General Dental Practice Committee

Report of the meeting held on 27 January 2017

Elections

1. Henrik Overgaard-Nielsen was re-elected as Chair and David Cottam and Richard Emms were re-elected as Vice-chairs.

GDPC by-elections

2. Three new members have been elected to the committee and we look forward to working with these colleagues over the coming year.

3. John Davidson – Lothian and Borders
   Paul Semus – Thames Valley
   Stephen Wright – Cheshire, Warrington and Wirral

4. These by-elections trialed a new online voting system. Each constituency piloted a different form of verification; one requiring voters to request a PIN code linked to an email address, one requiring voters to submit their GDC number and one with none of these requirements. We will be looking at more detailed analysis of the trial to consider whether to adopt a reformed voting system for the next triennial elections.

Presentation from Committee of Postgraduate Dental Deans

5. Nicholas Taylor, Chair of COPDEND, gave a presentation covering the following issues:

   • The role of Health Education England in providing an NHS workforce and its core functions in workforce transformation and the facilitation of remediation of registrants.
   • The introduction of ‘satisfactory completion’ in DFT. The funding for DFT had been under close scrutiny from the DH, Nicholas Taylor and the CDO were addressing how to demonstrate its value for money.
   • The new national curriculum for Dental Core Training (DCT) with a portfolio and work to ensure that DCTs were undertaking appropriate clinical work that develops their skills and abilities.
• The workforce consequences of changing oral health needs and the possibility of refreshing the 13 dental specialties to reflect modern disease patterns.
• The removal of NHS bursaries for dental hygienists and therapists, the arrangements that needed to be made to allow for this and the impact this may have on dental schools. There is a possibility that DCP training might take place through apprenticeships.
• His ideas for reforming dental undergraduate education to create a dental science degree from which graduates would be qualified as dental therapists, requiring further training to become dentists. Additional training pathways would then be available to access specialisms, academic careers and other career options.
• The need to align the skill mix of dental professionals and training with the priorities for public investment in oral health.
• The budget pressures on Health Education England (HEE); the administration budget was to be cut from £71 million to £57.9 million and the educational support budget was to be cut by 30 per cent. There was a risk that the cuts would create a situation where postgraduate education provision was reduced to only the mandatory DFT and signing off Certificates of Completion of Specialist Training (CCST).

6. There was considerable discussion about the ideas for changes to the structure of dental undergraduate education and while the proposals had been shared within the Dental Schools Council, HEE and the Office of the CDO, they remained initial ideas rather than agreed plans. The intention was to bring dental education and training in line with how it was felt the dental contract would develop.

7. Committee members expressed concerns that the dental undergraduate degree structure would alter the sorts of people applying to dental schools and there was a risk that it made dental education only accessible to those from wealthy backgrounds. There was some concern that it could increase fees for dental students and shift costs of education and training from HEE to the dentists. Nicholas Taylor did not feel that this was a fair characterisation of the funding situation, but acknowledged there was a strain on budgets that needed to be addressed.

8. Members also raised how cost cutting in DFT would impact on the training and whether it would lead to a reduction in academic contact days. Nicholas Taylor also suggested that there may be a need to look at the size of schemes and particularly in urban areas where it would be easier to merge them. In rural areas, the numbers might not allow for an increase in scheme size.

9. GDPC members also drew attention to the clinical skill gained at dental school and Nicholas Taylor felt that there were challenges posed to the experience that could be gained during the BDS because the level of disease is not high enough to gain the breadth of skills. Within this context, the Dental Schools Council was doing a good job and all courses were quality assured by the GDC. He felt that the DFT could improve clinical skill considerably.

10. Nicholas Taylor was also asked about how the extended training for DFTs who did not receive a certificate of satisfactory completion would be managed and funded. He stated that it was a very complicated and challenging process, but only two per cent of DFTs were in this situation in the pilot and HEE had enough funding to cover a short extension.
GDC consultation

11. The GDC published its consultation ‘Shifting the balance: a better, fairer system of dental regulation’ on 26 January, which sets out ideas to move dental regulation away from enforcement and towards prevention. The consultation can be viewed [here](#).

12. The BDA will be participating in related stakeholder events, researching members’ views and submitting a full response. A wider government consultation on regulation is expected shortly and that these proposals should be viewed in that context.

13. A number of issues had been raised with the GDC at the consultation launch event including whether the proposals for more efficient regulation would lead to a reduction in the Annual Retention Fee (ARF). The GDC’s Chair had responded that the level of the ARF reflected costs beyond simply fitness to practice and there was a need to build up the GDC’s reserves. The GDC had also been asked whether the attempts to create circumstances that would lead to fewer complaints would examine the pressures placed on practitioners by the NHS system and some corporates, not merely the behavior of practitioners themselves. The GDC’s Chair stated that this would be outside the remit of the Council.

