GDPC 2022 023

# General Dental Practice Committee

## 28 January 2022

### Motions passed at LDC Conference

Special motion. General Dental Practice Committee
This conference asserts that all forms of discrimination have no place in dentistry
UK

*The BDA agrees with this motion and has recently established an Equality, Diversity and Inclusion Committee to lead our work to tackle discrimination within dentistry. To date, we have held an ethnic minority dentists' forum, undertaken research into racism and racial inequalities in dentistry, developed EDI training, begun to consider implementation of diversity monitoring for BDA members, and produced guidance on inclusive language. BDA President Russ Ladwa has played a crucial leadership role in championing this work to make dentistry a more inclusive and diverse profession.*

**Regulation**

1.Bromley Bexley & Greenwich LDC
The CQC should regulate compliance companies as well as the profession.
England

*The CQC's approach to regulation should be proportionate to the low risk identified in dentistry and the GDPC will continue to engage to seek improvements in the regulatory regime. Dentists should ensure that any advice they take on complying with the CQC's requirements comes from a reputable source. The BDA provides advice and guidance to members on how they can comply with the CQC's requirements. We do not believe that the CQC has a role in regulating compliance companies and this step would require a change in the law.*

**Regulation/Recruitment**

2. West Pennine LDC
This conference calls for long term clarity on the admission of new EEA graduates onto the GDC list of registrants.
UK

*There is clearly a need for long-term clarity about the process for the recognition of non-UK qualifications. There is work going on in this regard and there are several strands to bear in mind. These include:*

- *There is currently a 'standstill' period up until December 2022 during which EU qualifications continue to be registered through 'quasi-automatic' recognition procedures in line with the arrangements before the end of the Brexit transition period.*
- *There seems to be no wish at government level to continue with automatic recognition or mutual recognition arrangements.*
- *There is also a need to address the problems with the Overseas Registration Exam (ORE) which has not been offered since the beginning of the pandemic.*
- *A Section 60 Order to amend the GDC's legislation to allow for more flexibility in these circumstances was expected for consultation for November 2021 but was delayed and is now expected for February 2022.*
- *In addition, the EU Trade and Cooperation Agreement (TCA) contains provisions under which the GDC could take forward recognition agreements with individual EU countries or the EU as a whole.*
- *Equally, it is possible that future trade agreements will contain provisions about potential mutual recognition with the country concerned.*
- *There has also been a Professional Qualifications Bill which, although generic and not aimed at health professions, could potentially affect recognition procedures on a short-term basis.*

*The BDA has raised issues of concern with the delays of the Section 60 Order with the GDC and government representatives several times over recent months and will provide a detailed response to the consultation once published.*

3.West Pennine LDC
This conference calls for an increase in the number of places to sit the ORE and an improved application process.
UK

*It is clear that the ORE process needs to be improved urgently. We are expecting a Section 60 Order for consultation which will amend the GDC's legislation to allow for more flexibility (now expected for February 2022). These changes should help to make the ORE more accessible to candidates, including those who have missed out on sittings before and during the pandemic. We were appalled by the announcement in December 2021 that a significant number of candidates had been caught up in the five-year deadline for sittings and can currently not be offered a place until legislation is changed and have written both to the GDC and the Secretary of State for Health about this matter and the delays to reform in this area. We also agree that the process for the allocation of sittings, which the GDC is currently running on a 'first come first served' approach, needs to be improved as it might disadvantage some applicants and make it impossible for them to receive a place for long periods of time.*

*We advise some caution on the generic request for 'more sittings', however. We agree the process must be workable and accessible for applicants in a timely way, but before sittings are significantly increased, the ORE process must also reach its aim of being self-financing. At the moment current*

*registrants subsidise the ORE (when it runs). We hope the proposals in the Section 60 Order will deal with issues of finance and availability. We will provide a full response to the consultation.*

4.Northampton LDC
This conference demands government and commissioning bodies take urgent action to address the serious problem recruiting and retaining dentists faced by rural communities and those distant from dental schools.
UK, Policy

*This is existing policy and the GDPC has been working for a number of years to ensure that NHS England addresses associate recruitment and retention issues that have now spread well beyond rural communities. In the longer term, the GDPC hopes that dental contract reform will make the NHS a more attractive place to work, but in the short term the GDPC has been calling for other measures to help ease the issues. These have included flexible commissioning to reduce the UDA treadmill to some extent, as well as the provision of mental health services which dentists now have access to through the Practitioner Health Programme.*

