

# Barriers to recruitment in a rural setting

Colum Durkan, Jason Wong, John Morris, Simon Bishop and Jack Gibson examine the issues facing rural practices in attracting and retaining dental personnel

In December 2017, the British Dental Association (BDA) reported nationwide dentist recruitment problems. There have been anecdotal reports of dental recruitment problems in Lincolnshire – a largely rural (95%) administrative county in the East Midlands region of England – for several years.

NHS England proposed an examination of factors affecting recruitment in Lincolnshire and the development of recommendations to overcome them.

This article aims to describe the findings of that study.

## Methods and results

The study used a combination of an online questionnaire and interviews to investigate the prevalence and perceived causes of recruitment challenges in the area.

The questionnaire was distributed by the Local Dental Network (LDN) and completed anonymously by staff members responsible for recruitment in NHS dental practices across Lincolnshire.

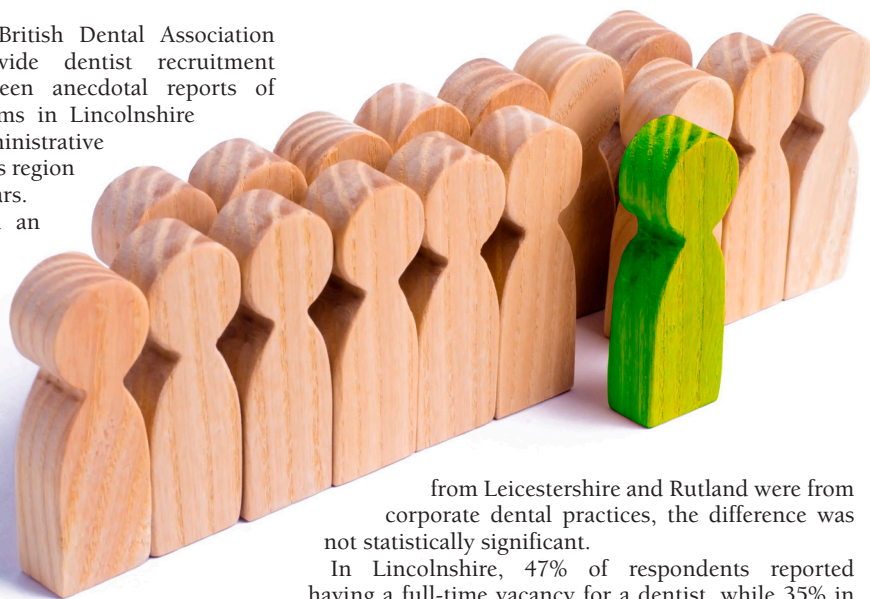
It was also distributed in neighbouring Leicestershire and Rutland for comparison.

Interviews were carried out with the recruitment leads in dental practices, following invitations distributed by the LDN in June 2018.

## Questionnaire

The response rate was 38% for Lincolnshire and 21% for Leicestershire and Rutland, giving an overall response rate of 27%.

While 41% of responses from Lincolnshire and 22%



from Leicestershire and Rutland were from corporate dental practices, the difference was not statistically significant.

In Lincolnshire, 47% of respondents reported having a full-time vacancy for a dentist, while 35% in Leicestershire and Rutland reported the same. Across both areas, nine practices reported having a vacancy for a dental therapist, eight of which were part-time.

In Lincolnshire, 31% of respondents reported having a vacancy for a full-time dentist for more than 12 months, while just 8% (in Leicestershire and Rutland reported the same). The vacancy duration profiles for part-time dentists mirrored this. However, no dental therapist vacancies had existed for more than six months.

Although more practices in Leicestershire and Rutland reported having a vacancy in the last 12 months, the difference was not statistically significant. Despite this, Lincolnshire fared more poorly in terms of whether the vacancy was reported as filled.

Of those practices that recruited successfully, 14 – split evenly between the two areas – experienced a delay of three months or more in adding a dentist to the National Performers List (NPL).

Table 1 shows perceived factors affecting recruitment.

