

# PARLIAMENTARY DEBATES

HOUSE OF COMMONS  
OFFICIAL REPORT

Third Delegated Legislation Committee

DRAFT DENTISTS, DENTAL CARE  
PROFESSIONALS, NURSES, NURSING ASSOCIATES  
AND MIDWIVES (INTERNATIONAL  
REGISTRATIONS) ORDER 2022

*Tuesday 6 December 2022*

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**The Committee consisted of the following Members:**

*Chair:* MR PETER BONE

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|--|---|
| † Baker, Duncan ( <i>North Norfolk</i> ) (Con)               | † Owatemi, Taiwo ( <i>Coventry North West</i> ) (Lab)                             |
| † Clark, Feryal ( <i>Enfield North</i> ) (Lab)               | † Quince, Will ( <i>Minister of State, Department of Health and Social Care</i> ) |
| † Daly, James ( <i>Bury North</i> ) (Con)                    | Sheerman, Mr Barry ( <i>Huddersfield</i> ) (Lab/Co-op)                            |
| † Drummond, Mrs Flick ( <i>Meon Valley</i> ) (Con)           | † Skidmore, Chris ( <i>Kingswood</i> ) (Con)                                      |
| † Fellows, Marion ( <i>Motherwell and Wishaw</i> ) (SNP)     | † Solloway, Amanda ( <i>Lord Commissioner of His Majesty's Treasury</i> )         |
| † Fuller, Richard ( <i>North East Bedfordshire</i> ) (Con)   | † Twist, Liz ( <i>Blaydon</i> ) (Lab)   |
| † Hollern, Kate ( <i>Blackburn</i> ) (Lab)                   | Huw Yardley, <i>Committee Clerk</i>   |
| † Hughes, Eddie ( <i>Walsall North</i> ) (Con)               |   |
| † Jones, Andrew ( <i>Harrogate and Knaresborough</i> ) (Con) |   |
| † Loder, Chris ( <i>West Dorset</i> ) (Con)                  |   |
| † McDonnell, John ( <i>Hayes and Harlington</i> ) (Lab)      | † <b>attended the Committee</b>   |

## Third Delegated Legislation Committee

Tuesday 6 December 2022

[MR PETER BONE *in the Chair*]

### Draft Dentists, Dental Care Professionals, Nurses, Nursing Associates and Midwives (International Registrations) Order 2022

2.30 pm

**The Minister of State, Department of Health and Social Care (Will Quince):** I beg to move,

That the Committee has considered the draft Dentists, Dental Care Professionals, Nurses, Nursing Associates and Midwives (International Registrations) Order 2022.

It is a pleasure to serve under your chairmanship, Mr Bone.

I turn first to international professionals. International dental care and nursing professionals form a vital part of the NHS workforce and make an important contribution to the delivery of healthcare in the UK—indeed, over a third of dentists joining the General Dental Council register in 2021 qualified outside the UK. There was a near-even split between domestic and international professionals joining the Nursing and Midwifery Council register over the same period, with 23,000 international professionals joining. The GDC and the NMC are the independent statutory regulators for dental, nursing and midwifery professionals in the UK and nursing associate professionals in England. They set registration standards for healthcare professionals who wish to practise in the UK, which ensures that registered and regulated professionals have the skills, competence, health and attitudes that command public trust and, importantly, patient confidence.

I turn to the international registration process. International professionals who wish to practise in the UK must meet the same rigorous standards that we expect of UK-trained professionals, so we believe it is also in everybody's interest that such professionals can use registration processes that are a fair test of their professional competence and that provide them with a clear route to registration.

We are reforming the legislative framework for the regulation of healthcare professionals to make it faster, fairer and more flexible. The current UK model needs to change to better protect patients, to support our health services and to help the workforce meet future challenges. Ahead of that, action is required to provide the GDC and the NMC with greater flexibility to amend their international registration processes, and we have worked closely with these regulators, along with colleagues in the devolved Governments, to develop proposals that remove from the legislation prescriptive detail about how such processes should operate. That will help the regulators to ensure that future international registration pathways are proportionate and streamlined, while continuing to robustly protect patient safety.

I turn to the greater flexibility for the GDC, the overseas registration examination, the processes and the fee. The draft order provides the GDC with greater flexibility to apply a range of assessment options for

international dentists beyond its overseas registration exam, or ORE. The regulator is provided with the same level of flexibility in relation to processes for international dental care professionals. The GDC will have much greater freedom to update the content and structure of its overseas registration examination now and in the future, as they will no longer be set in legislation that requires Privy Council approval to be changed.

**Taiwo Owatemi** (Coventry North West) (Lab): I welcome the changes proposed today, but can the Minister elaborate on whether the GDC will be given more support with reviewing the performers list validation by experience, which international dentists will have to go through to be NHS dentists but not for private practice?