## Working conditions - PPE

5.Nottinghamshire LDC
This conference calls for an urgent review into the need for enhanced PPE in the dental setting with a particular focus on comfort, staff fatigue/burnout and the devastating environmental impact of such measures, clearly weighed against the risk of contamination.
UK

*We have already written to the 4 UK CDOs to request a review by SDCEP, taking into account prevailing conditions; the CDOs have issued a joint statement in response. We have also been and will continue to pursue this matter with Public Health England.*

## Working conditions / career development /contract reform

6.West Sussex LDC
Contract reform must reflect and sustain a changing workforce and allow for a future with a real chance of career progression while staying in NHS primary dental care.
UK, Policy

*This is existing policy and a core objective for the GDPC in dental contract reform has been ensuring that it delivers an NHS working environment that is attractive to dentists.*

## Contract reform

7.Wakefield LDC
Conference asks that following the recent commitment by NHS England and the government minister to contract reform, it is essential that the UDA treadmill is not replaced by another one in disguise.
England, Policy

*This is existing policy and a core objective for the GDPC in dental contract reform has been ensuring that it delivers an NHS working environment that is attractive to dentists. The GDPC's position is in favour of reformed contract based on the greatest possible proportion of capitation.*

8. Gwent LDC
This conference calls for Welsh Government to guarantee that where untested metrics are applied to NHS contracts through reform there is no risk of financial penalties for practices making reasonable efforts to meet their responsibilities.
Wales

*The WGDPC have consistently called for piloting of NHS reform programs before they are fully implemented and agree that practices should not be financially penalised where they are making reasonable efforts to meet their responsibilities. The current recovery/reform plan features quarterly introduction of metrics of performance. Namely Q1 ACORN/F application, Q2 New patients, Q3 Green recall percentage and Q4 Workforce data submission. The future recovery plans as outlined by the new Health Minister are for these recovery metrics to be the basis of a testing period over the following two years and form the core to devise a new NHS contract around. The monitoring of contracts with these new targets was raised with the WCDO before she retired and she confirmed that these metrics represent "thresholds", not targets, where failure to meet a threshold will open up discussion with practice, comparison with local practices and review of the threshold.*

9.Northumberland LDC
Conference asks that the BDA adopts a position in negotiating a reformed NHS contract which allows use of the full range of DCP competencies.
England

*The GDPC supports a team working approach within practices and would be open to considering how DCPs can play a role in delivering NHS activity. However, it believes that the dentist must remain the leader of the dental team and be responsible for treatment planning. There are examples of contract reform prototype practices that have successfully used DCPs, but the GDPC acknowledges that this will not be viable for all practice setups and does not believe that greater use of DCPs is the solution to the NHS workforce problems.*

## Contract / Patient care

10.Northumberland LDC
Conference demands that for the profession to flourish and for a high standard of care to be delivered, any future NHS contract must recognise that more time needs to be spent with each patient encounter.
England, Policy

*This is existing policy. The GDPC wants a reformed contract to move away from a pressured treadmill to one in which dentists are supported through a capitation-based contract.*

## NHS Dentistry - Funding

11. Birmingham LDC
This conference calls for an increase in funding to NHS Dentistry (similar to the support offered across other NHS sectors), to allow practices to reduce waiting lists, treating more patients safely by increasing NHS care provision hours over and above those contracted for.
UK, Policy

*This is existing policy and the GDPC and BDA make regular calls for general increases in funding and for additional funding for specific programmes.*

## NHS Contractual Arrangements

12. Hants and IoW LDC
This conference deplores the 11th hour announcements for Q4 2020/21 and yet again more recently Q1 and Q2 for the current contract year. We demand that all future contract arrangements notices are shared with the profession in a timely manner so that practices can remain a sustainable and viable resource for NHS patients.
England, Wales, Policy

*This is existing policy and the BDA made clear to both the UK and Wales Government that the late announcements on contractual arrangements have been unacceptable. In Wales, we hope that there will be greater certainty with longer term arrangements in place. In England, we secured a two-quarter agreement to give greater stability and have been pressing NHS England to discuss proposals for the second half of the financial year in good time.*

13. Coventry LDC
Since there is a high demand from the public for dental consultations; Dental Practices should be remunerated for Triaging patients.
England, Policy

