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Health Education and
Improvement Wales (HEIW)

Dental Strategic Workforce Plan Horizon Scanning – Strategy Mapping



Horizon Scanning - Strategic Workforce Plan for Dental

The table below details a comprehensive list of policies, publications and strategic drivers which have been published, reviewed, or updated which will influence the development of the strategic workforce plan for dental, with reference to and relevance for the shape and supply of the future workforce for NHS Wales.

Please note: This table is not an exhaustive list and does not include a review of the literature in its entirety.

This document will be updated on a regular basis

Ref	Key Document	Key Reference points, actions and priorities for workforce planning	Relevance to workforce plan	Strategy	Lit review	Both
Policy / Strategy						
1.	A Healthier Wales – Our Workforce Strategy for Health and Social Care (Social Care Wales / HEIW)	This document is a key strategic document that should underpin the Strategic Workforce Plan. The purpose of this strategy is to outline the current workforce challenges experienced with Health and Social Care, and provide a clear set of themes and succinct actions which will aid in addressing workforce challenges.	Key Welsh Government priority	X		
2.	A Healthier Wales: Long Term Plan for Health and Social Care Welsh Government	This plan sets out a long-term future vision of a whole system approach to health and social care, building on the philosophy of prudent healthcare. In order to achieve this new models of seamless local health and social care will be built on a local and national basis. These models will build on a foundation of local innovation including through Clusters of primary and community care providers. The core values that underpin the NHS and the ‘A Healthier Wales’ are:	Key policy driver	X		

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		<ul style="list-style-type: none"> ➤ Putting quality and safety above all else ➤ Integrating improvement ➤ Focusing on prevention, health improvement and inequality ➤ Working in true partnerships ➤ Investing in our staff <p>Whilst these values provide a good foundation for distinctive character and culture a new more appropriate future vision is needed and this is the basis of what 'A Healthier Wales' is trying to do. The future is uncertain and therefore it is not appropriate to be too rigid and fix our values. This strategy describes six new elements:</p> <ol style="list-style-type: none"> 1) Longer, healthier and happy lives 2) A whole system approach to health and social care 3) An equitable system which achieves equal health outcomes for all 4) Services which are seamless and delivered as close to home as possible 5) People will only go to a general hospital when it is essential 6) Using technology to support high quality, sustainable services <p>Longer, healthier and happy lives – a strong public health approach is key</p> <p>People need to take responsibility for their own health and wellbeing when choosing lifestyle factors (smoking, maintaining healthy weight, excessive drinking) but also of their families, neighbours etc. Welsh Government (WG) will enable this through different forms of engagement, knowledge sharing.</p> <p>A whole system approach to health and social care</p> <p>Over the next decade, there will be a shift of services from hospitals to communities, and from communities to homes. People will be supported to remain active and independent, in their own homes, for as long as possible. A lot of this change will be as a result of maintaining good health, through more</p>				

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		<p>emphasis being placed on prevention. There will be a range of support through different settings such as primary and community care.</p> <p>An equitable system which achieves equal health outcomes for all</p> <p>In Wales there are large differences in healthy life expectancy, this whole system approach will include tackling wider influences (quality/security, money, resources, good work, appropriate housing) so that people have equal health outcomes no matter where they live. New models of care by working through partner and communities will be used.</p> <p>Services which are seamless and delivered as close to home as possible</p> <p>This ensures every element of health and social care is delivered in one single package of support based upon the needs of the individual. New models of seamless health and social care will integrate services at a local and national level.</p> <p>Using technology to support high quality. Sustainable services</p> <p>With new technologies emerging this will allow us shift the balance of our health and care systems towards earlier detection and intervention, designed to help prevent illness and to prolong independence.</p>				
3.	A Healthier Wales – an Oral and Dental Services response	<p>An Oral response to the vision set out in “A Healthier Wales” under the principle that patients and the public are at the heart of everything we do.</p> <p>The services are also set out under three themes</p> <ol style="list-style-type: none"> 1. A step up in prevention 2. Dental services fit for future generations 3. Developing dental teams and networks <p>Welsh Government set out five key priorities for transforming dentistry</p> <ul style="list-style-type: none"> • Timely access to prevention focussed NHS dental care • Sustained and whole system change underpinned by contract reform 	Key policy driver	X		

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		<ul style="list-style-type: none"> Teams that are trained, supported and delivering value-based quality care Oral health intelligence and evidence driving improvement Improved population health and wellbeing 				
4.	Health, Social Care and Sport Committee: A Fresh Start Inquiry into dentistry in Wales	<p>An inquiry looking at the dental and orthodontic contracts, along with wider workforce issues within the dental profession including training places and recruitment, and specifically to:</p> <ul style="list-style-type: none"> scrutinise the Welsh Government’s dental contract reform consider how “clawback money” from health boards is being used consider issues with the training, recruitment and retention of dentists in Wales consider the provision of orthodontic services <p>consider the effectiveness of local and national oral health improvement programmes for children and young people</p>				
5.	Written response by the Welsh Government to Health, Social Care and Committee report: A fresh start inquiry into dentistry	<p>Welsh Government response to six recommendations made in the Fresh Start inquiry report, where they accepted all the recommendations made.</p>	<p>Key policy driver and addresses the need for the strategic workforce plan</p>	X		

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6.	Health and Social care Committee – Dentistry	<p>In March 2022 the Health and Social Care Committee agreed to follow-up on the “Fresh Start inquiry into dentistry”, with a particular focus on whether the Welsh Government is doing enough to bridge the gap in oral health inequalities and rebuild dentistry in Wales following the COVID-19 pandemic and in the context of rising costs of living.</p> <p>Gathering evidence in writing and holding oral evidence sessions with stakeholders and conducted interviews with people across Wales about their experiences of dentistry issues.</p> <p>The inquiry focussed on</p> <ul style="list-style-type: none"> • The extent to which access to NHS dentistry continues to be limited and how best to catch up with the backlog in primary dental care, hospital and orthodontic services. • Improved oral health intelligence, including the uptake of NHS primary dental care across Wales following the resumption of services, and the need for a government funded campaign to reassure the public that dental practices are safe environments. • Incentives to recruit and retain NHS dentists, particularly in rural areas and areas with high levels of need. • Oral health inequalities, including restarting the Designed to Smile programme and scope for expanding it to 6-10 year olds; improved understanding of the oral health needs of people aged 12-21; the capacity of dental domiciliary services for older people and those living in care homes (the ‘Gwên am Byth’ programme); and the extent to which patients (particularly low risk patients) are opting to see private practitioners, and whether there is a risk of creating a two-tiered dental health service. • Workforce well-being and morale. • The scope for further expansion of the Community Dental Service. 	Key policy driver	X		

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		<ul style="list-style-type: none"> • Welsh Government spend on NHS dentistry in Wales, including investment in ventilation and future-proofing practices. • The impact of the cost-of-living crisis on the provision of and access to dentistry services in Wales <p>Based on this review 16 recommendations were made:</p> <p>Recommendation 1</p> <p>The Welsh Government must ensure that consultation about potential changes to the dental contract should, other than in exceptional circumstances, take place no less than six months before the reforms are planned to come into effect.</p> <p>Recommendation 2</p> <p>The Welsh Government must monitor the provision of patient appointments to ensure the right balance is being struck between prevention, needs-based care, urgent dental provision and seeing new patients, and report back to this Committee prior to making any further changes to the dental contract.</p> <p>Recommendation 3</p> <p>The Welsh Government should explore options for a centralised waiting list and report back to this Committee on progress by the end of 2023. As an interim measure, the Welsh Government should ensure every health board establishes a centralised waiting list for its area by the end of 2023</p> <p>Recommendation 4</p> <p>In order to reduce inequalities, the Welsh Government must ensure each health board provides information on how to join a waiting list for dental services that is available in a variety of formats and languages, not just online, by the end of 2023.</p> <p>Recommendation 5</p>				

