

CED White Paper

Workforce challenges for dentistry

November 2022

GLOSSARY OF MAIN TERMS

- **Health workforce:** 'The overarching term for the body of health professionals (trained, and care workers directly involved in the delivery of care) working in a healthcare system'¹
- **Healthcare workforce planning:** 'Strategies that address the adequacy of the supply and distribution of the health workforce, according to policy objectives and the consequential demand for health labour'²
- **Brain drain** (*for the purpose of this paper, we are specifically referring to brain drain for healthcare workers*): 'Migration of health workers - 'Brain drain' - is defined as the movement of health personnel in search of a better standard of living and life quality, higher salaries, access to advanced technology and more stable political conditions in different places worldwide.'³
- **Burnout:** 'Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.(...)Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.'⁴
- **High skill education (for dentistry)** As per the 2009 CED Resolution *Delegation yes-substitution no*: 'Dentistry is a complex and highly demanding branch of medicine, which encompasses the prevention, diagnosis and treatment of diseases of the hard and soft tissues of mouth and jaws, malformations and lesions of the teeth, mouth and jaws, as well as the replacement of missing teeth and restoration of functional oral health. (...) Such treatment calls for complex medical and scientific knowledge, which is included in the training of university-educated dentists.'
- **High tech (technology) medicine:** 'Engineered advances in medical knowledge and technique that have resulted in improved diagnostic, therapeutic, and rehabilitative procedures.'⁵
- **Medical desert:** 'Medical deserts imply the inability of a given population (and / or a population group) to access health services, or the state of isolation when it comes to receiving health services (...)'⁶ 'Medical deserts are isolated or depopulated areas with such significant falling numbers of medical practitioners and overall health workforce shortages that they hamper health worker availability and exacerbate health inequalities in the population, especially among vulnerable groups.'⁷

¹ Joint Action on Health Workforce Planning and Forecasting, '*Handbook on Health Workforce Planning Methodologies Across EU Countries*', funded By the Health Programme of the European Union, edited by Annalisa Malgieri, Paolo Michelutti, Michel Van Hoegaerden, p. 10, https://healthworkforce.eu/wp-content/uploads/2015/11/150306_WP5_D052-Handbook-on-HWF-Planning-Methodologies-across-EU-Countries_Release-1_Final-version.pdf

² Ibid., p.12

³ Misau Y., Al-Sadat N., Gerei A., Brain-drain and health care delivery in developing countries, Abstract, taken from National Library of Medicine, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5345397/#:~:text=Migration%20of%20health%20workers%20Brain,conditions%20in%20different%20places%20worldwide.>

⁴ World Health Organisation, Burn-out an "occupational phenomenon": International Classification of Diseases, <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases#:~:text=%E2%80%9CBurn%2Dout%20is%20a%20syndrome,related%20to%20one's%20job%3B%20and>

⁵ Medical Dictionary, part of The Free Dictionary, <https://medical-dictionary.thefreedictionary.com/high-tech+medicine>

⁶ Action for Health and Equity: Addressing medical Deserts (AHEAD), co-funded by the Health Programme of the European Commission, section 'What are medical deserts?', <https://ahead.health/results/medical-desert/>

⁷ Ibid., <https://ahead.health/>

I – INTRODUCTION

The Council of European Dentists (CED) is a European not-for-profit association which represents over 340,000 dentists across Europe. The association was established in 1961 and is now composed of 33 national dental associations from 31 European countries. The CED's core mission is to promote the interests of the dental profession in the EU. This includes focus on priority issues for dentistry, including workforce challenges, a topic that gained increasing prominence in the last decades.

Workforce challenges among healthcare professionals, dentists included, are noticeable throughout Europe, and efforts to improve the status quo are ongoing. While oral health workforce challenges depend on workforce planning and the overall number and distribution of dental professionals, they do not exist in silo: numerous factors contribute to the current situation, such as societal and demographic changes, education, task shifting.

