



LDC Conference 2024

Motions passed at Conference

Supporting Patients

MOTION 1

West Sussex LDC, Mark O'Hara

Present a new idea / new proposal

This conference fully supports the joint BDA, Daily Mirror & 38 degrees petition to save NHS Dentistry and calls for the next government to:

- 1. Properly fund NHS dentistry, so everyone who needs care can secure it.**
- 2. Scrap the failed contracts forcing dentists out of the NHS and rebuild a service with prevention at its heart.**

UK

Supporting statement

We seek to add the professions voice as elected representatives of the NHS dental workforce to the call for real change which has already secured over 200 000 people's signatures.

*The petition **calls for government to:***

- 1. Properly fund NHS dentistry, so everyone who needs care can secure it.**
- 2. Scrap the failed contracts forcing dentists out of the NHS and rebuild a service with prevention at its heart.**

The government needs to stand up and take serious rapid action. They need to stop paying lip service and creating headline grabbing ideas that are simply deceptive, ill thought through and creative with their accountancy - all simply for the sake of general election votes rather than genuine meaningful change.

The profession needs to see a properly revised and considered contract that puts prevention at its heart with meaningful viable funding. Dentists need to feel better supported. Supported to deliver great dental care, supported to refer when they need to and supported to grow their own skills and career within the NHS in a rewarding and stimulating pathway.

Patients need to be able to access the essential care they need, when they need it and with minimal wait times. Care needs to be affordable but fair to both patients and the profession. Patients care should be prevention orientated and not simply restorative activity led.

Both the profession and the patients have spoken loud and clear calling for change. The government needs to act now before it's too late.

The GDPC has a long-standing position advocating for sufficient funding for NHS dentistry and a reformed contract focused on prevention, which aligns with the call for adequately funded, prevention-based NHS dental services. The GDPC opposes the use of patient charges as a funding substitute and urges government action for fundamental contract reform over superficial contract adjustments. This motion's request reflects GDPC's goals for meaningful reform and well-supported practitioners to enhance patient care access.

Over 223,000 people have now signed [the joint BDA, Daily Mirror & 38 degrees petition](#) to save NHS Dentistry. GDPC continues to reinforce the message about the need for action on contract reform. Details of our lobbying work and how all dentists can get involved are shared via newsletters and [the BDA website](#).

MOTION 2

Bedfordshire LDC, Laura Doherty

Present a new idea / new proposal

This Conference calls for a clear pathway for UK military veterans to access the NHS dental system on leaving the Service.

UK

Supporting statement

Service personnel leaving the military state have significant issues accessing NHS dental services irrespective of their location.

Most Service personnel leave the military dentally fit and are dentally inspected prior to departure.

All Service personnel have regular dental examinations throughout their military service and their records are up to date and accurate and accessible.

All could obtain a 'letter of dental fitness' from their Unit Dental Officer on departure.

The GDPC supports comprehensive NHS access and would back the creation of clear access pathways for military veterans as a vulnerable population group. This aligns with GDPC's support for specific access needs within the NHS, although further details could be coordinated with other committees like the Armed Forces Committee for specialised guidance.

MOTION 3

Wakefield LDC, John Milne

Present a new idea / new proposal

Conference supports the recommendations in the CQC's 'Smiling matters' report. In particular, it is vitally important that ICBs enable access to care for the vulnerable elderly population who need active treatment to maintain their oral health.

England

This motion aligns with GDPC's support for flexible commissioning and ensuring that vulnerable groups like the elderly have access to essential dental care. The GDPC would back initiatives supporting ICBs in providing care access for aging populations, especially given the importance of flexibility in regional commissioning for tailored local solutions.

MOTION 4

Lancashire and South Cumbria LDC, Zoe Mack

Present a new idea / new proposal

Conference calls on NHS England to ensure central funding and system level solutions are urgently actioned to overcome barriers that prevent GA access for children in different regions.