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		<p>The Welsh Government should review the data collection requirements for NHS dentists in order to simplify the process and reduce duplication. This review should be completed by December 2023 and the findings reported back to us no later than March 2024.</p> <p>Recommendation 6</p> <p>By the end of the summer term 2023, the Welsh Government should provide this Committee with a clear plan and timescales for how it will introduce a single software system for use by all dentists across Wales, followed by six-monthly updates on progress. The plan should also include details of how Welsh Government will engage with private practices.</p> <p>Recommendation 7</p> <p>In its response to this report, the Welsh Government should tell us what it is doing to obtain a clear understanding of the barriers to vulnerable groups accessing dental services and where inequalities lie, and whether there is a need for further research in this area</p> <p>Recommendation 8</p> <p>The Welsh Government should ensure that the dental workforce strategy reflects the changing aspirations and the need for a wider skill mix within the workforce and is published as soon as possible. On the basis that the Minister for Health and Social Services expected to receive the draft in December 2022, the final strategy should be published no later than spring 2023</p> <p>Recommendation 9</p> <p>The Welsh Government should bring forward the legislative changes needed to enable dental therapists to have a performer number as a matter of urgency and provide us with a timescale for this.</p> <p>Recommendation 10</p>				

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		<p>The Welsh Government should explore options for the establishment of a dental school in North Wales and report back to us on its feasibility by July 2024</p> <p>Recommendation 11</p> <p>The Welsh Government must provide assurance that oral health is being integrated into prevention policies such as Healthy Weight, Healthy Wales, and provide examples of where and how this is being done.</p> <p>Recommendation 12</p> <p>The Welsh Government must ensure the Designed to Smile programme is restored to pre-pandemic levels as quickly as possible, and provide an update to this Committee on progress by the end of the summer term 2023.</p> <p>Recommendation 13</p> <p>The Welsh Government should carry out research to identify whether oral health programmes for up to 12-year-olds should be delivered through schools in all health boards as a preventative measure.</p> <p>Recommendation 14</p> <p>The Welsh Government should explore options for expanding the Gwên am Byth programme into other residential settings, such as care homes for younger vulnerable people, sheltered housing and extra care housing, and report back on its findings to this Committee by the end of 2023.</p> <p>Recommendation 15</p> <p>The Welsh Government should commission research into the public health value of and attitudes towards introducing fluoride into the public water system in Wales and commit to publishing the findings of this research.</p> <p>Recommendation 16</p>				

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		<p>The Welsh Government should review whether the current levels of funding are appropriate for the service to achieve what's needed in terms of reducing the backlog and report back to this Committee by the end of the summer term 2023</p>				
7.	<p>Welsh Government: Written response by the Welsh Government to the Health and Social Care Committee</p>	<p>Welsh Government response to the 16 recommendations made by the Health and Social Care Committee following their inquiry to dentistry in Wales February 2023</p> <p>The Welsh Government response for the recommendations were are follows:</p> <p>Recommendation 1 : Partially Accept</p> <p>Recommendation 2: Partially Accept</p> <p>Recommendation 3: Accept</p> <p>Recommendation 4: Partially Accept</p> <p>Recommendation 5: Accept</p> <p>Recommendation 6: Reject</p> <p>Recommendation 7: Accept</p> <p>Recommendation 8: Accept</p> <p>Recommendation 9: Accept</p> <p>Recommendation 10: Accept</p> <p>Recommendation 11: Accept</p> <p>Recommendation 12: Accept</p> <p>Recommendation 13: Accept</p> <p>Recommendation 14:Accept</p> <p>Recommendation 15: Reject</p> <p>Recommendation 16: Accept</p>				

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8.	The strategic programme for Primary Care	<p>In order to support the vision as set out in 'A Healthier Wales' a Primary Care Model for Wales was developed with 3 key priorities agreed:</p> <ul style="list-style-type: none"> • Establishment of specific, all Wales primary care work streams • Addressing seamless working in health boards and with partners • Reform of the primary care contract <p>In order to support the first priority the Strategic Programme for Primary Care was developed and has 6 key workstreams:</p> <ol style="list-style-type: none"> 1. Prevention and wellbeing 2. 24/7 model 3. Data and digital technology 4. Workforce and organisational development 5. Communication and engagement 6. Transformation and vision for clusters <p>The PCMW describes how care will be delivered locally, now and in the future, as part of a whole system approach to deliver a Healthier Wales</p>	Key Welsh Government priority	X		
9.	Welsh Government: National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges	<p>This plan has been developed in response to the significant additional demands posed on our workforce across NHS Wales. This implementation plan builds on the strategic direction in 'A Healthier Wales' and will expand and accelerate progression in certain areas.</p> <p>The plan highlights a number of actions that need to be addressed immediately in order to address some of the most urgent pressures and more longer-term ones. The actions in this WFP are framed around three areas, fill workforce gaps, engage support and develop and plan for the future.</p> <p>This plan has been developed in response to the significant additional demands posed on our workforce across NHS Wales. This implementation plan builds on the strategic direction in 'A Healthier Wales' and will expand and accelerate progression in certain areas. The plan highlights a number of actions that need</p>	Key policy driver and addresses the need for the strategic workforce plan	X		

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		to be addressed immediately in order to address some of the most urgent pressures and more longer-term ones. The actions in this WFP are framed around three areas, fill workforce gaps, engage support and develop and plan for the future.				
10.	Welsh Government: The role of the Community Dental Service	<p>Welsh Health circular providing an updated guidance on the role of the community dental service, including the expansion of salaried dental officer posts, to support local communities who have limited or no access to general dental services normally provided by the independent contractor model.</p> <p>The Community Dental Service should be regarded as an integrated dental service with a diverse and flexible role. It should not be regarded as a purely primary care-based service. A strong community dental service will provide all services needed for its local population and this can include both consultant, specialist, intermediate and routine general dental services.</p>	Key policy driver	X		
11.	Future Generations Commissioner for Wales: Well-being of future generations act	The Well-being of Future Generations (Wales) Act 2015 sets out an ambition for a prosperous, resilient, sustainable, healthier, more equal Wales with cohesive communities, a vibrant culture and thriving Welsh language. The development of new models of care and support and supporting and developing a workforce with the right skills, knowledge, experiences and qualifications and who are deployed in response to identified areas of need will be essential in contributing to the achievement of these ambitions.	Key Welsh Government legislation	X		