The issue of workforce planning is prominent in many European countries. EU Member States (MS) are highlighting the difficulty in recruiting and retaining healthcare staff with the right skillset, and the right distribution⁸. Specifically for the dental profession, workforce challenges vary between and within MS, with some countries facing shortages, while others overproduce qualified dentists⁹. There are shortages within countries, especially in remote and rural areas; at the same time some countries report that there are enough or even too many dentists in relation to the oral health needs of local populations, or lack of funds for dentistry. In addition to that, it is also important to note the changing demographics in Europe, which bring with themselves different current and future patients.

Workforce challenges are also impacted by broader geopolitical and public health developments. Healthcare professionals, dentists included, faced numerous challenges during the COVID-19 pandemic¹⁰, with dental practices in many countries facing temporary closures and having to prioritise emergency cases only. Developments such as Brexit are also impactful for the workforce¹¹, for example due to the changing conditions and rules for recognition of qualifications for EU dentists, representing a significant cohort in the UK dental market supply¹².

At EU level, there is a continuous effort to address these problems. A recent example is the inclusion of funding under the EU4Health Programme 2021-2027 for establishing a reserve of medical and healthcare staff¹³. Health workforce challenges are also outlined in the EU State of Health cycle and its accompanying reports, along with recommendations on improving the

⁸ European Commission, *Recruitment and Retention of the Health Workforce in Europe*, 2015, p.7, https://health.ec.europa.eu/system/files/2016-11/2015_healthworkforce_recruitment_retention_frep_en_0.pdf

⁹ *Oral health care in Europe: Financing, access and provision*, Health Systems in Transition, Vol. 24 No. 2, Chapter 'Oral health workforce', p. 115, <https://eurohealthobservatory.who.int/publications/i/oral-health-care-in-europe-financing-access-and-provision>

¹⁰ Council of European Dentists, One year of CED work on COVID-19, p. 2, https://cedentists.eu/library/policy.html?filter_id=105

¹¹ British Dental Association, Brexit and its impact on dentistry, <https://bda.org/brexit>

¹² Coughlan J, Shah S. *The impact of Brexit on oral health*. Br Dent J. 2020 Nov;229(9):622-626. doi: 10.1038/s41415-020-2278-z. Epub 2020 Nov 13. PMID: 33188346; PMCID: PMC7662723.

¹³ European Commission, EU4Health programme 2021-2027 – a vision for a healthier European Union, https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union_en

supply, distribution and required skills to ensure that these issues are improved¹⁴. The European Commission has continuously introduced initiatives to tackle health workforce challenges, with SEPEN 2017-2018 (Support for the health workforce planning and forecasting expert network) being a recent example that aimed to encourage exchange of information on national workforce challenges, and to offer support to countries for the implementation of national policies tackling workforce planning.¹⁵ Furthermore, workforce challenges that apply to the dental and other healthcare professions will be considered further in upcoming EU-level activities such as a future Communication on brain drain. Such initiatives are envisioned due to existing issues that are known and persistent – for example, the emigration of health workers from eastern European countries¹⁶. The field of healthcare is among the sectors most impacted by such phenomena, and by the lack of balance in workforce distribution among and within EU countries. Tackling such phenomena, along with any future developments regarding the EU Professional Qualifications Directive 2005/36/EC and dental education as a whole, will be of crucial importance for ensuring the balanced distribution of dental professionals across Europe, and for ensuring high quality oral health care for patients.

Workforce challenges are also tackled at the worldwide level – this is noticeable in the recent World Health Organization (WHO) global oral health strategy; Member States agreed to adopt the strategy at the 75th World Health Assembly in May 2022. The document states that in many countries, the oral health needs of the population require better, more effective planning for health workforce resources. The strategy also highlights the importance of professional oral health education to address workforce challenges¹⁷.

In light of the points above, the CED wishes to address some of the main aspects of workforce challenges in the field of dentistry, while also providing a set of recommendations to improve the status quo.