England

Supporting statement

Implementing a General Anaesthesia (GA) pathway for pre or uncooperative children with multiple carious teeth is crucial to address infection and pain in vulnerable children. This measure is essential to prevent childhoods from being marred by dental disease. A postcode lottery currently exists, with some areas experiencing unacceptable waits for essential dental procedures. Therefore, it is incumbent upon the NHS to develop a comprehensive strategy to provide funding and remove barriers to promote equitable access to GA for all children requiring such dental interventions.

CDS, GDPC

This statement is helpful and ties in with the ECDSC's overall vision for the future CDS. A core thread of the vision is to raise these issues relating to General Anaesthesia (GA) in our discussions with NHS England and other key stakeholders.

MOTION 5

Supporting statement

The passing of the Rwanda Bill means the Government is pressing ahead with age assessments based on dental x-rays.

The BDA Health and Science Committee have long argued these tests are both inaccurate and unethical.

They cannot accurately determine age, and mean colleagues will have to expose subjects to radiation without any clinical benefit.

They could result in vulnerable children being handed a one-way ticket to Kigali.

Colleagues at the College of Radiology have already passed resolutions to boycott these tests.

We are health professionals, not border guards. We urge non-cooperation on both performing and interpreting the results of these tests, and development of partnerships with other relevant healthcare colleagues in the same position.

Health and Science and EE&DT response:

The BDA has a long history of opposing government's intention to allow dental x-rays for the purpose of age assessment of migrant children.

Guidance on usage of the new permissions was to be issued by the Home Office under the previous government but we are not aware that this was ever published. With the change in government it is currently unclear whether this policy will be in use, although we believe it continues to be in force as far as the legislation is concerned. Therefore we will continue to oppose its use, and any advice we give to dentists on the matter will be provided in this context, as will further representations to government and regulators.

The Education, Ethics and the Dental Team Working Group approached the GDC in early 2023 for information and supportive guidance to registrants who might be approached by authorities with a request to undertake dental x-rays for age determination.

The GDC's response (summarised for the purpose of this response) acknowledged the legislative change to allow scientific imaging in age assessment and formal justification for such use, as well as our comments on ethical issues and consent. However, it also notes the lack of clarity from the Home Office about implementation of the policy. It went on to say that the regulator expects dental professionals to uphold GDC standards in all that they do, and to use their professional judgement to determine whether GDC standards could be met in particular circumstances. It added that the policies and processes that should be in place for the provision of radiographs under such circumstances would be important to consider, but that, in the absence of such context, it was difficult to say anything else beyond reference to the standards with which professionals are familiar, and that the circumstances might well make it very difficult to establish the consent required (both in the professional context and in line with the requirements set by the Government's Age Estimation Science Advisory Committee (AESAC)). Where a registrant was not satisfied about appropriate consent having been obtained, the GDC agreed that it would be an 'entirely proper exercise of professional discretion' to decline and referred again to the need for more detailed government guidance about the process.

MOTION 6

West Sussex LDC, Mary Green

Present a new idea / new proposal

Conference calls for the NHS to establish emergency drop-in clinics or access pathways for patients without regular dental care to tackle the high levels of un-met need caused by the current lack of access.

England

Supporting statement

Having worked with Dentaaid, I've encountered numerous patients facing dental issues reminiscent of a bygone era. Many endure years of pain, necessitating extensive extractions, managing crumbling teeth, enduring chronic ulcers from sharp edges, struggling with illfitting dentures, and coping with deteriorating oral health even among young individuals. Government seems oblivious to the potential for severe health complications, strain on NHS services and the economic productivity lost due to these issues. Despite claims of ample access to dental care, some patients struggle to utilize it effectively, often booking but failing to attend appointments. This leads to frustration and disillusionment. Establishing emergency drop-in clinics or easy access pathway may not offer an immediate or inexpensive solution, but it represents a proactive step to address current unmet need.