*This is existing policy and the GDPC did secure this for the period immediately after 8 June 2020. However, from quarter four, triage has not been recognised in activity targets, despite the GDPC arguing for it to be.*

## NHS Contractual Arrangements – abatement clawbacks

14.West Sussex LDC
Abatement clawbacks must be urgently reviewed and removed to reflect the fact that 'variable costs' have actually increased not decreased despite a 'reduced' level of NHS service.
England, Policy

*This is existing policy. The GDPC has repeatedly objected to the level of abatement being applied by NHS England, called for the 16.75 per cent to be justified and argued for a lower, more reasonable and justifiable figure to be used. The GDPC has also sought evidence from members on increased costs facing practices.*

15. Birmingham LDC – As amended
This Conference calls on the Principal Executive Committee of the BDA to explore mounting a legal challenge to the quantum of abatement that is now being applied to NHS Dental Contracts by the DHSC
England

*Throughout its imposition, the BDA continued to challenge NHS England to justify how it had arrived at a 16.75% abatement, and argued that this was not an appropriate level. The BDA considered the legal position with what was in effect a voluntary contract variation and did not believe it to be likely that a legal challenge would succeed in dealing with the issue as described in the motion, and so pursued this matter through other means. From quarter three of 2022, the abatement was reduced to 12.75%.*

17.Liverpool LDC
This conference considers it unacceptable that all providers are expected to provide the same service despite huge disparities in remuneration.
England, Policy
*This is existing policy. The GDPC is in favour of the principle that in a reformed contract practices should receive the same payment for providing the same treatment to the same patient.*

18. Bro Taf LDC
This conference calls on Welsh Government to reduce the target for application of fluoride varnish to a more manageable level, to allow dentists to use their clinical judgement regarding the appropriateness of application for any given patient.
Wales

*The WGDPC supports the application of Fluoride as a population-based health measure but shares the concerns over pressure on dentists to reach an arbitrary target. The review of the PCR for F application in over 60s and under 25s lead to a welcome removal of the barrier and friction point between dentist's and their patients in potentially one of the higher need populations. This has been raised with the WCDO, who felt that the 20%+5% tolerance allowed sufficient freedom for clinicians to exercise clinical discretion and accommodate patient wishes. The recognition from the WCDO that these are to be considered thresholds, not targets goes some way mitigate the concern and we would encourage clinicians to maximise their application where they feel it is clinically appropriate but ensure that when there is a specific reason for non-application this is recorded in an auditable manner. This will enable review of this threshold as evidence builds for the levels of application.*

## Patients - Unacceptable waiting times for General Anaesthetic provision

19. Northampton LDC
Conference calls on government to address the unacceptable waiting times for General Anaesthetic provisions, especially for the CDS services, from referral to treatment following the recovery from the Covid-19 pandemic.
UK, Policy

*This is existing policy. The England Community Dental Services Committee has been raising this issue since before the pandemic and has continued to do so now that the problem has been exacerbated by Covid 19. In September 2020, the BDA wrote a joint letter with the BAOS, BASCD, FDS, BSDH, BSG, BSPD, FGDP, and Mencap to the Secretary of State for Health and Social Care to urge action to restore treatment levels and to ensure that the PHE review into dental GA activity levels to be published.*

### Commissioning - flexible commissioning

20.Hull and East Riding of Yorkshire LDC
This conference supports flexibility within commissioning frameworks enabling services to be delivered outside the constraints of UDAs within sustainable and effective frameworks.
England, Policy

*The GDPC supports the use of flexible commissioning to reduce the reliance on UDAs as a measure of contract delivery. It has been able to ensure that NHS England provides commissioners with information on how they can implement such schemes and the GDPC hopes that they will be*

*encouraged to do so. However, the GDPC does not consider this to be a replacement for contract reform.*

**Vulnerable groups/ Commissioning of oral care in a domiciliary setting**

21. Norfolk LDC
This Conference acknowledges the importance of Oral Care in a domiciliary setting. The important role of domiciliary dental care is often viewed as an afterthought and is not well commissioned by NHSE. This Conference recognises the importance of an intelligently commissioned and effective domiciliary service. This Conference, therefore, calls for the GDPC to ensure that: NHSE conducts specific & transparent needs assessments for domiciliary care to gain accurate local intelligence to support the commissioning and delivery of domiciliary dental care.
England