II –WORKFORCE CHALLENGES FOR DENTISTRY

Societal changes

Modern dentistry workforce challenges are influenced by several societal factors. The management of a dental office, due to the demanding existing regulatory requirements, is an increasingly complex, time-consuming and highly responsible task. During the COVID-19 pandemic, the burden of increased stress and potential burnout related to increasing professional demands was also evident¹⁸. Those might be some of the reasons why there is

¹⁴ European Commission, Health Workforce: Overview, https://health.ec.europa.eu/health-workforce/overview_en

¹⁵ Ibid.

¹⁶ European Commission, Brain drain – mitigating challenges associated with population decline, Call for evidence, p.2, <https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/13394-Brain-drain-mitigating-challenges-associated-with-population-decline-communication-en>

¹⁷ World Health Organisation, Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable disease, Annex 3, Draft global strategy on oral health, https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add1-en.pdf

¹⁸ Salehiniya H, Hatamian S, Abbaszadeh H. Mental health status of dentists during COVID-19 pandemic: A systematic review and meta-analysis. *Health Sci Rep.* 2022 Apr 18;5(3):e617. doi: 10.1002/hsr2.617. PMID: 35509394; PMCID: PMC9059210. , also Serota KS, Andó B, Nagy K, Kovács I. Revealing Distress and Perceived Stress among Dentists at the Outset of the COVID-19 Pandemic: A Cross-Sectional Factor Analytic Study. *Int J Environ Res Public Health.* 2021 Nov 11;18(22):11813. doi: 10.3390/ijerph182211813. PMID: 34831569; PMCID: PMC8623523.

an overall decrease in attractiveness of practice ownership among the young generation of current and future dentists and a noticeable preference for dentists to choose to work in bigger practices rather than in individual ones. As the profession progresses and evolves naturally, it is important to ensure that policies and actions that address the need for work-life balance and mental health and wellbeing of dental professionals, are prioritised.

Furthermore, discrepancies in wages and opportunities between European countries remain an issue, including for dentists, which leads to emigration of professionals from economically poorer to richer regions¹⁹. Similar trends are observed when it comes to emigration of healthcare professionals towards Europe from outside the EU²⁰. It is important to ensure that pursuing individual career development does not contribute to the worsening of problems such as medical deserts - becoming more and more prominent in many European countries²¹.

When it comes to societal challenges for the dental workforce, it is important to consider the changing nature of European demographics. Although there is a significant number of incoming emigrants, Europe is facing ageing populations and declining birth rates²², which will also reframe the oral health needs of patients. The increased number of ageing patients will require different types of dental care. At the same time, the continuous efforts towards improving prevention and overall oral health literacy will also reduce the need for certain types of treatments among future patients.

Workforce planning

The challenge of workforce planning begins with the imbalance of distribution of dental professionals between and within countries. In many European countries, this means significant discrepancies between rural/remote and urban areas, leading to many patients lacking proper access to timely oral health care²³, although teledentistry can help with prevention and follow-ups.

A noticeable issue for workforce planning in dentistry is the existing gender and age imbalance within the profession. National dental associations should encourage the link between different generations to fill the existing gap among experienced and young dentists. A number of young dentists also show preference for choosing cosmetic dentistry as their main field of work, which

¹⁹ Oral health care in Europe: Financing, access and provision, Health Systems in Transition, Vol. 24 No. 2, Chapter 'Oral health workforce', p. 119, <https://eurohealthobservatory.who.int/publications/i/oral-health-care-in-europe-financing-access-and-provision>

²⁰ Health professional mobility in the WHO European Region and the WHO Global Code of Practice: data from the joint OECD/EUROSTAT/WHO-Europe questionnaire, https://academic.oup.com/eurpub/article/30/Supplement_4/iv5/5902306