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12.	Welsh Government / NHS Wales / ADSS Cymru: Digital Health and Social Care Strategy for Wales	<p>This strategy outlines how we will use technology and greater access to information to help improve the health and well-being of the people of Wales. It describes a Wales where citizens have more control of their health and social care, can access their information and interact with services online as easily as they do with other public sectors or other aspects of their lives, promoting equity between those that provide and those that use our services in line with prudent healthcare and sustainable social services. It describes a Wales where health and social care professionals have access to the same digital tools in the workplace as they enjoy at home or would in other industries, so they are able to focus on delivering safe, high-quality, efficient care and plan for workforce and service change based on digitally-enabled approaches.</p>	Developing a dental workforce that is digitally competent and confident	X		
13.	Six Goals for urgent and emergency care	<p>The six goals, co-designed by clinical and professional leads, span the urgent and emergency care pathway and reflect the priorities in Programme for Government 2021–2026 to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. This strategy focuses on strengthening signposting, clinically safe alternatives to admission, rapid emergency care response, good discharge practice and preventing readmission. The six goals include:</p> <p>Signposting – (signposting people with urgent care needs to the right place first time)</p> <p>Improved access to urgent dental provision (April 2023)</p> <p>Implement a 24/7 urgent care service that integrates GP (in and out of hours), pharmacy, dental and optometry as well as schedule arrival slots in minor injuries units, emergency departments or same day emergency care hospital services (April 2025)</p>	Key national programme	X		

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14.	NHS Wales planning framework 2023-24	<p>The planning framework for 2023/24 was issued in December 2022. It sets out high level priorities for NHS Wales across the following 6 areas:</p> <ul style="list-style-type: none"> • Delayed transfers of care • Primary and community care • Urgent and emergency care • Planned care and recovery • Cancer • Mental health and child and adult mental health services. <p>The focus for primary and community care is on improved access across general practice, dentistry, optometry and pharmacy. This includes independent prescribing and more self-referral to a wider range of community based allied health professionals, including rehabilitation, mental health and audiology to provide more options for patients. The guidance indicates the alignment needed between IMTPs, Pan Cluster planning and RPB Area Plans.</p>		X		
15.	Taking Oral Health Improvement and Dental Services Forward in Wales	<p>Sets out key priorities for oral health improvement and dentistry in Wales in the short to medium term. . It outlines a future work programme that will inform an update of Together for Health: A National Oral Health Plan for Wales, 2013 - 2018</p>	Key Policy	X		
16.	Welsh Government: A Planned Primary Care Workforce for Wales	<p>This plan identifies four main areas where action is needed in terms of primary care in Wales:</p> <ol style="list-style-type: none"> 1. Putting in place the correct foundations for a more robust approach to workforce planning – securing the long-term sustainability or the right sized workforce, with the right skills at the right time 	Key Policy	X		

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		2. Supporting continued professional development of primary care clusters and the sharing of best practice 3. Investing in the development of the wider primary care workforce 4. Stabilising key sections of the current workforce (GP and nursing professions)				
17.	Welsh Government: National Clinical Framework: A Learning Health and Care System	<p>The National Clinical Framework sets out a coherent vision for the strategic and local development of NHS clinical services.</p> <p>It is grounded in the life course approach to service delivery and aligned to the burden of disease facing the population.</p> <p>Its intent is to improve patient outcomes and support the planning and delivery of resilient clinical services.</p> <p>It builds upon the findings of the Parliamentary Review and the direction set in A Healthier Wales and has benefited from looking at international experience and engagement with NHS colleagues.</p> <p>The Framework will sit at the centre of our system of planning.</p>	Key Policy	X		

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18.	Welsh Government: Age Friendly Wales – Our Strategy for an Ageing Society	<p>The new Strategy for an Ageing Society is broader in scope than previous strategies for older people.</p> <p>The intended direction sets out:</p> <ul style="list-style-type: none"> • Our Vision is an age friendly Wales that supports people of all ages to live and age well. • We want to create a Wales where everyone looks forward to growing older. • A Wales where individuals can take responsibility for their own health and well-being whilst feeling confident that support will be available and easily accessible if needed. • A Wales where ageism does not limit potential or affect the quality of services older people receive. • Ultimately, we want to be a nation that celebrates age and, in line with the UN Principles for Older Persons, a nation that upholds the independence, participation, care, self-fulfilment and dignity of older people at all times. <p>To drive towards this vision there are four aims that are the focus of the strategy which align with the four domains of the UK Age Watch Index.</p> <ul style="list-style-type: none"> • Enhancing well-being • Improving local services and environments • Building and retaining people’s capability • Tackling age-related poverty <p>There are three cross-cutting themes which are relevant across the whole document:</p> <ul style="list-style-type: none"> • Creating an age friendly Wales • Prioritising Prevention • A rights-based approach 	Key Policy	X		

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19.	Welsh Government: The Duty of Quality Statutory Guidance 2023 and Quality Standards 2023	<p>The duty of quality, as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, came into force on 1st April 2023. It is a lever for improving and protecting the health, care and well-being of the current and future population of Wales. It aims to ensure a stronger citizen voice and to improve the accountability of services to deliver a better experience and quality of care. Doing so contributes to a healthy and more prosperous country. The Act is intended to have positive benefits for everyone in Wales, supporting a culture and the conditions needed to drive improvements in health care.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • The key purpose of the Act is to reframe and broaden the duty of quality which was first set out in the 2003 Act • The duty of quality set out in section 45(1) of the 2003 Act is repealed and replaced with a revised duty to secure quality in health services in the 2006 Act • The revised duty requires that the Welsh Ministers must exercise their health-related functions with a view to secure improvement in the quality of health services • The revised duty also requires that NHS bodies must exercise all of their functions with a view to securing improvement in the quality of health services • The Act makes consequential amendments to section 47 and section 70 of the 2003 Act such that any standards that are issued under the 2003 Act are taken into account by an NHS body in discharging the revised duty of quality in the 2006 Act, and that the Welsh Ministers has the function of conducting reviews of the steps taken by an NHS body for the purpose of discharging the revised duty of quality. The latter function is delegated to Health Inspectorate Wales (HIW). • The Health and Care Standards (2015) that were issued under section 47 of the 2003 Act are withdrawn and replaced with the six domains of 	Key Welsh Government legislation	X		

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		quality and five quality enablers to reflect the inextricable relationship between the duty of quality and the standards				
20.	Welsh Government: LGBTQ+ Action Plan For Wales	<p>The plan will act as the framework for LGBTQ+ policy development across government and with our partners. It sets out the concrete steps we will take to strengthen equality for LGBTQ+ people, to challenge discrimination, and to create a society where LGBTQ+ people are safe to live and love authentically, openly and freely as themselves,</p> <p>The vision sets out that for all LGBTQ+ people Welsh Government will:</p> <ul style="list-style-type: none"> • strengthen equality and human rights • make Wales a safer place • make Wales a Nation of Sanctuary for LGBTQ+ migrants • improve healthcare outcomes • ensure education in Wales is inclusive • improve inclusion and participation in all areas of life • Listen to, and work with, our LGBTQ+ communities • defend and promote the rights of trans and non-binary people 	Links to the shape and supply of the future workforce for NHS Wales	X		
21.	Welsh Government: Race Equality Action Plan: An anti-racist Wales	<p>In 2020, work started on a new action plan for race equality, called for by grassroots organisations represented on the Wales Race Forum and others who support us in this work. But in March 2020, the work was derailed by the COVID-19 pandemic.</p> <p>Then, in May 2020, the killing of George Floyd sent shock waves through the global community. In different ways, both of these events have shone a light on the systemic and institutional racism faced by Black, Asian and Minority Ethnic</p>	<p>Strategic plan to support the eradication of systematic and institutional racism in Wales.</p> <p>Links to the shape and supply of the future</p>	X		

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		<p>communities (herewith called ethnic minority people / groups), both in Wales and elsewhere.</p> <p>In summer 2020, Jane Hutt MS, The Deputy Minister responsible for Equalities, asked officials to develop an “ambitious and radical” Race Equality Action Plan (the Plan).</p> <p>The vision sets out that Wales is anti-racist by 2030.</p> <p>The Purpose – To make meaningful and measurable changes to the lives of Black, Asian and Minority Ethnic people by tackling racism.</p> <p>Values – Open and Transparent, Rights based and Lived experiences as core to all policy making.</p> <p>Goals – Policy Areas</p> <ul style="list-style-type: none"> • Leadership and representation • Housing and accommodation • Income and employability (I&E) • Social partnership and fair work (I&E) • Entrepreneurship (I&E) • Health • Social care • Education, including higher education • Crime and justice culture • Heritage and sport • Local government • Welsh language • Environment 	workforce of NHS Wales.			

