Dear Sir/Madam,

I write in response to the CMA's Statement of Scope regarding the private dentistry market study.

Having reviewed the document, I must express significant concern regarding both the premise and direction of this investigation.

First, the study appears to overlook the fundamental economic reality that the cost of running a dental practice has risen substantially in recent years. This includes increases in staffing costs, materials, regulatory compliance, energy, and indemnity. These are not marginal pressures—they are structural and ongoing.

Second, the profession is already subject to extensive regulatory oversight. Dentistry in the UK is highly regulated through multiple bodies, and practitioners operate under constant medico-legal scrutiny. The cost of indemnity continues to rise, and the profession is increasingly burdened by a litigation culture. Any further regulatory intervention risks compounding an already strained environment.

Third, the document does not adequately acknowledge that NHS dentistry, in its current contractual form, is widely regarded as financially unsustainable. This is a primary driver behind the increasing reliance on private provision. Many professionals are not leaving NHS work by choice, but because it is no longer viable as a business model.

Against this backdrop, the suggestion that the private market is failing consumers appears misplaced. What is being observed is not market failure, but the natural consequence of underfunded public provision and increasing demand.

If affordability is a concern, this must be viewed within the context of basic market economics. Private dentistry operates in a competitive environment, and pricing reflects the true cost of delivering safe, regulated, high-quality care. It is not fundamentally different from other professional services.

In this regard, it is unclear why dentistry is being singled out. Other professions such as legal services—solicitors and barristers—are permitted to charge market rates without similar intervention, despite also being essential services with significant cost barriers for consumers.

Furthermore, the tone and framing of the study risk implying systemic issues within the profession itself. I would strongly emphasise that dentists working in private practice are, without exception, striving to provide the best possible care under increasingly difficult conditions. This is not a profession acting against consumer

interests.

If the government’s objective is to ensure universal affordability and access, then a more direct and transparent approach would be to fully fund and deliver dental services as a public service, akin to NHS hospital care, rather than relying on a mixed economy model while scrutinising private providers.

Finally, I must note that the framing of this study gives the impression of being policy-driven rather than evidence-led, and risks undermining professional confidence without adequately addressing the root causes of the current situation.

In summary:
- Rising costs and regulatory burden are the primary pressures on the profession
- NHS dentistry is structurally unsustainable in its current form
- The private market is responding to these realities, not causing them
- Any meaningful solution lies in policy reform and funding, not further market scrutiny

I would urge the CMA to carefully reconsider the underlying assumptions of this study and to engage meaningfully with the economic and structural realities facing the profession.