The GDPC supports this call for emergency/urgent clinics to address unmet needs, consistent with its advocacy for accessible care and responsive service models within the NHS. Establishing emergency clinics or other accessible pathways would help address the critical care gaps the GDPC has flagged previously. The GDPC advocates for these to be commissioned using sessional payment models.

MOTION 7

Birmingham LDC, Ranjit Singh Chohan

Present a new idea / new proposal

This conference calls for NHS England (NHSE) to allocate additional remuneration for preventive measures in general dental practice with paediatric patients, including fissure sealants, fluoride varnish applications, and oral hygiene and diet advice.

England, Policy

Supporting statement

General Dental Practitioners (GDPs) invest significant time and effort in essential preventive interventions such as fissure sealants, fluoride varnish applications, and oral hygiene/diet advice, particularly for paediatric patients. These measures are critical for improving oral health, establishing good habits, and preventing more complex dental issues. However, GDPs currently undertake these time-intensive services without appropriate remuneration, highlighting the need for additional financial support to recognise the importance of preventive care and reward its provision effectively. Providing adequate remuneration will ensure that GDPs can continue delivering comprehensive preventive services that contribute to optimal oral health outcomes.

This motion's request for enhanced remuneration for paediatric preventive services reflects GDPC's belief that preventive care should be adequately supported and rewarded. The GDPC has voiced concerns about the lack of funding for preventive services, especially for vulnerable patient groups like children.

MOTION 8

Coventry LDC, Paramjeet Bhandal

Re-affirm current policy

Continual Increase of Patient Charges are a deterrent to improving Oral Health of patients.

England, Policy

Supporting statement

Patient charges in England have risen 45% in the last decade, while the NHS budget has barely changed.

It has been part of a long-term strategy, where patients pay more, so Government can pay less.

Polling evidence shows this has a profound impact on millions of non-exempt patients on modest incomes - leading them to delay or avoid needed care.

Any future government must break with this strategy and ensure sustainable funding for services does not hit the patients who need us most.

GDPC has a clear stance that patient charges should ideally be eliminated, or at least restricted, as they deter patients from seeking necessary care. GDPC supports this motion's call to limit patient charge increases, as it aligns with their view on reducing financial barriers for patients.

MOTION 9

Kent LDC, Caroline Batistoni

Re-affirm current policy

We call on negotiators to continue to raise the issue of a lack of digital integration with NHS Dentistry.

UK, Policy

There is a real need for dentists to be more linked up with NHS electronic systems including easy access to summary care records and electronic prescribing. Not only would this reduce some of the administrative burden on dentists, it would also increase patient safety by improving the accuracy of recording of patient medical histories and medications, and also allow for warnings when prescribing potentially inappropriate combinations - something GPs benefit from. It would also be a step towards better integration of dentistry with wider primary care.

This motion aligns well with GDPC's call for digital integration, including access to summary care records and electronic prescribing. Digital integration is essential for streamlining care and improving patient safety, which GDPC has advocated for in policy discussions.

Current Dental Contract and Contract Reform

MOTION 11

Tees LDC, Charlie Daniels

Present a new idea / new proposal

This conference calls for a legal framework to ringfence funding set aside to commission NHS Dentistry.

England

Supporting statement

To date 18 ICBs have not followed NHS England's suggestion that dental money should be ringfenced, instead some is being used to prop up other parts of the NHS. We recognise that the whole NHS faces budget constraints, but in a time where access to dentistry is continuing to decline, this must not be allowed to happen.

This money could be used to fund additional services, improve access and through flexible commissioning help make sure that prevention is adequately funded.

GDPC strongly supports the ring-fencing of NHS dental funding, opposing its redirection to other NHS areas. This motion aligns with GDPC's advocacy for dedicated dental resources to improve access and maintain service quality amidst financial constraints.

MOTION 13

Birmingham LDC, Ahmad El-Toudmeri

Present a new idea / new proposal

This conference acknowledges the financial strain faced by dental practices providing NHS denture repairs and calls for an increase in UDAs allocated for this service to three (3) UDAs per repair to be (in the absence of contract reform) actioned immediately.