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22.	Welsh Government: Net Zero Plan	<p>The Programme for Government outlines our commitment to embed our response to the climate and nature emergency in everything we do. This follows the Welsh Government declaring a Climate Emergency in 2019.</p> <p>This Plan sets out how we will play our part in responding to the climate emergency and align with Welsh Ministers’ ambition for the public sector to be collectively net zero by 2030. It also demonstrates our delivery against the requirements of the Wellbeing of Future Generations (Wales) Act 2015, which directs us to consider long-term persistent problems such as poverty, health inequalities, and climate change.</p> <p>The aim of the plan:</p> <ul style="list-style-type: none"> • The Welsh Government has a central role in addressing the climate emergency in Wales. • We want to lead by example and have the ambition to achieve net zero as an organisation by 2030, in doing so contributing to the collective 2030 Welsh Public Sector net zero target. • This Strategic Plan brings together evidence from across the Welsh Government to outline our priority decarbonisation initiatives. 	Key document and strategic driver to support the ambition of achieving net zero with influential factors on the future shape and supply of the NHS workforce	X		

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23.	Welsh Government: Stringer, fairer, greener Wales: a plan for employability and skills	<p>Welsh Government is committed to creating a Wales where individuals of all ages can receive a high-quality education, with jobs for all, where businesses can thrive in a net zero economy that champions fairness and equality.</p> <p>The plan for employability and skills seeks to signal clear policy and investment priorities, sharpen our delivery focus and the activity of partners, on actions over this Government term that will leave a positive legacy for future generations.</p> <p>Key priorities:</p> <ul style="list-style-type: none"> • Young people realising their potential • Tackling economic inequality • Championing fair work for all • Supporting people with a long-term health condition to work • Nurturing a learning for life culture 	<p>Key document and strategic driver to help people upskill, access fair work and thrive, for a more equal Wales.</p> <p>Links to the shape of the future workforce of NHS Wales.</p>	X		
24.	2021 Census ONS	<p>The data for general health in Wales showed increases in the proportion of people reporting very good or good health, and decreases in the other categories</p> <p>To date, the initial findings of the 2021 Census have indicated a slight growth in the population of Wales (up by 1.4% to 3,107,500).</p> <p>Some of the health boards, such as Betsi Cadwaladr, Hywel Dda and Powys, display bulges in the older populations; Cardiff and Vale and Swansea Bay show greater proportions in the 20-24 age bands, which may be due to student populations; and some, such as Aneurin Bevan, Cwm Taf Morgannwg and Powys show indentations in the younger populations, which indicate potential gaps in the upcoming workforce.</p> <p>The ageing population indicates that there will be fewer people available to join the workforce across NHS and Social Care Wales. This also highlights the changing and most likely more significant demands on the sector</p>	<p>Highlights changes within the population which help to forecast and plan effective staffing models.</p> <p>Links to the shape and supply of the future workforce of NHS Wales.</p>		X	

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25.	Welsh Government: Travelling to Better Health – Travelling to better health: Policy Implementation Guidance for Healthcare Practitioners on working effectively with Gypsies and Travellers	<p>This guidance aims to address issues and concerns provision of primary and secondary services to Romani Gypsies and Irish Travellers. Romani Gypsies and Irish Travellers are recognised ethnic groups protected by the Equality Act 2010 that places a due regard duty on public authorities, including Local Health Boards, to advance equality for those with the protected characteristics.</p> <p>Having due regard for advancing equality means:</p> <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different to other people <p>Taking these actions will be necessary to ensuring equity of access to health and healthcare for Gypsies and Travellers</p>		X		
26.	Welsh Government: Policy Implementation Guidance Health and wellbeing provision for refugees and asylum seekers	<p>This guidance aims to address issues and concerns raised in relation to the provision of primary and secondary services to refugees and asylum seekers (RAS).</p> <p>It provides direction and a template for health boards to develop consistent local protocols, policy and practice; underpinned by robust processes, procedures, administrative and governance arrangements.</p> <p>Unlike health care, the asylum and immigration agenda is not a devolved issue within Wales and is the responsibility of the UK Government</p> <p>The asylum seeker population may share some similarities to other minority groups, although they have more specific needs which are often related to the reason for their asylum claim or arise after the application, such as exposure to trauma</p>		X		

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27.	NHS England: NHS Long Term Workforce Plan	<p>NHS England’s comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.</p> <p>Sets out strategic direction for the long term, as well as concrete and pragmatic action to be taken locally, regionally and nationally in the short to medium term to address current workforce challenges. Those actions fall into three clear priority areas:</p> <ul style="list-style-type: none"> • Train Significantly increasing education and training to record levels, as well as increasing apprenticeships and alternative routes into professional roles, to deliver more dentists. • Retain Ensuring that we keep more of the staff we have within the health service by better supporting people throughout their careers, boosting the flexibilities we offer our staff to work in ways that suit them and work for patients, and continuing to improve the culture and leadership across NHS organisations. • Reform Improving productivity by working and training in different ways, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most, and ensuring staff have the right skills to take advantage of new technology that frees up clinicians’ time to care, increases flexibility in deployment, and provides the care patients need more effectively and efficiently 	<p>Although this is the NHS Workforce plan from NHS England, there will be elements of this that are applicable to Dental NHS Wales strategic workforce plan.</p>	X		

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28.	Welsh Government Welsh Health Circular: AMR & HCAI improvement Goals for 2023-24	<p>Work is underway on a 4-nations basis to develop the next 5-year National Action Plan from 2024, but for 2023-24 the focus needs to be on continuing to work towards the goals of the current 5 year National Action Plan</p> <p>In Wales the aim is to combat antimicrobial resistance through lowering the burden of infections, improving treatments and optimising our use of antimicrobials in humans.</p> <p>The National Plan ambitions are:</p> <p>Optimising the use of Antimicrobials</p> <ul style="list-style-type: none"> • A 25% reduction in antimicrobial usage in the community from the 2013 baseline • A 10% reduction in the use of “reserve” and “watch” antibiotics in hospitals from the 2017 baseline <p>Within Primary Care there are three improvement goals:</p> <ol style="list-style-type: none"> 1. To achieve a minimum 25% reduction in antimicrobial usage in the community from the 2013/14 baseline 2. Prescribers should document the indication and appropriate clinical diagnosis codes for all antimicrobial prescriptions 3. Primary care clusters should ensure urgent dental cases should be seen by dental services rather than General Medical Services 	Links to the shape and supply of the future workforce	X		
29.	NHS Digital - Dentists' Working Patterns, Motivation and Morale - 2018/19 and 2019/20	<p>This report provides headline information on dental working patterns, motivation, and morale for self-employed primary care dentists in England, Northern Ireland, Scotland and Wales for 2018/19 and 2019/20.</p> <p>Information on average weekly hours, weeks of annual leave, the division of time between NHS/Health Service and private dentistry, and clinical and non-clinical work, is presented as well as measures of motivation and morale.</p> <p>Key findings included:</p>	Links to the shape and staff motivation in the plan		X	

