BDA
British Dental Association

General Dental Practice Committee

Policy document
February 2020

Contents

Executive summary

Since its inception in 2003, the General Dental Practice Committee (GDPC) has continued to develop and agree policy positions on all areas affecting general dental practitioners (GDPs). This has often been done as a result of discussions that have taken place and motions that have been passed at LDC Conferences over the years.

The GDPC is a UK-wide committee, however, matters relating to devolved health policy in Northern Ireland, Scotland and Wales fall to the national dental practice committees; NIDPC, SDPC and WGDPC. As such this document focuses on UK-wide and England-only policy issues.

The policies agreed by the GDPC underpin the work which the Chair and the Executive Sub-committee do on behalf of GDPs. The Executive Sub-committee will also develop policy on minor areas as necessary and these would not be formally agreed by the GDPC, and are therefore not recorded in this document.

This document outlines a summary of the policies agreed by GDPC since 2003 that retain contemporary relevance. It is intended that this will help to inform LDCs as they consider the motions they will submit to LDC Conference 2020. It should be read in conjunction with the GDPC responses to the motions passed at last year's Conference and the record of motions passed in recent years.

Clearly, not all of the areas of policy discussed by LDC Conference fall within the remit of the GDPC and therefore matters that relate solely to the positions of other BDA committees are not included within this document. There are also areas, for example, procurement or education and training, where the views of the GDPC form only part of the BDA's wider position and approach.

The details of the GDPC's policy positions are detailed below, but to highlight a few key issues.

- The GDPC supports a comprehensive NHS dental service, but that this is not possible within existing the resources. The responsibility for rationing should lie with the Department of Health and Social Care and not dentists.

- Dental contract reform should be prevention-focused and based on a system of weighted capitation. The UDA is not fit for purpose and must be replaced.

- Patient charges should not be used as a means for funding NHS dentistry and dentists should not act as tax collectors.

- The GDPC is opposed to the use of time-limited contracts.

- Patients and dentists should have choices in the provision of dental care, including in the private sector.

- Competitive procurement should not be used in dentistry and the GDPC supports proposals to reform the legislation in this area.

- The ARF should take account of dentists' different circumstances, allowing for payment by instalment, reduced rates for part-time dentists and reimbursed for dentists who retire mid-year.

NHS contracts and funding

NHS dentistry

As a general principle, the GDPC will work towards an improved system of NHS dentistry, and believes that practitioners working within the NHS deserve first class terms and conditions of service.

The GDPC has agreed to support the principle of comprehensive NHS primary care dentistry available to all rather than a 'core' NHS service, in terms of patients treated and/or treatment available. However, the GDPC noted that this was an aspiration and, with current Government policy and levels of funding, was unrealistic. A comprehensive NHS dental service is dependent on adequate resources and the Government would need to ration the services it is providing and should not pretend that current resources were sufficient to deliver a comprehensive service for all patients.

The GDPC felt that it was not for the profession to detail how an under-funded service might be rationed; this was a decision for elected politicians to take and debate with the public. For the profession to act otherwise would open the Association to accusations of self-interest. BDA policy should make it clear that if this were the decision taken by Government any 'core' system would also need adequate funding.

Nonetheless, the GDPC believes that there needs to be clear definition of what patients have access to on the NHS and the quality of care that will be provided. The GDPC had called for a list of NHS treatment when previous contract reform discussions began in 2003 and had stated that if limitations on NHS care were to be in place then it was for the Department of Health to define this.

UDAs

The GDPC believes that the UDA is an extremely poor measure for achieving good oral health, particularly if used as the sole currency of the contract.

Contract reform

The GDPC has supported a prevention-focused and patient-centred dental contract reform process. It supported properly piloting and evaluating a new contract. The reformed contract's remuneration system should be based on weighted capitation at the highest possible level, underpinned by the use of Dental Reference Officers. For this reason, the GDPC has favoured the use of Blend B. Where an activity measure is used, this should not be the UDA and a different measure should be developed. The GDPC is seeking an agreement of a timeframe for removing the use of the UDA.

A national tariff for capitation and activity should be introduced in a reformed contract so that practices receive the same payment for providing the same treatment to the same patient. The GDPC favours a three-year capitation period.

Given the issues the prototypes have experienced, the GDPC has advocated robustly for the need to make significant changes to the prototypes before they could be rolled out. Across a number of areas, it has successfully agreed changes to the prototype model.

The GDPC has also sought to ensure that any roll-out is gradual and that transitional arrangements are in place to safeguard practice finances. The GDPC wants all practices to be provided with information on what moving to the reformed contract would mean for them. It also believes that this choice and the decision on which blend the practice uses (provided that both are used at roll-out) should be made by the practice, not by commissioners.

The GDPC's current negotiating position in full can be found here.

Flexible commissioning

The GDPC has been supportive of flexible commissioning as a short-term support for struggling practices, while contract reform is delivered. Flexible commissioning should not be used to replace contract reform.

Patient charges

The GDPC's position on patient charges is:

- That, ideally, patient charges would not exist as they deter patients from seeking necessary dental care.
- That as long as patient charges exist, dentists should not be required to collect them.
- That any increases in patient charges should be no more than inflation.

Despite the removal of the ability to charge patients for failure to attend on the NHS in England from 2006, the GDPC continues to favour the ability of practices to be able to do so. The GDPC also believes that practices should be credited UDAs by NHS England where patients have failed to attend.