Table 1: Factors in the lack of success with recruitment in a sample of dental practices in 2018

Factor (Q.7)	Lincolnshire			Leicestershire and Rutland		
	Yes	No	% Yes	Yes	No	% Yes
UDA commitment	8	24	25	5	32	14
NHS/private balance	1	31	3	2	35	5
Hygienist/therapist availability	0	32	0	2	35	5
Practice location	14	18	44	4	33	11
Salary	5	27	16	9	28	24
Surgery facilities	0	32	0	0	37	0
Working hours	0	32	0	6	31	16
Required experience	1	31	3	4	33	11
No applicants/unknown	12	20	38	10	27	27
Other	8	24	25	6	31	16

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The most frequently cited option by Lincolnshire respondents was practice location (44%), compared with 11% for Leicestershire and Rutland.

No applicants/unknown was ranked second in Lincolnshire and first in Leicestershire and Rutland, with 38% and 27% of respondents selecting it respectively. No respondents in either area cited surgery facilities as a factor.

There were 11 comments within 'other' across both areas; six related to UDA rate and three to the performers list process. The other two concerned a lack of responses from potential applicants and practice reputation.

## Interviews

Six dental practices volunteered a member of staff with recruitment responsibility to be interviewed. The geographical spread of the practices was broad, covering five of Lincolnshire's seven districts.

Four main themes emerged from the data:

- Respondents' reasons for working in Lincolnshire
- Service impact of the dentist workforce shortage
- Barriers to recruitment
- Approaches to dentist recruitment.

The respondents' reasons for working in Lincolnshire included family connections, its safety, beauty and the perceived potential for practice growth: 'It's a nice area, it is nice. The crime's really low, that's why I moved here.'

None of the respondents gave financial reasons for working in Lincolnshire.

Frustration and helplessness were expressed at being unable to provide a service, particularly for the elderly who were less able to travel to dentists elsewhere: 'Bearing in mind they're elderly patients, this is retirement area, they don't want to travel.'

The injustice of the situation was also highlighted, along with the resultant inequalities and their unacceptability: 'We are a bit the forgotten county... that can't be right, those sort of inequalities.'

There was widespread dissatisfaction among the respondents with the nature of NHS contractual arrangements. It was regarded as a disincentive to provide NHS care: 'There is widespread dissatisfaction with the contract, with its remuneration, with its lack of clarity...I wanna [sic] get out of NHS as soon as I can.'

NPL and GDC registration processes were perceived as significant recruitment barriers, with applicants' loss of interest on account of their protraction causing concern: 'It took me nine months to get a provisional performer number (for a dentist)... I used to email every week and so did the dentist.'

All interview respondents felt strongly that the

level of remuneration for NHS dental care across Lincolnshire (articulated as UDA rates) was too low, in particular when compared to those in neighbouring areas. Some explained that their low UDA rates served as a disincentive for dentists to work in Lincolnshire. Respondents explained that UDA rates were the limiting factor in enhancing remuneration to a level that would enable them to compete effectively in attracting dentists: 'Our surgery's UDA rate is not a business at all. The financial formulas are breaking here... if there are three things we have problems with they are UDA rate, UDA rate and UDA rate.'

The cost of professional indemnity and renting suitable premises from which to operate a dental practice were also recognised as financial barriers. The expense of advertising vacancies was identified as burdensome, particularly where recruitment agencies were engaged: 'You see people running larger and larger adverts, colour adverts, and it's quite a significant expense... the cost of an agency in terms of recruitment is quite significant in terms of a signing on fee and then an ongoing fee.'

The costs were reported as particularly frustrating given the lack of a successful outcome. All respondents commented on their location being a barrier to dentist recruitment. The rurality of Lincolnshire, its limited transport networks and the resultant travel time to other areas featured heavily.

The perceived lack of appeal to younger dentists of working rurally and their perceived desire to be based in cities, in particular the city where they qualified, was highlighted: 'Over the years I've had young dentists come, they've stayed maybe a year or two and then they want to go to cities because they're young. There are no train stations here; no access to anything really.'