²¹ European Public Health Alliance, Medical deserts – A growing problem across Europe, <https://epha.org/medical-deserts-a-growing-problem-across-europe/>

²² Eurostat, Ageing Europe - statistics on population developments, [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Ageing_Europe_-_statistics_on_population_developments#:~:text=The%20median%20age%20in%20the,2050%2C%20to%20reach%2048.2%20years.&text=Ageing%20Europe%20%E2%80%94%20looking%20at%20the,Union's%20\(EU\)%20older%20generations.](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Ageing_Europe_-_statistics_on_population_developments#:~:text=The%20median%20age%20in%20the,2050%2C%20to%20reach%2048.2%20years.&text=Ageing%20Europe%20%E2%80%94%20looking%20at%20the,Union's%20(EU)%20older%20generations.) and Eurostat, Fertility statistics, [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Fertility_statistics#:~:text=mothers%20in%20Luxembourg-,The%20birth%20rate%20in%20the%20EU%20decreased%20at%20a%20slower,1%20000%20persons\)%20of%209.1.](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Fertility_statistics#:~:text=mothers%20in%20Luxembourg-,The%20birth%20rate%20in%20the%20EU%20decreased%20at%20a%20slower,1%20000%20persons)%20of%209.1.)

²³ Oral health care in Europe: Financing, access and provision, Health Systems in Transition, Vol. 24 No. 2, p.9, <https://eurohealthobservatory.who.int/publications/i/oral-health-care-in-europe-financing-access-and-provision>

causes imbalances within the dental field itself. Furthermore, there is an increasingly prominent trend of provision of dental care via corporate chains. Such chains are often targeting final year students and recently-graduated dentists. In addition, the cost of buying or setting up a practice is prohibitive in many countries.

Task shifting

In light of the existing workforce challenges and the pressure to ensure that the oral health needs of society are met, there is an increased pressure from other dental workforce groups and governmental authorities towards more delegation. The already mentioned WHO Oral Health Strategy also highlights the importance of oral health training for mid-level and community workers with the goal of 'optimising the roles of the wider health team'²⁴.

It is of crucial importance to ensure that healthcare systems and therefore healthcare professionals are prepared and adapted to respond to the oral health needs of the population. It is nevertheless important to note that dentists receive high skill education and therefore engage in highly technical activities, and this is their core focus. A dentist should remain the main figure behind a diagnosis and treatment plan, since both require a specific education and a robust comprehensive skillset. In practice the treatment delivery can include tasks suitable to be undertaken by other members of the dental team. As such, in order to address existing workforce challenges, work must be based on delegation of tasks within the team. Delegation means no substitution and requires supervision, and is led by the dentist at all times.

Education

Education represents the beginning point of resolving the issue of workforce challenges, and as such tackles a multitude of issues. It is important to ensure that future dentists are fully equipped with the knowledge and skillset for providing high quality oral health care but also with the right eSkills as well as expertise of managing a practice, administration and legal matters.

In light of the changing world of dentistry and the increasing involvement of corporate chains, it is also crucial to ensure that future dentists are equipped with the awareness and skills required to manage their relationship with the patient in an ethical manner. The understanding that the responsibility for the patient remains with the dentist, regardless of the type of practice, is crucial. It is also important to ensure that education helps curb issues such as over- or under- treatment.

The update of the Annex V.3/5.3.1 of the Directive 2005/36/EC (Professional Qualifications Directive) introducing competences, is of utmost importance. As a minimum the update of the subjects listed would ensure more up-to-date relevance to current dental education.

²⁴ World Health Organisation, Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable disease, Annex 3, Draft global strategy on oral health, p.5 https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add1-en.pdf

While education plays a crucial role in shaping the dental workforce of the future, there is a noticeable imbalance in educational programmes for dentists in some countries²⁵. For example, the overabundance of private programmes versus state programmes for dental studies can cause an overproduction of qualified dentists within a country. 'Educational tourism' is also an issue to be considered, since an increasing number of dental and medical students are studying within the EU but not in their own countries of origin.