*Domiciliary care is significantly under-commissioned relative to need, with BDA estimates suggesting it is sufficient only to provide care to 1.3 per cent of those likely to require it. There is already data available on the number of individuals whose activity is limited by disability or ill health in each area upon which commissioners could be making commissioning decisions. However, it would clearly be welcome for there to be detailed, specific evidence on the oral health need of those requiring domiciliary care so that commissioning can be tailored to ensure that this need is met.*

22. Norfolk LDC
This Conference acknowledges the importance of Oral Care in a domiciliary setting. The important role of domiciliary dental care is growing as the population ages and their needs change. This Conference recognises the importance of a flexibly commissioned and adaptable domiciliary service. This Conference, therefore, calls for the GDPC to ensure that: NHSE commissions adequate care for the changing demography of the population and reflects local variation.
England

*Domiciliary care is significantly under-commissioned relative to need, with BDA estimates suggesting it is sufficient only to provide care to 1.3 per cent of those likely to require it. The GDPC believes that far greater levels of domiciliary care need to be commissioned and that there are a number of successful models which could be adapted and used more widely. Flexible commissioning schemes offer one means to achieve this, but the GDPC believes that there is a need for new investment to meet the scale of unmet need, rather than recycling existing funds.*

23. Norfolk LDC
This Conference acknowledges the importance of Oral Care in a domiciliary setting. The important role of domiciliary dental care is not reflected in a commissioning model that supports efficient delivery of this care. This Conference recognises the importance of a contracting mechanism that acknowledges the differences between domiciliary and surgery based primary care. This Conference, therefore, calls for the GDPC to ensure that: NHSE contracts for domiciliary services with a mechanism and KPIs that reflect the particular challenges of domiciliary dental care.
England

*There are a number of successful examples of contractual arrangements for the provision of domiciliary care and these could be adapted to be used more widely. The GDPC would welcome collaborative working with NHS England on a commissioning standard for domiciliary care, as was*

*developed for prison dentistry, to ensure that care is delivered within an appropriate contractual framework.*

## Addressing oral health inequalities

24. Leeds LDC
This Conference supports the development of robust and effective programmes of a sound financial footing to support oral health services for the homeless and socially marginalised groups in society. We urge policy makers to develop programme frameworks that enable sustainable care for these groups to be delivered hence removing obstacles to access.
UK

*The GDPC supports the development of a commissioning standard to ensure that dentistry can be appropriately delivered to homeless people and others in vulnerable and socially marginalised groups. There are a number of schemes already in operation from which learning could be drawn to support this. This care can be delivered across primary care by both GDS and CDS providers.*

25. Gwent LDC
This conference calls for Design to Smile to be restarted and expanded to build on the previous successes in addressing oral health inequalities.
Wales

*The WGDPC and the office of the WCDO are in full agreement that D2S needs to be restarted as soon as the management of the C19 pandemic allows. The WGDPC will continue to campaign for the expansion of the program to build on the successes in addressing dental health inequality. WG will need to maintain the current level of funding and consider future investment to ensure the early successes do not slip back over time. The support of local dentists, patient groups and committees to advocate for their local population can only help to achieve this.*

## NHS Offer

26.Hants and IoW LDC
This conference demands that the Department of Health and Social Care define and make public the NHS Offer so that patients and the profession alike are clear as to the availability of treatments.
England

*The GDPC believes that the DHSC and NHS England need to be both realistic and clear about what the level of funding provided for NHS dentistry can purchase in terms of the breadth and complexity of treatments, and the proportion of the population that can be treated.*

27.Bromley Bexley & Greenwich LDC
It should become our industry standard that deposits should be taken to secure NHS appointments for all fee-paying patients.
England

*The GDPC's existing policy is that practices should be able to fine patients who fail to attend and that practices should be reimbursed UDAs when practices fail to attend.*

## DHSC White Paper Integration and Innovation

28.Hull and East Riding of Yorkshire LDC
This conference fully supports the proposals in the Health & Social Care White Paper to remove funding barriers to the implementation of Water Fluoridation schemes.
England

*The BDA has been supporting the proposals to remove barriers to water fluoridation, but also highlighting that up-front financial support from central government will be essential to realise the introduction of new schemes. Local authorities do not have funds to initiate the required feasibility studies and public consultations, and are not the beneficiaries of cost-savings from improved oral health if new schemes are introduced.*

29. Leicestershire LDC
With Local Dental Networks likely to be heavily involved in the establishment of Integrated care systems this conference demands that LDN chairs have an understanding of the needs of primary dental care, be promptly appointed to any vacancies and that they are properly remunerated.
England