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		<p>Nearly two-thirds of Principal dentists and over half of all Associate dentists across the UK often think of leaving dentistry.</p> <p>The most common contributory factors to low morale are increasing expenses and/or declining income and the risk of litigation and the cost of indemnity fees</p> <p>Over a third of Providing-Performers in Wales disagreed with the statement that they felt good about their job as a dentist.</p> <p>Over two thirds of Providing-Performers rated their morale as “Low” or “Very Low”.</p> <p>Collectively Providing-Performers in Wales had the lowest response from all the questions compared to the rest of the UK</p>				
30.	<p>NHS Health Education England: The Topol Review – Preparing the healthcare workforce to deliver the digital future</p>	<p>The Secretary of State for Health and Social Care commissioned ‘The Topol Review: Preparing the healthcare workforce to deliver the digital future’, as part of the draft health and care Workforce Strategy for England to 2027 – Facing the Facts, Shaping the Future.</p> <p>The review made recommendations to support the aims of the NHS long-term plan, the workforce implementation plan and helping to ensure a sustainable NHS.</p> <p>The review advises on:</p> <p>how technological and other developments (including genomics, artificial intelligence, digital medicine and robotics) are likely to change the roles and functions of clinical staff in all professions over the next two decades to ensure safer, more productive, more effective and more personal care for patients</p> <p>what the implications of these changes are for the skills required by the professionals filling these roles, identifying professions or sub-specialisms where these may be particularly significant</p>				

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		the consequences for the selection, curricula, education, training, development and lifelong learning of current and future National Health Service staff				
Research and workforce specific publications – Wales, UK and beyond						
31.	<p>Senedd Research: Filling the gap: improving access to NHS dentistry in Wales</p> <p>(article by Rebekah James)</p>	<p>Discusses some of the key issues facing NHS dentistry in Wales and how Welsh Government has responded, broken down into:</p> <ul style="list-style-type: none"> • Access to dental services <p>Members referred to findings on survey they have undertaken, highlighting difficulties across Wales in accessing an NHS dentist.</p> <ul style="list-style-type: none"> • Lack of Data <p>Acknowledged there is no clear picture of how many people are currently waiting to see an NHS dentist as there is no centralised waiting list, however the minister confirmed she hopes that a central data registry will be in place by the end of this year (2023)</p> <ul style="list-style-type: none"> • Dental contract and funding <p>Welsh Government is providing an additional £2 million each year to improve access to dental services across Wales. British Dental Association (BDA) sent an open letter to Welsh Government warning that new contracts will force practices from the NHS and also warned that NHS dentistry in Wales could disappear.</p> <ul style="list-style-type: none"> • Looking forward <p>Determining the number of people waiting to access NHS dentist and prioritising services accordingly will be a starting point in tackling the current issues.</p>			X	

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		<p>Welsh Government is taking some actions in relation to dentistry in Wales, however, there appears to be a disconnect between what stakeholders and the Welsh Government are reporting in terms of the extent of the problem.</p> <p>The Minister believes that dentistry in Wales is recovering but has recognised that there is a “huge amount of work to do” and a need for “a lot of money to fix it”, meaning it will not be fixed overnight.</p>				
32.	<p>British Dental Journal</p> <p>Is skill mix profitable in the current NHS dental contract in England?</p> <p>(Brocklehurst, P.R; Tickle, M)</p>	<p>The use of skill mix in medicine is now widespread, yet it appears that its use in dentistry is not as prominent. Unlike doctors, dentists are required to mitigate the financial risk produced by their capital investment and ensure an adequate cash flow to cover their annual running costs. Examining the financial incentives for employing dental care professionals is therefore an important step to understand why dentistry appears to lag behind medicine in skill mix. It is also apposite, given the announcement of the coalition government to develop a new contract, which could introduce incentives for the use of dental care professionals in this way.</p> <p>The key findings are:</p> <ul style="list-style-type: none"> • The greater use of skill mix in dentistry continues to lag behind medicine, where its use in both primary and secondary care environments is widespread. • Previous research has demonstrated that financial constraints are a problem to the wider use of skill mix in dental practices. • This paper assesses the financial incentives for utilising skill mix in general dental practice under the current National Health Service contract. 			X	

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33.	National Leadership and Innovation Agency for Healthcare: An Analysis of the Dental Workforce in Wales (2012)	<p>A review taken during October 2011 – June 2012 at the request of the Chief Dental Officer for Wales. The aim of the review was to compare the anticipated future supply of dental staff against possible future demand and make recommendations on planning for a sustainable dental workforce.</p> <p>Future demand of dentists working in Wales</p> <p>The analysis forecasted that 59% of dentists working in Wales did not graduate in Wales</p> <p>Most of the non-Welsh trained dentist obtained their dental degree in England</p> <p>15% of Wales’ dentists graduated elsewhere in the European Economic Area (EEA)</p>	<p>This analysis was carried out over 10 years ago, and since then the forecasting has been severely impacted by factors such as Brexit and the pandemic</p>		X	
34.	British Dental Journal: The dental workforce recruitment and retention crisis in the UK (Deborah Evans, Ian Mills, Lorna Burns, Marie Bryce and Sally Hanks)	<p>Paper produced and published in the British Medical Journal.</p> <p>Key points:</p> <p>Dentists are leaving the NHS and it is important to fully understand the factors which are influencing their decisions.</p> <p>The recruitment and retention of dentists is a major concern in many locations and this is contributing to a further deterioration in access to NHS dental care, in turn reinforcing geographical imbalances and growing oral health inequalities.</p> <p>The lack of clear and robust data is undermining our ability to address the current dental workforce issues and compromises long-term strategic planning.</p> <p>There is an urgent need for immediate action at local, regional and national levels to ensure recovery from the current crisis and safeguard the future of primary care NHS dentistry and general dental practice.</p>			X	
35.	UK Parliament – Committees:	<p>British Dental Association evidence to the Committee’s inquiry. Their evidence sets out the following:</p>			X	