It is of crucial importance to ensure that educational systems contribute to restoring the balance by training the proper number of dental professionals that a country requires. It is essential that all Member States are aware and proactive in attracting, training and keeping the right number of healthcare professionals that their national systems and populations require. This also includes ensuring that dental professionals are equipped and prepared in line with the latest standards and developments in the field, especially when it comes to ever-developing technological advances. It is therefore important to ensure that governments invest in dental education, enabling future dentists to acquire the necessary skillset for responding to the needs of their patients.

National dental associations should promote continuous professional development as an essential tool to update and develop new skills in all professionals.

III - CED RECOMMENDATIONS AND POSITION

- In light of the existing imbalance in numbers of dentists between countries, EU action to support MS on healthcare workforce education and retention is crucial, especially in relation to encouraging the sharing of best practices and expertise between countries.
- The continuity between different generations in dentistry should be encouraged. A 'generational pact' aiming to embolden young dentists as much as possible should be promoted through the national dental associations, ensuring that alternatives and experienced advice are offered to new dental graduates.
- The balance in the relationship between the dentist and the dental team members should be maintained, with the dentist as the team leader. Task delegation and no substitution should be continuously encouraged, with the permanent supervision by the dentist. This also includes any actions towards the future implementation of the WHO Oral Health Strategy and its Principle for 'Innovative workforce models to respond to population needs for oral Health'²⁶ and its Strategic Objective 3, 'Health workforce: Develop innovative workforce models and revise and expand competency-based education to respond to population oral health needs.'
- Universities should offer expanded education and trainings for dentists, incorporating skills such as digital skills and managing a practice and a team. Training and support for developing such skills should also be promoted and encouraged through national dental associations' activities.

²⁵ Oral health care in Europe: Financing, access and provision, Health Systems in Transition, Vol. 24 No. 2, Chapter 'Oral health workforce', p. 119, <https://eurohealthobservatory.who.int/publications/i/oral-health-care-in-europe-financing-access-and-provision>

²⁶Ibid., p.6 and 8

- Education is of crucial importance for solving the issue: it is therefore recommended that national governments consider increasing the publicly funded places on dental university courses if there is a need for more dentists within their specific health systems.
- In order to increase the interest among university applicants, national governments should consider information campaigns promoting dentistry as a liberal profession of importance for public health and society as a whole. Such campaigns should also highlight the central importance of the patient-dentist relationship, which remains at the core, regardless of the type of practice or treatment.
- Prevention and oral health literacy should be encouraged through supranational initiatives in support of current and future national level actions.
- Prevention should continue being prioritised and promoted within national healthcare systems, ensuring a reduction of costs, reducing the burden of disease and improving public health as a whole. There must be a political recognition that, for prevention to be successful, investment in prevention measures is a long term commitment.
- In order to reduce some of the problems of access to oral health care, it is important for national governments to consider options to connect patients and dentists at a distance i.e. digital opportunities in relation to prevention, appointments, follow-ups. It is however important to note that such measures can improve the status quo to some extent only and that regular in-person check-ups and care remain absolutely crucial when it comes to oral health.
- National governments should ensure that, as part of their health workforce initiatives and strategies, there are policies that support adequate remuneration (e.g., fair prices for the services performed), appropriate workload, continuing education, favouring retention of the healthcare workforce. This should also include policies that can boost the purchasing power of individual practices, allowing for a level playing field with corporate chains. This is especially relevant since, frequently, corporate chains have more purchasing power and means for obtaining dental equipment and negotiating state and third-party funded contracts for dental services, as compared to individual practices.
- Especially in relation to rural dentistry/dentistry in remote areas national governments should offer an expanded set of incentives, e.g., spouse career opportunities and children education that favour retention of healthcare workforce in terms of geographical distribution. This also includes regulations and financial incentives to influence the choice of practice location for new dentists.

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