mydentist response to the invitation to comment on the scope for the Competition and Markets Authority's market study into private dental services

Background

mydentist is a leading provider of dentistry in the UK supporting NHS and private patients at over 500 practices across England, Wales, Scotland and Northern Ireland.

Across our network, we provide three tiers of affordable dental and orthodontic services - NHS dental care, myoptions private dental care and Premium private dental care – with the vast majority of mydentist practices offering a mix of NHS and private treatment. Each tier has unique features allowing patients to choose the option that best suits their needs and budget. We also offer the mydentist Dental Plan to help patients spread the cost of routine check-ups and hygiene appointments with simple monthly payments. Patients can move between our three options, subject to availability, allowing patients to mix and match treatments and services from our NHS, myoptions or Premium private ranges.

At mydentist, we're proud of the affordable and accessible dentistry we provide and believe that all patients should receive transparent information about their care. That's why we welcome this study and will look forward to engaging with the Competition and Markets Authority (CMA) throughout the process.

General comments

All of our responses will relate to the whole of the UK unless otherwise stated.

Question 1: Do you agree with our proposed scope (both the product and geographic scope) for this market study, as set out in paragraphs 22 to 28. If not, what areas would you suggest we include, exclude or prioritise?

We agree with the geographic scope of the study. We would note, however, that it is important to recognise the different commissioning and regulatory environments of England, Wales, Scotland and Northern Ireland that may affect competition in different ways.

In paragraph 23, the term "wider dental care professionals" is potentially open to interpretation. We would recommend using the General Dental Council (GDC) defined term "Dental Care Professional", which includes qualified, GDC-registered members of the dental team (except dentists) who provide specialised dental care and treatment, such as dental nurses, hygienists, therapists, and technicians.

In terms of the product range, it would be helpful for the CMA to explicitly include orthodontic treatments – including direct to consumer or short-term orthodontic care, such as clear aligners – as well as adjacent services, such as facial aesthetics or over the counter whitening products that can be purchased online and have an effect on the market.

We strongly support consumers being given clear information about their treatment – including pricing and what is available through publicly funded services – and welcome this part of the study.

We agree that public policy decisions do impact consumer expectations in dental services. The availability of certain treatments on the NHS will also impact the volume of those treatments undertaken in the UK which can also affect pricing due to economies of scale. As an example, in Spain, implants are much more common and the cost of these procedures is often significantly lower.

Similarly, policy decisions regarding workforce, including the scope of practice of different members of the team (especially therapists), and the amount of NHS dentistry commissioned at what price in what location, will likely impact the perception of choice and information that consumers have when deciding on their care.

There is a GDC requirement for dentists to offer patients a full choice of the different types of care and treatment available to them at the time of consent to ensure the consent is truly "informed" and valid. This is an important factor to consider when evaluating information available to consumers.

The CMA may also find it helpful to consider:

- **Specific workforce dynamics:** As self-employed individuals, dentists choose how they wish to operate their business, including which type of services to deliver. Many dentists have moved away from NHS dentistry as they find the current NHS dental contract financially unsustainable, administratively burdensome, and restrictive to providing quality patient care. The risk and cost of dental negligence claims have increased significantly over the last 5-10 years, and successful claims impact the cost and availability of indemnity. Being able to spend more time on delivering higher revenue generating private treatments mitigates these risks and costs.

- **Differing UDA rates in different parts of the country**: There is a wide disparity in NHS funding across parts of the UK, with some practices receiving less than £30 per Unit of Dental Activity (UDA), and others receiving in excess of £40. This can influence the amount of NHS and private dentistry that self-employed clinicians choose to take on, impacting the amount of access and, potentially, the pricing levels in a particular area.

Question 2: Do you agree with our articulation of the characteristics of a well-functioning private dentistry market as set out in Paragraph 20? If not, what should be changed and why?

We agree with the CMA's definition. However, we would add that:

- A well-functioning market requires a clear understanding of the regulatory landscape in adjacent services. The rise of direct-to-consumer orthodontics, whitening products on global online marketplaces, and "dental tourism" introduces potential clinical risks.

For the market to be truly competitive and functional, consumers must be able to transparently compare the protections of GDC-regulated UK care against these often lower-cost but higher-risk alternatives.

- For a practice to be "disciplined" for not meeting a customer's preferences as efficiently as possible potentially gives rise to onerous costs for smaller providers (e.g. to invest in systems) that could act against the promotion of effective competition.