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	Written evidence submitted by the British Dental Association (RTR0101)	<ul style="list-style-type: none"> • Despite the largely stable numbers of registered dentists, the headcount of the NHS primary care dental workforce has fallen in the last year. • There is a lack of data on the dental workforce in general, with no figures on whole time equivalents available. • There are profound recruitment and retention challenges facing dental practices, with 9 in 10 NHS practices seeking to recruit a dentist reporting that they experienced difficulties. • These challenges are caused by government funding and take-home pay falling in real terms, a failed NHS contract, current targets that are extremely demanding during the pandemic, and a general sense that dentists are not a valued part of the NHS. • There is a need for workforce planning and for dentistry not to be siloed from the rest of the NHS. The ICSs provide an opportunity to do this, if dentists are represented in the new structures. • The time it takes to undertake the dental degree should not be shortened. Any changes to the cap in dentistry must only be made in discussion with the dental schools and their capacity for educating more students, and must go hand in hand with increased funding. • The Overseas Registration Exam (ORE) that allows overseas dentists to register with the GDC has not been fit for purpose for a number of years. • There are equally problems with the process for demonstrating that dentists with overseas qualifications satisfy the requirements to work on the NHS. <p>It is of utmost importance that the promised consultation on changes to the recognition of qualifications processes takes place urgently to address the future once 'quasi-automatic' recognition of EU/EEA qualifications comes to an end from 2023, and that this results in workable systems for recognition</p>				
36.	House of Commons –	Committee inquiry into dentistry in England. Throughout the course of this inquiry, as well as in their roles as constituency Members of Parliament, they			X	

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	Health and Social Care Committee: NHS Dentistry	<p>have heard stories of people in pain and distress due to being unable to see an NHS dentist.</p> <p>The inquiry included results from survey and case studies. Some of the evidence highlighted that:</p> <ul style="list-style-type: none"> • Research carried out by British Dental Association (BDA) and the BBC published in August 2022 showed that 90% of practices across the UK were not accepting new adult NHS patients. • According to a recent YouGov survey of 2,104 people across the UK on 22 March 2023 • 1 in 5 Britons (22%) are currently not “registered” with a dentist • 1 in 10 Britons (10%) admit to attempting their own dental work • 46% of Britons have seen a dentist in the last six months <p>The committee made 26 conclusions and recommendations broken down into four categories: -</p> <ul style="list-style-type: none"> • Access to dentistry • The Dental Contract • Workforce • Integrated Care Systems 				
37.	Health and Social Care Committee: NHS Dentistry: Governments Response to the Committee’s Ninth Report of Session 2022-23	<p>Government response to the Committee’s report on dentistry and the 26 recommendations made on the report.</p>			X	

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38.	The impact of rural-exposure strategies on the intention of dental students and dental graduates to practice in rural areas: a systematic review and meta-analysis (Suphanchaimat R , Cetthakrikul N, Dalliston A, Putthasri W)	<p>The objective of this study was to assess the impact of strategies on the intention of dental students/graduates to practice in rural areas. The strategies included the recruitment of dental students from rural backgrounds and clinical rotations in rural areas during the training of dental students.</p> <p>Conclusion of the study found that : found that dental students/graduates with rural experience (defined as increased exposure to rural areas during training or recruiting students from a rural background) were four times as likely to have intentions to practice in rural areas than those without rural experience.</p>			X	
39.	Royal College of Physicians: The people who care – The Welsh health and care workforce at 75	<p>As the Welsh NHS marks 75 years of universal healthcare, almost 30 royal colleges and professional bodies representing tens of thousands of nurses, doctors, therapists, social workers, pharmacists and paramedics have come</p>			X	

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		<p>together in a joint call to protect patients by increasing staffing numbers and improving workforce wellbeing</p> <p>The Welsh royal colleges and professional (RCAP) bodies advisory group, convened by the Royal College of Physicians (RCP) has launched a joint paper, endorsed by 28 national organisations, which calls for action to:</p> <ul style="list-style-type: none"> • prioritise the retention and recruitment of staff • guarantee protected time for education, research, teaching and quality improvement. • invest in the community workforce and new models of care <p>Royal colleges and professional bodies also signed up to support calls for:</p> <ul style="list-style-type: none"> • a refreshed national vision for the Welsh NHS at 100 • improved workforce data collection and analysis • a renewed commitment to preventing ill-health. 				
40.	<p>British Dental Journal - General dental practices with and without a dental therapist: a survey of appointment activities and patient satisfaction with their care</p> <p>(E Barnes, A Bullock, J Cowpe, K Moons, W</p>	<p>Policy changes regarding the role of Dental Hygienist-Therapists (DTs) have been implemented with a view to promoting delivery of oral health-care through a more preventive-focused, team work approach</p> <p>Research carried out to explore the treatments led by dentists and Dental Therapists and the patient satisfaction with the care they received.</p> <p>The key findings:</p> <ul style="list-style-type: none"> • Suggests that a team work approach to patient care, in this case via the inclusion of a DTs, would enable delivery of preventative oral care in a patient-acceptable model. • Indicates that a team work approach allows all dental professionals to provide oral care that makes the most of their full scope of practice. • Argues that regulations, contract and remuneration systems need to be aligned with policy changes. 	Key document and strategic driver documenting the changes	X		

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	Warren, D Hannington, M Allen, I.G Chestnut, S Bale and C Negrotti)	<p>The results found that Dentists, in practices with a DT, undertook significantly less preventive and restorative work, and significantly more extractions and advanced treatment. Patient satisfaction and confidence in dentists' or DTs ability was uniformly high.</p> <p>The conclusion of the study was Practices with DTs provided a more preventive-focused approach to oral health-care delivery; dentists in these practices performed more complex work. Positive patient satisfaction and confidence in practitioners' ability suggest patient acceptability of a preventive model.</p>				
41.	Welsh Government Welsh Health Circular: AMR & HCAI improvement Goals for 2023-24	<p>Work is underway on a 4-nations basis to develop the next 5-year National Action Plan from 2024, but for 2023-24 the focus needs to be on continuing to work towards the goals of the current 5 year National Action Plan</p> <p>In Wales the aim is to combat antimicrobial resistance through lowering the burden of infections, improving treatments and optimising our use of antimicrobials in humans.</p> <p>The National Plan ambitions are:</p> <p>Optimising the use of Antimicrobials</p> <ul style="list-style-type: none"> • A 25% reduction in antimicrobial usage in the community from the 2013 baseline • A 10% reduction in the use of “reserve” and “watch” antibiotics in hospitals from the 2017 baseline <p>Within Primary Care there are three improvement goals:</p> <ol style="list-style-type: none"> 4. To achieve a minimum 25% reduction in antimicrobial usage in the community from the 2013/14 baseline 5. Prescribers should document the indication and appropriate clinical diagnosis codes for all antimicrobial prescriptions 6. Primary care clusters should ensure urgent dental cases should be seen by dental services rather than General Medical Services 				

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42.	General Dental Council Views and experiences of dentistry: Survey of the UK public	<p>As part of the wider research programme, the General Dental Council commissioned research in 2022 with the public to help inform their understanding on the dental sector.</p> <p>The key findings from the survey found:</p> <p>Some people experience failed attempts to book appointments, cancellations and postponements.</p> <p>A significant minority of respondents reported having no regular dental practice</p> <p>Just under two-thirds had visited a dental professional in the past year, an increase compared to the previous year</p> <p>One in five were unable to book an appointment</p> <p>There are health inequalities in relation to access. Younger people, people from ethnic minority communities and people living in urban areas appear to experience challenges and barriers</p>			X	
43.	Nuffield Trust Bold action or slow decay? The state of NHS dentistry and future policy actions (Wilf Williams, Elizabeth Fisher and Nigel Edwards)	<p>Report produced looking at how general primary care dentistry in England has changed, with analysis mostly looking at NHS-funded work and the role of general dental practitioners who contract with the NHS.</p> <p>The analysis identified serious problems with dentistry in England, including:</p> <ul style="list-style-type: none"> • Growing difficulties with access to dentistry • Poor public perceptions about access and cost • Charges growing well above inflation • Persistent inequalities in access and outcome • Wide variations in treatment between regions • NHS underspending on dentistry, despite issues with access • Concerns about the workforce and the availability of NHS dentists • A contract that is unfit for purpose 			X	