**Will Quince:** I thank the hon. Lady for her question, and I will certainly come to that—probably in summing up—because the performers list is a wholly separate issue. The draft order is about the registration of dentists and dental professionals, whereas the performers list is about those providing NHS services.

As I said, the overseas registration exam will no longer be set in legislation that requires Privy Council approval for it to be changed. The requirement that dental authorities provide the ORE is removed, allowing the GDC to explore alternative providers, so candidates who were affected by the suspension of the exam during covid will also be provided with extra time to sit it.

We know that the GDC plans to increase OR fees to cover its costs for providing the assessment. A more cost-effective model is likely to be achieved over time as additional providers are identified. I understand that the GDC will first consult on new rules for its international registration process before they come into force.

I want to touch on consultation responses, because Committee members will have had a barrage of emails overnight on the subject. We plan to take forward all the proposals that we consulted on, and we made an amendment to the draft order in the interests of patient safety; that particular point was made in the email Committee members will have received from multiple people overnight. It relates to the requirement that a qualification relied on by an international applicant to the dental care professional register can no longer be a diploma in dentistry. If hon. Members want me to, I can go into further detail on that subject in my summing up.

I also draw the Committee's attention to an issue raised by the Secondary Legislation Scrutiny Committee, which noted that the House may wish to seek reassurance as to how appropriate safety standards will be maintained. The primary purpose of the professional regulation is to protect patients and the public from harm by ensuring that those providing healthcare are doing so safely. Any new or amended registration pathways will be based on applicants meeting that same standard of training and knowledge as UK-trained professionals. Those standards are set by the independent regulators in consultation with the profession's public and education providers.

The draft order also makes changes that help to lay the foundation for the regulator to improve processes further in the future. That includes a charging power, so that fees may be charged to international institutions for the cost of recognising their qualifications. That will

support the GDC in registering individuals based on an assessment of their qualification, skill and training, or by recognising the qualification that they hold.

I turn to the Nursing and Midwifery Council and the changes to the Nursing and Midwifery Order 2001. The NMC will have flexibility to use two pathways in addition to its test of competence, which will remain the primary registration assessment. The first additional pathway is recognition of an international programme of education, so applicants holding a Nursing and Midwifery Council-approved qualification could meet the council's requirements without needing to sit the test. The second is qualification comparison, whereby the Nursing and Midwifery Council may ascertain whether an international qualification is of a comparable standard to a UK one. The draft order provides the NMC with greater flexibility to amend such processes by, in effect, stripping out unnecessary detail from the legislation on how it should operate.

The draft order also clarifies the NMC good health and good character declaration requirements, misinterpretation of which can lead to confusion and unnecessary delays to the application process. With that, I commend the order to the Committee.

2.38 pm

**Feryal Clark** (Enfield North) (Lab): It is a pleasure to serve under your chairmanship, Mr Bone.

I welcome the measures regarding the registration of international dentists, dental care professionals, nurses, nursing associates and midwives. When we have 132,000 vacancies in the NHS, I am not here to stand in the way of cutting unnecessary red tape. However, let us not pretend that this is a long-term solution, or even a sticking plaster, when it comes to the problems that the NHS is facing.

The number of NHS dental practices had fallen by more than 1,200 in the five years before the pandemic. Dental staff are leaving the profession: 2,000 dentists quit the NHS in 2021 alone. In nursing, there are 46,828 empty nursing posts across hospitals, mental health, community care and other services. That means one in 10 nursing roles are unfilled across the service overall. In midwifery, there are 800 fewer midwives than following the 2019 general election.

I will give the Government some credit: they have heeded the calls of their own Chancellor to assess, finally, the NHS workforce needs. Words will not be enough, however. Encouraging the recruitment of international healthcare professionals has serious ethical implications. It risks worsening the lack of healthcare workers in other countries that are dealing with shortages of their own, and it is no substitute for training home-grown talent.

That is why Labour has pledged the biggest expansion of medical school places in history, which will give the NHS the doctors it needs, and will be paid for by abolishing non-dom tax status. It includes creating 10,000 new nursing and midwifery placements every year, training 5,000 new health visitors, doubling the number of district nurses qualifying every year and doubling the number of medical school places, so that we have the doctors we need in our NHS. Labour will also produce a long-term workforce plan for the NHS for the next five, 10 and 15 years, which will ensure that we do not find ourselves in this position again.

Although I welcome the measures outlined by the Minister, the Government must acknowledge the scale of the crisis and rise to the challenge.

**The Chair:** I am quite generous about allowing the debate to go wider, but although I will allow some latitude, we will not have a debate on the NHS as a whole. On the other hand, Ministers are not supposed to get helpful pieces of paper from officials directly. Yes, that was a slap on the wrist, Minister, so it is one-all at the moment. John McDonnell will sort it out, though.