Q3: Do you consider that the private dentistry market currently displays the characteristics of a well-functioning market set out in paragraph 20? If not, please explain why you consider this to be the case, what is driving this, and how this could potentially be addressed.

From what we observe, the dental market is competitive, transparent, and responsive to consumer needs. This is for several key reasons:

1. The dental market in the UK is highly fragmented and is overwhelmingly composed of small independent practices.

2. The GDC and individual care regulators within each part of the UK already support patient choice and pricing transparency. This transparency is enforced through strict statutory requirements across all nations. This is tested at a practice level by the CQC (England), HIW (Wales), HIS (Scotland), and RQIA (Northern Ireland). In addition to displaying clear pricing, clinicians will share a full course of treatment, including costs, with the patient for them to approve before commencing treatment. The course of treatment can be stopped at any time, allowing patients to move between providers without restriction.

3. Many large dental providers use consistent branding across their practices and websites. This is certainly the case at mydentist where even our specialist centres, such as our myorthodontist practices, use the mydentist website, promoting transparency and helping patients to understand which practices are part of the same group.

4. Many dental providers also offer (as secondary credit brokers) FCA-regulated third party consumer finance products to support customers in spreading the cost of treatment. This includes low monthly repayment plans and low or 0% interest rate solutions. Payment plans are highly regulated to promote transparency, choice and fairness. The FCA Consumer Duty has ensured that all financing options, including staged payments and 0% interest products, are communicated with total clarity, preventing "foreseeable harm" and enabling informed financial decisions.

5. Dental consumers have extensive choice of treatments and relevant information and have the flexibility to switch providers easily, with no restrictions regarding "registration" for NHS or private care in England.

6. This drives considerable competition between providers to win and keep consumers. Promotional activity is common in the dental sector with regular offers being provided

on check-up prices and specific treatments to win consumers. Similarly, significant effort is taken to collect and act on patient feedback, for example through online review platforms and Friends and Family Test data, to ensure that patient retention is as positive as possible.

There are, however, several ways in which the private dental market could be improved. This includes:

1. There is a significant undersupply of clinicians working in both NHS and private dentistry, despite efforts by the GDC to increase the total pool of registered dentists. This workforce constraint generates greater barriers to entry for establishing new practices and expanding access to NHS or private care.

2. Some dental services – such as direct-to-consumer orthodontics, online purchases of whitening products, or treatments delivered internationally but advertised in the UK – are delivered outside of traditional general dental practices and can cause confusion for consumers.

3. The funding and commissioning of NHS dentistry can impact competition. This includes the variation in UDA rates in different parts of the country, as well as policy restrictions, such as in Wales, that prevent new patients from being able to directly contact a practice to book an NHS dental appointment. Similarly, moves to restrict the frequency with which patients are able to visit dental practices – in some instances to more than 18 months – may also impact competition. Funding of NHS services, and the contractual terms on which NHS dentistry is commissioned, can also reduce access to NHS dentistry. Again, in Wales, several independent dental practices have handed back NHS dental contracts following the introduction of the new contract on 1 April 2026.

Q4: What, if any, are the key differences in the private dentistry market across the 4 nations that should be reflected in our analysis? What drives any differences?

The primary driver of divergence is the varying NHS contract models which affect how and when a patient can access NHS dentistry.

As mentioned above, in Wales, patients will no longer contact a practice directly to book NHS care; they must instead use the central DAP. This removes the direct practice-patient choice found in England.

Finally, in England, the shift to ring-fencing 8.2% of activity for Unscheduled Care will likely change the competitive landscape for private "emergency" appointments, as NHS availability for urgent care increases.

Q5: Are there specific areas we should focus on in relation to the consumer journey and choice, including consumers' ability to make informed choices, access and switch private dental services, or aspects to the consumer experience? Why?

As mentioned above, while the market is well-functioning, we believe there are several areas where competition could be enhanced to improve the consumer journey and choice across the UK.

Q6: Are there any specific areas that we should focus on because they have the potential to disproportionately affect vulnerable customers?

It is a GDC requirement for all providers to consider the needs to all patients, including the vulnerable.

It's important to also consider that, in addition to the accessibility and affordability of care, vulnerable patients also need to be able to access physical premises and be able to understand treatment options.

At mydentist, we are investing significantly to improve the accessibility of many of our practices by opening new facilities that are fully DDA-compliant, and by improving digital access to services and information, for example by increasing the colour contrast on our website.