IT capital costs

The GDPC has consistently called for the capital costs of any new IT requirement to be met by NHS England and/or the Department of Health and Social Care.

Commissioning and procurement

Procurement

The GDPC has called for an end to the use of competitive procurement in dentistry and has supported proposals by NHS England to legislate for this. It favours the development of a best value test with BDA input into the design for dentistry.

The problems with the use of competitive procurement have been highlighted by the orthodontic procurement process, which the BDA has challenged from its inception.

Tiering and commissioning guides and standards

The GDPC policy was that the NHS England clinical commissioning guides and standards are not fit for purpose.

The GDPC has been opposed to the use of three complexity levels. It believes that it undermines professionalism and limits scope for development if the ability to perform certain dental treatments was to be restricted. The GDPC has made it clear that it did not consider such strict demarcation of skills to be appropriate but did recognise that not all dentists had the skills or confidence to attempt all treatments. The relationship with patients was thought to be threatened, and the potential for patient dissatisfaction were a practitioner to suddenly stop providing a treatment that they had provided for years because of a lack of a qualification. The GDPC is also concerned about potential medico-legal issues.

Time-limited contracts

The GDPC is opposed to the use of time-limited contracts.

Needs assessments

The GDPC believes that local primary care organisations, such as NHS England Local Offices, should map oral health needs within their populations to inform decision-making.

Pay and conditions

DDRB (Doctors' and Dentists' Review Body on pay)

The GDPC believes that the DDRB has not been sufficiently independent since at least 2002. There has been a great deal of frustration at its failure to recommend adequate pay uplifts and to acknowledge the fall in pay, as well as the very real recruitment, retention, morale and motivation issues within dentistry. Whilst the DDRB makes a recommendation on pay, it is up to national governments to arrive at the expenses elements relating to GDPs.

Nonetheless, the GDPC has favoured continuing to engage with and submit evidence to the DDRB.

Associate pay

While the DDRB recommendation does not relate directly to the pay of associate dentists in England and Wales, associates might reasonably look to the award for an indication of an expected uplift in their own income. The GDPC recognises that practice income has been under enormous pressure for a number of years and therefore any decision on pay increases for associates will inevitably reflect local business circumstances, and will be a matter for direct negotiation between the parties. However, the GDPC would expect practices to recognise that associate income has also declined significantly in real terms, and to reflect the DDRB award in associate pay wherever possible. Associates are encouraged to engage with practice owners to discuss their contractual arrangements in light of the DDRB uplift.

Occupational health

The GDPC believes that GDPs should have full access to occupational health services. The GDPC has pressed NHS England to make free flu vaccinations available to GDPs, as frontline NHS workers. The GDPC has successfully gained access to the Practitioner Health Programme, which provides mental health services, for all dentists in England.

Education and regulation

Dental Foundation Training (DFT)

The GDPC believes that there should be trainer input to the allocation of graduates and that deaneries should provide indemnity insurance to practices if they did not have input into that allocation.

When there was a proposal to cut the Foundation Dentist salary, the GDPC was opposed to this and would continue to be so. The GDPC has also called for the DFT training grant to be uplifted, after it has been frozen for a number of years.

The GDPC is opposed to the setting of UDA targets for Foundation Dentists, even where these are notional.

Performer List Validation by Experience (PLVE)

The GDPC has expressed a number of concerns around the operation of Performer List Validation by Equivalence (PLVE). The operation of PLVE varies significantly across different areas and while a degree of consistency would be welcome, this should not make it excessively difficult to become a PLVE practice. The GDPC is also concerned about some instances where trainees are being exploited.

GDC – Annual Retention Fee

The GDPC believes that the GDC should consider introducing reduced registration fees for those working part-time, as the Annual Retention Fee is leading many part-time dentists to leave practice. The GDPC also supports paying the ARF by instalment and for having a register for retired dentists. The GDPC is also feels that dentists who retire mid-year should be reimbursed pro-rata.

Direct access to Dental Care Professionals

Direct access is the ability of DCPs to see patients on the NHS without an examination by a dentist, yet within their scope of practise. The GDPC has condemned the decision-making process and subsequent decision the GDC took in relation to direct access on the basis that it does not protect the patient.

Miscellaneous

LDC levy

The grouped collection of LDC levies has caused a number of problems in under- and over-funding of some LDCs. The GDPC has pursued a solution with the NHS BSA and continues to do so.

BSA Dental Assurance Reviews (DARs)

During the 28-day reattendance reviews, the GDPC opposed the disproportionate and heavy-handed approach used by the BSA and felt that many practices with claiming behaviour that was not significantly outside of a normal range were being subject to scrutiny. The GDPC believes that the BSA's approach has led to significant levels of under-claiming within the NHS to avoid accusations of inappropriate claiming.

More recently, the GDPC has constructively engaged with the BSA to seek significant improvements to the new round of DARs. This includes only looking at extreme outliers and a more proportionate process.

Private dentistry

The GDPC recognises the need for patients and dentists to have choices in the provision of dental care, and sees a significant role in actively supporting practitioners who wish to develop alternative funding streams for their practices in the private sector.

Independent contractor status

The GDPC believes that the current independent contractual status of General Dental Practitioners should be maintained.