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44.	Nuffield Trust Waste not, Want Not: Strategies to improve the supply of clinical staff to the NHS	<p>Analysis on student attrition which sets out the scale of NHS attrition and puts forward a 10-point plan to improve retention, including a policy proposal to gradually write off clinicians' student debt over 10 years.</p> <p>The 10 point plan is:</p> <ol style="list-style-type: none"> 1. National bodies must act quickly to correct some of the inaccurate and negative perceptions of clinical training and careers 2. Public bodies must better manage the value for money of the £5 billion spent on clinical education and training 3. Government should commission an independent review on degreelevel clinical apprenticeships 4. Government must now seriously consider a formal proposal for a student loans forgiveness scheme for nurses, midwives and allied health professionals 5. Government should also formally evaluate other models currently used to improve participation 6. Undertake (or commission) a substantive analysis of the competitiveness of NHS (and other public sector) starting and early-career salaries for clinicians 7. The apparent inequalities in career advancement opportunities between professions must be urgently addressed 8. Workforce planners at national and regional levels must proactively plan for the increased desire for more diverse career pathways 9. Government needs to urgently revisit the policies in place for promoting the supply of GPs into NHS services 10. The data on attrition, participation and retention in public services needs improving. <p>Using bespoke data we explored the nature of the domestic training pipeline across a range of professions – nursing, midwifery, occupational therapy, physiotherapy, radiography (both diagnostic and therapeutic) and medicine – to highlight where there is potential scope for addressing leakage. Other</p>			X	

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		professions (including pharmacy and dentistry) will, of course, have some distinct opportunities and challenges in relation to the training pipeline and this deserves exploration in future work.				
45.	Parliament of Australia Select Committee into the Provision of and Access to Dental Services in Australia: A system in decay: a review into dental services in Australia	<p>In March 2023, the Senate resolved that the Select Committee into the Provision of and Access to Dental Services in Australia be established. It was tasked with inquiring into</p> <ul style="list-style-type: none"> a) the experience of children and adults in accessing and affording dental and related services; b) the adequacy and availability of public dental services in Australia, including in outer-metropolitan, rural, regional and remote areas; c) the interaction between Commonwealth, state and territory government legislation, strategies and programs in meeting community need for dental services; d) the provision of dental services under Medicare, including the Child Dental Benefits Schedule; e) the social and economic impact of improved dental healthcare; f) the impact of the COVID-19 pandemic and cost-of-living crisis on access to dental and related services; g) pathways to improve oral health outcomes in Australia, including a path to universal access to dental services; h) the adequacy of data collection, including access to dental care and oral health outcomes; i) workforce and training matters relevant to the provision of dental services; j) international best practice for, and consideration of the economic benefit of, access to dental services; k) any related matters. <p>Some of the findings of the inquiry found that the public dental system is under severe strain and the private dental system is unaffordable to many</p>			X	

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		<ul style="list-style-type: none"> • 32% of adults report of untreated tooth decay • One in five adults experience toothache • Within the workforce it found that 5% of registered dental professionals work in the public system. • There is a shortage of specialists, particularly those trained to treat patients with disabilities or other complex needs. <p>Based on this inquiry it made 35 recommendations to Parliament</p>				
46.	National Library of Medicine Practice Trends and Job Satisfaction of Dental Therapists in Canada: Results from a National Survey	<p>Research to evaluate the practice trends, clinical services and job satisfaction of dental therapists in Canada.</p> <p>The findings indicate that the current workforce is ageing with a majority of actively practicing dental therapists situated in private practice. Dental therapists who are actively engaged in clinical practice are delivering services consistent with their full scope of practice. However, notable differences exist between services provided by those in private practice compared to those who are based in public or community clinics/programmes, particularly as it relates to prevention and materials used.</p> <p>Most dental therapists were satisfied with their occupation and their current roles. Additionally, they were mainly satisfied with the employment opportunities that are available to them. Most dental therapists felt that they are valued members of the oral health care team and that they have an important voice in Canadian oral health care. These findings suggest that the occupation is very motivated and are passionate about their chosen profession</p>			X	
47.	Denplan 2023 Oral Healthcare report	<p>Denplan are leading dental payment plan provider, and work with more than 6,600 dentists who care for around 1.4 million patients across the UK. Denplan's</p>			X	

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		<p>annual Oral Healthcare Report is one of the most comprehensive surveys into UK patient attitudes and habits.</p> <p>The key findings of the report included:</p> <ul style="list-style-type: none"> • Access to NHS dentistry remains a challenge for many and among those who currently see an NHS dentist, an increasing number would now consider private dentistry (61%), particularly if struggling to get an NHS appointment, or if it meant getting faster treatment. • the number of UK adults visiting their dentist or hygienist regularly, with 23% visiting less than every two years, only when they're in pain, or not at all. • At least 40% of those under-55 said they had cancelled a dental appointment because they couldn't afford it. 				
48.	<p>Healthwatch: What people have told us about NHS dentistry</p> <p>A review of our evidence – April to September 2021</p>	<p>Briefing report on dentistry survey and statistics carried out in England.</p> <p>The survey responses included:</p> <ul style="list-style-type: none"> • 6% of respondents did not an appointment in the last two years • One dental practice advised they have a waiting list of 6,000 people • Access to urgent care is difficult, with instances of individuals waiting up to 38 days. • Cancer treatments getting delayed as people cannot get the necessary dental treatment before they can start their next round of therapy • People resorting to purchasing self-help and temporary filling kits from supermarkets. 			X	
49.	<p>The King's Fund Public Satisfaction with</p>	<p>The National Centre for Social Research's (NatCen's) British Social Attitudes (BSA) survey has been conducted annually since 1983. Each year the survey asks people what it's like to live in Britain and what they think about how Britain is</p>			X	

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	the NHS and social care in 2022	<p>run, including measuring levels of public satisfaction with the health and care services.</p> <p>The most recent survey was carried out between 7 September and 30 October 2022 and asked a nationally representative sample (across England, Scotland and Wales) of 3,362 people about their satisfaction with the National Health Service (NHS) and social care services overall, and 1,187 people about their satisfaction with specific NHS services, as well as their views on NHS funding.</p> <ul style="list-style-type: none"> • Overall satisfaction with the NHS fell to 29 per cent – a 7 percentage point decrease from 2021. This is the lowest level of satisfaction recorded since the survey began in 1983 • More than half (51%) of respondents were dissatisfied with the NHS, the highest proportion since the survey began. • Satisfaction with NHS dentistry fell to a record low of 27 per cent and dissatisfaction increased to a record high of 42%. • 24% of respondents said they were ‘very dissatisfied’ with NHS dentistry – a higher proportion than for other health and care services asked about in the survey • The asked the public how satisfied or dissatisfied they are with different health and care services: general practice, dentistry, inpatient, outpatient, and A&E services. The 2021 survey saw unprecedented falls in satisfaction for dentistry (from 60 to 33 per cent) 				
50.	Public Health Wales: Population health in a digital age – The use of digital technology to support and	<p>Realising the potential of digital technology to underpin population health systems has been highlighted in Wales.</p> <p>Digital technology has the potential to empower and support people to live healthier lives, including accessing health information and health services, supporting behaviour change, monitoring and diagnosing symptoms, managing long-term health conditions and making social connections.</p>			X	