Q7: Do dental payment plans/financing of dental treatments impact the consumer journey and choice in the private dentistry market? If so, please explain how.

Yes. Membership plans encourage more regular attendance improving prevention which is the most cost-effective way to manage oral health. Plan membership at mydentist lowers costs for consumers, compared to a new patient exam and hygiene booking, a two week cooling off period applies, and plans can be cancelled with 30 days' notice.

Financing also allows patients to access treatment plans that may otherwise be out of reach, by spreading the costs a longer period of time. These options provide a safe and transparent route for patients to access care in a way that suits them, including choosing between low interest and low monthly repayment solutions. Comprehensive affordability checks are undertaken to ensure these solutions are manageable for patients.

Secondary credit broking of consumer finance options is a regulated activity authorised by the Financial Conduct Authority (FCA). Since 31 July 2023, such activities are subject to the FCA Consumer Duty, which sets higher standards of consumer protection and requires authorised entities to act in good faith, avoid foreseeable harm, and enable consumers to achieve good financial outcomes.

Q8: Are there any specific issues we should focus on in terms of how, and the extent to which, dentists compete to win customers and are incentivised/disciplined to meet customers preferences and needs? Why?

We believe the private dentistry market is well-functioning. We do not have any other areas of focus besides those already mentioned.

Q9: Are there any particular conduct or practices we should focus on that may adversely affect consumers/competition? What are they and why should we focus on them?

We are concerned about adjacent services that relate to dentistry that do not face the same level of regulatory scrutiny. This would particularly include treatment delivered internationally (but advertised within the UK), and direct to consumer products, such as whitening treatment that can be purchased online.

[Redacted]

Q10a: We are interested in whether regulatory frameworks across the UK, and their enforcement, along with complaint and redress mechanisms, support good competition/consumer outcomes. Are there any particular areas we should consider/ Why?

We consider that current regulatory frameworks support strong competition and consumer outcomes.

As mentioned earlier, the GDC and individual care regulators within each part of the UK already support patient choice and pricing transparency. This transparency is enforced through strict statutory requirements across all nations.

The FCA Consumer Duty also ensures that all financing options, including staged payments and 0% interest loans, are communicated with total clarity, preventing "foreseeable harm" and enabling informed financial decisions. Compliance with the Duty entails four outcomes - governance, price/value, understanding, and support - and requires these to be embedded into culture, monitoring with data, and taking proactive action to ensure fair customer treatment. The FCA has enforcement powers and there are complaint/redress mechanisms for consumers, including a focus on effective, clear and fair complaints-handling processes and referral to the Financial Ombudsman Service.

We strongly believe in the value of patient feedback and actively seek to use Friends and Family Test data to proactively resolve concerns where they exist. We also support transparent, clear and quick processes of complaint resolution. Where these are not resolved satisfactorily, escalation routes exist including through the Ombudsman and GDC, ensuring that patients have multiple avenues to raise concerns and ensure their voices are heard.

The GDC has been able to provide guidance on this and also publishes reports on Fitness to Practice (FTP) cases. Relatively few FTP cases relate to communications or the consent process, suggesting these procedures are well understood and followed across the country.

Finally, regulation also requires the majority of directors of a dental group to be either registered dentists or registered dental care professionals. This ensure that GDC regulations are a central part of the delivery of care for all large groups.

Q10b: Are there elements of these regulatory frameworks that create unnecessary or disproportionate barriers to entering the private dentistry market or to expanding existing businesses?

The primary regulatory barrier to greater competition is the restriction on workforce. There are two qualifications that can allow international dentists to register with the GDC: the Overseas Registration Exam (ORE) and the License in Dental Surgery (LDS) qualification. For years, both of these have been heavily restricted and there are currently more than 6,000 qualified dentists waiting for a space on the ORE to be able to prove their skills.

Although there has been recent progress in increasing the number of exam sittings each year, this has unnecessarily restricted the number of dentists delivering dental care in the UK to date.

The NHS workforce is even more restricted as international clinicians who register with the GDC must then go through an International Dental Graduate process to get an NHS performer number. This process can be time consuming and administrative and is likely to have restricted the amount of NHS dental access in recent years.

Q11: More generally, are there any barriers to entering the private dentistry market, or to expanding existing businesses, that you believe are unnecessary or disproportionate. If yes, please explain. Are there particular barriers for smaller businesses?

We do not see widespread structural barriers to market entry other than the workforce challenges previously mentioned.