2.41 pm

**John McDonnell** (Hayes and Harlington) (Lab): I have a simple question for the Minister. We have received a number of representations, and it is important to acknowledge the consultation that has taken place. Page 6 of the explanatory memorandum states:

“The Department received 1634 responses to the consultation from individuals and organisations...Over 70% of responses to the consultation were from dental care professionals.”

It goes on:

“Many respondents were supportive of improvements being made to the regulators’ international registration processes”.

It does not say “most”. What was the balance between supportive and oppositional responses to the proposals that the Government have taken forward? It would be helpful to know how many of the representations the Government have taken into account.

2.42 pm

**Will Quince:** I take your instruction on the passing of notes, Mr Bone; it will not happen again.

Let me answer a number of the points made by the hon. Member for Enfield North, starting with dentistry more generally. Our aim is to ensure that everyone has timely access to NHS dentistry and that dentistry is an appealing career choice. In too many parts of our country, people do not have access to a dentist in the way that they should. In July this year, we announced a package of improvements designed specifically to increase access to dental services across England. That includes better remuneration, guidance on how patients should expect to attend for check-ups, and measures that enable dentists to make better use of staff in their dental teams. Of course, training has to be part of that. Health Education England undertook a three-year review of education and training as part of its 2021 “Advancing Dental Care” review. It is now implementing its four-year dental education review programme to improve recruitment and retention.

The hon. Member for Enfield North rightly raised internationally trained staff, who have been part of our NHS since its inception and continue to play a vital role. We are doing everything we can to invest in growing our domestic workforce and move towards a more sustainable domestic supply. We are training more, retaining more and encouraging staff who have left to return. Having said that, ethical international recruitment remains a key element of achieving our workforce commitments. As the hon. Lady will know, we have recently recommitted to publishing our NHS long-term plan, which is a commission for NHS England. As the Chancellor of the Exchequer set out in the autumn statement, it will be independently verified.

[Will Quince]

The hon. Member for Coventry North West asked about the performers list. Although it is not directly relevant, Mr Bone, perhaps you will indulge me for one moment, so that I can explain what we are doing. The Department is currently reviewing the National Health Service (Performers Lists) (England) Regulations 2013—that is, the route by which a dentist can become registered to undertake NHS services—to identify where regulatory requirements could be streamlined and simplified while maintaining the high professional standards that ensure patient safety. Any proposed legislative changes will be subject to consultation.

I think the question raised by the right hon. Member for Hayes and Harlington follows a number of emails that we received overnight. These related to the essence of this statutory instrument, which is about closing a loophole. I understand why people are exercised about that. I do not know the exact figures from the consultation, but it is on that exact point where we expect there will have been a higher percentage that we disagreed with, but I am happy to write to the right hon. Member and the Committee with the exact percentages of people who responded in a particular way. On that one point, I will go into detail because, although we recognise the opposition to that proposal, we intend to take forward this amendment in the interests of patient safety.

**John McDonnell:** Will the Minister write to us, with regard to not that specific proposal, but the generality? If we could receive a breakdown on that, that would be really useful. Can he say at this stage—sometimes, inspiration does come via notes—whether the majority were in favour or opposed?

**Will Quince:** My understanding is that, on this particular point around dental care professional registration with the GDC, the majority were opposed. That is the one major point where we disagreed with the consultation response.

If it is helpful to the right hon. Member for Hayes and Harlington, I will explain why. The change introduces fairness and consistency between UK and international

routes because UK dentists cannot qualify or apply to join the DCP register using their dentistry qualification in other countries. I make clear that international dentists already registered as DCPs with the GDC will still be able to maintain their registration following these changes, but the amendment will allow the GDC to process applications from dentists to join the register as DCPs that are received until this order comes into force, which is likely to be in the spring. It guarantees that any live DCP title applications—I suspect those are the driver of some of the emails we received last night—submitted before the legislation has passed will still be processed.

Although we recognise that the majority of respondents to the consultation disagreed with the proposals and many argued that international dentists are already qualified, or have enough clinical experience, to work as a DCP, others also highlighted that in some cases overseas qualified dentists work as dental care professionals outside the UK, and in many countries there is not a separate job title for dental care professionals.

However, in the UK the GDC recognises dentists and DCPs as distinct professions; they undertake similar but different tasks. I understand from the GDC that the majority of such applications from international dentists are, in any event, unsuccessful. This reinforces that one of the GDC's priorities must be on ensuring that only suitably qualified people join the profession here in the UK, in the interest of patient safety.

I hope that my answers to those questions—notwithstanding the exact point on the numbers and percentages of people that objected on particular points, which I will write to the Committee about—will provide sufficient reassurance. The order promotes flexibility for the General Dental Council and the Nursing and Midwifery Council as independent statutory regulators to fulfil their duties in developing and maintaining robust and proportionate international registration processes. I commend the order to the Committee.

*Question put and agreed to.*

2.48 pm

*Committee rose.*