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	monitor health in Wales					
51.	British Dental Journal: The impact of the COVID-19 pandemic on the mental health of dentists in Wales (Owen, C; Seddon, C; Clarke, K; Bysouth, T; Johnson, D)	<p>To gain both an understanding of the impact that the COVID-19 pandemic has been having on the mental health of dentists working in Wales, as well as understanding the levels of stress the pandemic has caused. We also aimed to understand the specific causes of stress</p> <p>The pandemic has had a profound impact on the professional lives of dentists working in Wales. Their interactions with patients and colleagues have been greatly affected, as well as their work and working conditions. These have all substantially contributed to increased stress levels. Without significant improvements to the working conditions of dentists, as well as continued psychological support, large-scale burnout in the future is not only possible, but likely.</p> <p>High levels of stress were found, with 82% of respondents saying stress levels in the dental team have increased noticeably. Three-quarters of respondents have gone to work despite not feeling mentally well enough. Working conditions and financial pressures caused by the pandemic have directly impacted the mental health of many dentists. As a result, they have been using both adaptive and maladaptive coping methods to cope with the stress of the pandemic, with over one-third of respondents drinking alcohol more frequently than before the pandemic.</p>	Evidence for theme used as part of the strategic workforce plan			X
52.	Primary Care One HEIW - Dental Workforce May 2023 3 case studies to evidence: Prevention and	Case studies suggested that using a skill-mix methodology has led to a more cohesive team, in one case reduced the patient waiting time for filling and periodontal treatment from months to weeks			X	

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	Quality, DCP utilisation and skill mix					
53.	British Dental Journal Where have all the dental nurses gone? (Silver, R)	<p>It appears that the registration report published by the General Dental Council (GDC) in August 2021 has created a discussion within dentistry. Why has the number of registered dental nurses (DNs) reduced? Especially compared to the registration report published in July 2021, just before the deadline of 31 July for dental care professionals (DCPs) to pay their annual registration fee (ARF).</p> <p>There appears to be talk on social media and face to face that there is a recruitment crisis and that 5,000 DNs have left the profession. But have they?</p> <p>This article will discuss whether this author believes this is the case, and whether the data held by the GDC is the best way of answering the question: 'Where have all the dental nurses gone?'</p>			X	
54.	General Dental Council – Annual registration reports	<p>The annual registration reports provide a snapshot of statistical data on the registration of dentists and dental care professionals from the GDC Registers over a full year, including:</p> <ul style="list-style-type: none"> • the total number of dental professionals by title • the equality and diversity profile of the Registers • annual statistics relating to additions and removals, and the categories of those changes <p>In the 2022 reporting period</p> <ul style="list-style-type: none"> ➤ 1,348 people applied to join the register as a dentist over the reporting period. ➤ 753 people were added to the GDC register as a dentist over the period (from the applications received in the reporting period) ➤ 580 held a relevant European diploma in dentistry or a recognised overseas qualification. 	Summary of registered General Dental Council members			X

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		<ul style="list-style-type: none"> ➤ 160 passed the Overseas Registration Exam. ➤ 13 had qualifications assessed (these applications were made through a now closed route for dependants of persons whose EU qualifications were mutually recognised). 				
55.	The British Association of Dental Nurses - Dental Nurse UK Retention Survey 2023 (Reed, D.P.)	<p>The Dental Nurse Retention Survey UK was conducted via an on-line survey tool between 22nd February 2023 and 22nd March 2023. The British Association of Dental Nurses (BADN) hosted the survey and provided administrative support throughout. Access to dental treatment within the UK has come under national scrutiny, through popular media, dental professional groups and as part of UK Parliamentary debates and reports. The term ‘dental deserts’ has entered our national lexicon as a metaphor for the absence of dental practices, and the absence of dental professionals to deliver care, within a number of regions across the UK</p> <p>When this study was designed, there were 114,595 dental professionals registered by the UK dental regulator, the General Dental Council (GDC).The lack of some dental professions, such as dentists, has been likened to an ‘exodus’ and the perceived drop in the numbers of dental nurses (59,102 registrants) termed a ‘recruitment crisis’.</p> <p>Whilst much focus had been on dentists’ recruitment and retention, there is only minimal understanding of the position regarding the extent of the dental nurse workforce. To date there has been little available detailed contemporary evidence devoted to the matter of either dental nurse recruitment or retention.</p>				X
56.	College of General Dentistry – How the dental sector could retain dental nurses.	<p>Reflection of the results of the Dental Nursing UK Retention Survey (2023)</p> <p>There are currently over 61,6631 dental nurses (DNs) on the General Dental Council (GDC) register, making dental nurses the largest occupational group of dental registrants. However, in recent years there has been a perceived drop in the numbers of dental nurses, to the extent that this has been termed a ‘recruitment crisis’.</p>				X

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	(Reed, D.P.)	<p>The main conclusions of the subsequent report provide valuable insights into the reasons dental nurses want to remain in the profession, as well as some of the factors that may lead them to consider leaving.</p> <p>There are three top factors that encouraged 50% of dental nurse respondents to remain registered with the GDC and working within the dental sector. These were, in order:</p> <ul style="list-style-type: none"> • Meaning and growth, focusing on reasons associated with job satisfaction, including meaningful work, career structure and opportunities for professional progression and growth • Extrinsic rewards, including contracts of employment, financial remuneration and pay, as well as additional rewards and incentives provided by employers. • Workplace culture and environment, which was defined as a set of values, beliefs, attitudes, and assumptions common to those working together, which influences behaviours and interactions amongst colleagues within the dental team. Workplace environment also means the setting and physical conditions, such as the building structure, equipment, and material, in addition to the culture. 				
57.	Welsh Government Research into "Good Access" in Community Pharmacy, NHS Dentistry and Allied Health Professional Services (2023)	<p>This report looks at what 'good access; means to the general public in relation to community pharmacy, NHS dentistry and Allied Health Professional (AHP) Services. A range of Welsh Government policies are already in place, or under implementation, to improve access to primary care. Policy leads were specifically interested in understanding the citizen's view of what 'good access' means to identify any further opportunities for policy development.</p> <p>In relation to NHS Dentistry this means:</p> <ul style="list-style-type: none"> • Value in attending the same practice and seeing the same dentist at each routine check up. 			X	

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		<ul style="list-style-type: none"> • Ability to get an appointment for a check-up for the whole family at the same time. • Currently good access to emergency dentistry. • Ability to book routine appointments with a few weeks' notice. <p><i>Examples of poor access:</i></p> <ul style="list-style-type: none"> • Widespread lack of practices taking on new NHS patients in Wales. • Cancellation of appointments (specifically children) • Inability to access a nearby dentist. • limited availability of NHS dentists that are open to new patients, an issue that is exacerbated by growing numbers of dental practices no longer providing dental care on the NHS. • Limited availability of Welsh speaking NHS dentists, especially by participants in North Wales. • Limited opening hours of dentists (e.g. 4pm closure) which requires patients to take time off work • Taken off patient lists because of not arranging a check-up • existing dental practices going fully private thus not being able to afford to pay privately and so losing their dentist • critical of appointments being too short, resulting in the dentist running out of time and having to deliver a temporary fix that can make the problem worse. 				