Lincolnshire, and indeed the East Midlands, being without a dental school was a factor which respondents felt acted as a barrier.

In two interviews the area's majority Brexit vote emerged as a factor. This was reportedly because dentists from other EU countries, who prior to the referendum had applied for jobs in Lincolnshire in considerable numbers, subsequently felt unwelcome: 'Before [Brexit], I would advertise for a dentist and I would get a dozen or more emails from Spain, Portugal, Poland, wherever. That has completely stopped.'

Shortages were reported to have caused competition between practices in Lincolnshire, for example dentists moving to more attractive local practices. Respondents also reported having headhunted from other local practices and having lost staff on account of headhunting. This practice extended to dental

therapists: 'I pinched her from [town name], from a [town name] practice.'

It was felt insufficient dentists were being trained in the UK to meet workforce needs. The stringent English language requirements for dentists in the UK was another nationally applicable factor.

All respondents had used several approaches to advertising vacancies, including advertising in dental journals, via recruitment agencies, social media and professional networking. Most respondents described implementing multiple strategies in the hope of success.

Professional networking was described by some as useful when other approaches had failed: 'The only way I've recruited is through word of mouth.'

Several respondents had offered financial incentives in an attempt to recruit dentists and recruiting a dental therapist. One respondent described a collective effort by the Local Dental Committee to encourage potential students from the area to consider studying dentistry in the hope they would practise locally when qualified.

## Discussion

The results of the questionnaire suggest that the shortage of dentists in Lincolnshire was more problematic than in neighbouring Leicestershire and Rutland. Recruitment agency usage, and its associated costs, served as another indicator of Lincolnshire's relative difficulties. Although a shortage of dentists has been experienced in other rural areas worldwide, the impact of this on oral health and equity makes it an issue worth exploring.

Both elements of the study provided much information on the factors responsible for the difficulties in recruiting dentists in Lincolnshire. Practice location was the modal factor; it appears that the separation from established networks imposed by working in a rural area, rather than the rurality alone, could be a major component of location as a factor.

Analysis of the qualitative data offered a deeper understanding of local factors such as NHS remuneration, which was reported as insufficient to overcome the disincentive posed by the rural location. Previous research has shown that location becomes less crucial where positions in rural areas carry a suitable financial incentive.

The qualitative data revealed that some of the location factors serving as disincentives differed between UK and overseas dentists.

The former were recognised as preferring to remain in the city where they qualified: Lincolnshire's lack of a dental school may therefore work against recruitment. It is also possible that the lack of a local dental school was a barrier to local students considering dentistry as a career.

In contrast, it was felt that perceived local hostility to overseas dentists and limited scope for international travel were barriers to overseas recruitment. Consequently, it appeared that no one strategy would be effective across all potential sources of new dentists.

Although some of the bureaucratic and contractual factors raised as barriers applied nationally, respondents felt that these had greater impact in Lincolnshire as they acted in addition to other challenges and could be a tipping factor. It was also apparent that the focus for many had been on recruiting dentists rather than considering dental therapists from the outset.

## Recommendations

1. Increase the UDA rate paid to dental practices in Lincolnshire to such a level that it is financially viable for dental practices to recruit and retain dentists
2. Improve dental practices' understanding of the DFT by equivalence scheme and provide support to new mentors to promote the uptake of the scheme in Lincolnshire
3. Facilitate expansion of the use of dental therapists through working to improve patient and dentist acceptability of their role
4. Consider modifications to the present NHS dental contract to improve its appeal to dentists
5. Review the capacity and location of dental undergraduate training in the UK to account for the current working patterns and labour market for dentists in Lincolnshire
6. Promote dentistry as a career to potential students in Lincolnshire using a collaborative approach.

## Conclusion

Lincolnshire has a greater level of unfilled vacancies for dentists than nearby areas. The main barriers to recruitment reported by practices were practice location and their remuneration for NHS dental care. It is evident that no single strategy alone would be effective in resolving the challenges faced by practices.

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