England

Supporting statement

NHS denture repairs are essential for maintaining patients' oral health and quality of life. However, the current reimbursement for denture repairs often does not cover the actual costs incurred by dental practices, leading to financial losses. The current reimbursement for denture repairs does not adequately cover the cost of materials and the chair time required to perform the repairs, resulting in financial losses for dental practices. By increasing UDAs for NHS denture repairs, dental practices can sustainably provide this vital service without incurring financial losses, ensuring continuity of care for patients.

GDPC supports the call for an increased UDA allocation for denture repairs, as it aligns with their criticism of the UDA system's inability to accurately reflect the effort required for various treatments. GDPC advocates for fairer remuneration that reflects the actual work involved in essential services like denture repairs.

MOTION 14

Gwent LDC, Benjamin Payne

Present a new idea / new proposal

Conference calls for Welsh government to reduce the “historic patient” registration from the introduced 4 financial years to return to the previously accepted rolling 2 years.

Wales

Supporting statement

The current Contract variations agreement introduced the principle of historic patients being registered for 4 financial years - meaning 5 calendar years by the end of the financial year - alongside a requirement to see new patients. This has given practices an unsustainable, ever-expanding list of patients to manage causing increasing stress and pressures on the practices. A return to previous expectations of 2 years will relieve this pressure and the disease burden that a patient not seen for 5 years brings to the practice for no recognition.

Welsh GDPC has accepted the policy of reducing the duration of registration for historic patients. The current variation model has not been able to be changed but the length of

registration under a new contract is under consideration. Regrettably as negotiations on the new contract were terminated by Welch government. Any pressure to make changes will come down now to public consultation.

MOTION 15

Liverpool LDC, Bill Powell

Change/challenge current policy

If funding per course of treatment is not increased, conference calls on government for a more defined set of items of treatment.

England

Supporting statement

The current unlimited treatment contract is completely unsustainable and does a disservice to the public who are most in need. The latest tweaks of the contract with extra UDAs for 3 or more restorations and molar endodontics are of course welcome but what about the patient with higher needs of 10 or more restorations and multiple endodontic treatments and crowns needed?

These are the patients who no one wants to take on but are most in need. There is a perverse disincentive for practitioners to take on new patients in greatest need. The £15/£50 bonus for new patients will not help much.

This motion aligns with GDPC's push for a reformed contract that recognises complex care needs. GDPC has called for a structured approach to treatment items that supports practitioners in managing high-need cases effectively, and would likely back this call for a clearer framework.

MOTION 16

West Sussex LDC, Jane Harris

Change/challenge current policy

In shaping a future NHS dental contract, conference calls for negotiators to consider factors beyond capitation alone.

England

Supporting statement

Capitation as the basis for future NHS dental contracts could have detrimental effects, worsening the care divide.

Quality of care might suffer as practices face the pressures of practice overheads prioritising cost-savings over patient needs, potentially leading to rushed treatments, use of sub-optimal materials and incomplete care. This will lead to more metrics of patient outcomes simply replacing the UDA target with an alternative.

Vulnerable populations could face increased difficulty accessing dental services, as dentists may still avoid patients with complex needs needing expensive treatment. This could worsen existing disparities in oral health outcomes.

Financial sustainability of dental practices is also at risk, as fixed payments may not cover rising costs, potentially leading to closures and further limiting access to care.

In summary, while capitation may promise stability, its adoption could compromise quality, exacerbate inequalities, encourage neglect, strain dentist-patient relationships, and threaten the viability of dental practices. Policymakers must weigh these risks carefully and consider alternative approaches that prioritise patient-centred care and equitable access to dental services.

GDPC's policy is for a capitation-based, patient-centred, and prevention-focused contract. Within this framework, the GDPC envisages that a blend of contractual currencies, including weighted capitation, will be necessary to meet the needs of different patients. For example, those with very high needs or for urgent care. The GDPC believes that the weighting of capitation payments for continuing care patients is essential to ensure that the different levels of oral health need of patients are well-supported in NHS practices. Other payment currencies will be necessary, for example, for those with very high needs or for urgent care.