Contract reform

14. There was a discussion on the progress with the contract reform prototypes and the committee reviewed data from the DH and a survey conducted by the BDA.

15. The contract reform process faces a short-term issue supporting some of the former pilots, who are experiencing severe difficulties and facing significant clawback, and a longer-term issue as to whether the practices joining from the UDA system find the system to be viable. On the former, we have pressured the DH on this and are hopeful that they will agree to a reasonable solution, and, on the latter, it is too early in the process to know. The new contract must be sustainable and we need to ensure that success in the prototypes is not based on short-term unsustainable investment. At this stage, we did not feel that there was anything in the prototypes that should lead to the profession walking away from the reform process.

16. We felt that the contract reform process had lacked clear and consistent indications from the DH on the objectives of reform; there had been a shift in emphasis from prevention and improving working conditions to a focus on access and activity. We have written to the DH seeking clarity on the objectives.

17. In Wales, the CDO is exploring ‘innovative’ ways of awarding UDAs and we will be keeping a close eye on how this develops.

Amalgam

18. We received an update on the current deliberations within the EU on the implementation of the Minamata Treaty. Despite earlier concerns that this would conclude in a ban, it now appeared that there will be a phase-down with restrictions on use with certain patient groups. The BDA will continue to engage with the Council of European Dentists and the Department of Health to ensure the best outcome.
NHS England

Performer list issues

19. The serious issues with Capita’s management of entry to the dental performers list have persisted. While the majority of DFT applicants have now been added to the performers list, NHS England has extended the grace period to the 14 February to allow for the remainder to be processed.

20. There remains a severe issue for non-DFT applicants; with a substantial number still waiting to be added to the performers list. This has obviously caused significant financial hardship to a number of individuals and we are pressing NHS England to provide compensation.

Orthodontic procurement

21. An orthodontic procurement process has begun and there have been a number of problems with the new Dynamic Purchasing System which providers are required to sign up to. There are also concerns that there was an intention to commission large contracts which would only be feasible for large providers or would require smaller providers to federate. We have written to NHS England to raise these issues and to seek a resolution.

22. We have also been working with the British Orthodontic Society (BOS) to negotiate close-down arrangements for orthodontic providers, whose lose their contract, to ensure that funding is in place to complete courses of treatment.

Other NHS England issues

23. There are a range of other issues that the GDPC are also working on concerning NHS England:

- A GDPC-NHS England working group is considering amendments to the NHS England policy book that would time-limit the effect of breach notices under certain circumstances. This policy would be enforceable in any NHS Litigation Authority appeal.
- Following a range of media reports on urgent care and A&E crises, we have written to the CDO proposing NHS England commission in-hours urgent care slots paid at an agreed number of UDAs per hour. We are hoping to meet with her to discuss this further soon.
- We have raised the use of the NHS Standard Contract for the provision of dental services with the DH and NHS England. This leaves those working on these contracts without access to NHS pensions and other benefits.
- We have been challenging NHS BSA over their assessment of the success of the 28 day recall exercise. We believe the result has been to influence practices into not making claims they are entitled to submit.

Parental leave and sickness pay

24. We have also been challenging the DH on their decision to implement agreed changes to parental leave from April 2017. We believe that it is unreasonable and unfair to dentists who will already have taken decisions about starting a family based on an established set of entitlements that they should attempt to impose these changes without giving at least nine months’ notice. We continue to pressure them to postpone implementation to give dentists a fair notice period.
Diversification of practice income

25. A GDPC working group has been looking at how the BDA can best support members who are considering ways to diversify their practice income. The Scottish Dental Practice Committee has also produced a report looking at what advice is needed on the basis of the Scottish contract and dental economy. We agreed to refresh the advice currently provided and to ensure that this is mindful of the differences in contract across the UK and reflects the different approaches that might be needed.

Northern Ireland election

26. We also discussed the impact the political situation in Northern Ireland would have on policy decisions affecting dentistry. Peter Crooks, NIDPC Chair, reported that during the election period the Northern Ireland Executive would only take limited decisions. It was not certain that a new executive would be formed quickly after the election and this would leave Northern Ireland without a health minister to make decisions on DDRB and other matters.

Consultation responses

27. The Committee received the BDA’s response to the Multispecialty Community Provider Draft Contract consultation and an outline of the CQC’s current consultation.

Get in touch

If you would like more information on any of the areas on which we are working or if you wish to raise an issue for the GDPC to discuss, please contact Tom King, BDA Policy Adviser - Tom.king@bda.org or 020 7563 4579.