reinstated or recreated. Those responsible for the workforce will need to consider both the existing EU migrant workforce and various UK residents are currently training in other EU countries. They will probably be planning to return to the UK in the hope that their qualifications are going to be recognised.

The likelihood is that future barriers to movement will have an impact on supply and demand within the workforce. This means that for us in the UK we need to consider carefully how to plan for future workforce because our modelling has been based on what happened over the last 10 to 15 years. The implications on dentistry won’t be seen for some years to come and it will probably take at least 5 to 10 years before we see any real impact from the Brexit.

Sinclair: There was a time 15 years ago when it was more difficult for people in rural areas to find an NHS dentist. Recently, that has become less of a problem and this could be because a lot of EU dentists were willing to work in those areas. Whilst the economic problems of the eurozone remain, there will still be demand from dentists from EU countries to work in the UK.

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Do you see any benefits of the Brexit for dentistry in the UK?

Sinclair: There may be an opportunity to standardise English language requirements, if we start recruiting more heavily from countries where English is the primary language of instruction. It may be argued that it could be easier to introduce people to the workforce and keep standards at a consistent level, but this is only speculation.

Shah: From a competition point of view, there are potential benefits for local workers who through the influx of dentists and other professionals might have been less willing to work at a specific rate or found accessing work more competitive. At the individual level, some of the people in our existing workforce may be more likely to find work post-Brexit but I think migration of professionals will continue provided the UK remains an attractive place to work for people from the EU. There will need to be some arrangement which allows dental professionals to come to the UK.

What aspects do you think will be important to consider in the upcoming negotiations with the EU regarding dentistry?

Sinclair: We know that the NHS (not just dentistry) really benefited from the flexibility of being able to recruit from other EU countries, so ideally negotiators want to establish a similar arrangement, even if it is a special visa for health care workers to come to the UK or work in EU countries. That seems to be a sensible thing to lobby the government on so that we do not lose that flexibility.

It would not have a huge effect on general immigration either because health care workers are only a small portion of net immigration. The government does not have to fear that it would distort the figures too much and it would allow this very important section of the workforce to remain in the country. I expect that the public would support that, whichever side they are on in the whole debate.

Shah: There certainly does need to be some sort of trade agreement for medical devices and health care products. Drugs will probably need to fall into a special category as we know a lot of medicinal drugs already move back and forth across the EU. Similarly there will need to be some rules for things as basic as data sharing between the UK and EU states, particularly in relation to offsite data backup that could often use sites in other parts of the EU where space is often more affordable.

One of the most important aspects is continued collaboration in respect of the public health agenda, which includes oral health. Broader public health initiatives do not necessarily need a formal agreement as it is unlikely that any single EU state will be affected. However, it is more likely that the region as a whole will be affected by issues relating to both general disease and oral diseases. There will need to be continued collaboration between dental and oral policy makers across the European region.

Thank you very much for the interview.

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