*The GDPC believes that primary care dentistry needs to have a strong voice in the development of ICSs and in their subsequent operation. The BDA will be campaigning for this to be included in the Health and Care Bill currently passing through Parliament. The GDPC also believes that ICSs need to properly engage with LDCs as the statutory local representative bodies for GDPs. The GDPC supports the remuneration of LDN Chairs.*

## Local Dental Committees

30.Bro Taf LDC
Conference calls for all local dental committees to actively engage with Dental Care Professionals and to ensure that their voices are heard.
UK

*The GDPC supports this motion. Although DCPs are not currently levy payers their engagement can only strengthen the LDCs. How Committees wish to engage DCPs is for them, but the GDPC would encourage this to happen.*

31. Gwent LDC
This conference calls for a review of the funding sources for LDCs to allow them and the committees they support to be more representative of the GDP practices as a whole.
UK

*The GDPC is supportive of LDCs engaging with all GDPs, including those in private practice, and would encourage LDCs to do. The BDA's model constitution for LDCs includes the ability for private practices to pay a voluntary levy to the LDC. Private dentistry represents, by spend, the majority of dentistry delivered and most practices and dentists provide both NHS and private treatment. The GDPC is supportive of this mixed economy and wants to ensure that private dentists are properly represented.*

32. Oxfordshire LDC
This conference condemns the continuing competitive procurement of Special Care and Paediatric Dentistry services in the South East and demands that those procurements currently being pursued be abandoned until NHS England's new provider selection regime is in place.
England, Policy

*This is existing policy. The BDA has long opposed the use of competitive procurement in dentistry. It has been working to ensure that the current reforms to the procurement process in England make a decisive break with these failed models so as to prioritise the stability of services and promote collaboration, rather than competition.*

**Emergency motions**

33. Mid Mersey LDC
This conference calls on Dental Indemnity Providers to work together effectively, to ensure proper support for current and former practice owners subject to vicarious liability claims, provided the dentist providing the treatment had cover at the time of treatment.
UK

*The BDA is working together with other indemnity providers to consider how to respond to the emerging issues with vicarious liability claims and to ensure that practice owners are sufficiently covered against such claims.*

34. Bedfordshire LDC
This conference calls for urgent recruitment of dentists from overseas, and facilitating the utilisation of dental therapists in NHS practice. It further demands and increase in UK undergraduate training to alleviate this shortage in the medium and long term.
UK

*We have a number of practical issues to raise in this context, but first of all we need to make the point that we are concerned to see this motion pass. Clearly, there are significant recruitment issues in dentistry which are covered very regularly, indeed almost daily, in the media. However, simply calling for recruitment from overseas is not the answer. Any international recruitment must be in line with ethical recruitment guidelines in place in the UK, and the FDI's policy should also be taken into account. We are not supportive of this motion as it stands.*

*The wider practical issues are these:*

*Currently, EU/EEA dental degrees are still registrable with the GDC through quasi-automatic recognition procedures until December 2022. For most non-EU degrees, the main route to registration is the ORE, which has not been open since March 2020. Urgent recruitment from overseas will therefore hit a dead end if those recruited need to sit registration exams. Secondly, recruitment into NHS practice requires dental practices to be able and willing to provide performers list validation by experience (PLVE) and follow the processes this entails. Both issues are barriers to dentists at the present time to join the workforce in a timely way, and put them at risk of skill loss, low-paid non-dental jobs, poverty and exploitation.*

*The agreed numbers of undergraduate training places have increased in 2020 and 2021; however, this means that there needs to be funding for increased numbers of foundation dentists for the time when these year groups graduate.*

*In addition, we want to ensure contract reform leads to significant improvement of the system itself. We need to take into account that dentist registration numbers are not currently decreasing significantly. The significant shortages (beyond geographical aspects) mean dentists are choosing not to work in the NHS, or only at a limited level. This has its origins in the unworkability of the current NHS contract. Therefore, significant overseas recruitment into the NHS is unlikely to be successful in the long term as these professionals will also leave the system if it is not changed.*

*However, there is a risk that an oversupply of dentists would lead in the short to medium term to lower pay in the sector.*

*Where the contract situation allows, dental therapists can work within the NHS; however, for many practices this may not be viable. Altering NHS contractual terms to allow the increased use of dental therapists needs to be carefully thought through and the full implications for the whole dental workforce need to be assessed.*