MOTION 17

North Yorkshire LDC, Ian Gordon

Change/challenge current policy

If government are unwilling to reform the dental contract, conference calls that they recognise they must protect access to the most vulnerable.

England

Supporting statement

The Nuffield Trust states NHS dentistry in England is at the most perilous point in its 75-year history.

After a decade of cuts any progress requires appropriate reform and funding.

If the next Government fails to do this, they need to ensure the needs of children and vulnerable groups are not forgotten.

If the budget remains frozen at around £3 billion this service cannot deliver comprehensive care for all who want and need it.

GDPC has consistently advocated for government responsibility in protecting access for vulnerable groups. This motion echoes GDPC's stance that if broad contract reform cannot be achieved, measures must be taken to ensure that the most vulnerable groups, including children, are not left without necessary care.

MOTION 18

Leeds LDC, Munaf Qayyum

Re-affirm current policy

This conference calls for the minimum UDA rate to be raised to £35 immediately.

England, Policy

Supporting statement

All political parties are saying that they will produce a new dental contract.

We cannot wait for months or even years for a new contract. We need an immediate raise to reduce the exodus from NHS dentistry.

GDPC estimated that the cost of implementing this would be around £333m per year. This is considerably lower than the expected level of clawback for 2022-23 (£400m) and therefore we believe could be implemented within existing allocated resources, even when taking account of the likely increased NHS activity and therefore reduced clawback that would result.

This is existing policy. This motion aligns with GDPC's call for an immediate increase in the UDA rate to prevent further exodus from NHS dentistry. GDPC believes that raising the UDA rate can help retain practitioners within NHS services and improve care availability.

MOTION 19

Birmingham LDC, Abid Hussain

Re-affirm current policy

This conference calls for Integrated Care Boards to collaborate locally with Local Dental Committees (LDCs) before undertaking any procurement initiatives to leverage local expertise and increase the success rate of initiatives.

England, Policy

Supporting statement

This conference calls for Integrated Care Boards should collaborate locally with Local Dental (LDCs) before undertaking any procurement initiatives to leverage local expertise and increase the success rate of initiatives.

This is existing policy. GDPC supports collaboration between ICBs and LDCs to leverage local expertise in procurement. This aligns with GDPC's policy encouraging LDC involvement in local decision-making to enhance the success of commissioning initiatives.

MOTION 20

North Wales LDC, Mike Strother

Re-affirm current policy

Conference calls on national governments to recognise the impact on practices of failed (including was not brought) appointments by compensating for clinical time lost.

England and Wales, Policy

Supporting statement

This is particularly important as governments push the narrative that increasing access to new and new urgent patients is at the heart of contract reform; with these patients contributing disproportionately to missed appointments.

This is existing policy. GDPC has advocated for compensating dental practices for patient “no-shows,” as these lost appointments significantly impact financial sustainability. GDPC supports this motion to reduce the burden on practices.

Early Career

MOTION 21

Oxfordshire LDC, Laurie Powell

Present a new idea / new proposal

This conference expects NHS England to provide the necessary support for dental practices to accommodate both foundation and overseas dentists to ensure patient safety and maintain good quality patient care.

England and Wales

Supporting statement

The integration of both foundation and overseas dentists into NHS dental practices necessitates robust support from NHS England. This support is vital not only for ensuring compliance with patient safety standards but also for maintaining the delivery of high-quality patient care. By facilitating such integration, NHS England demonstrates its commitment to an inclusive and effective dental healthcare system, benefiting both practitioners and patients alike.

Addressing concerns about the availability of foundation places and potential exploitation of overseas dentists is crucial for the success and ethical integrity of dental practices.

The Education, Ethics and the Dental Team Working Group would be supportive of this motion; and would add that contract reform is essential in this context as without it, there will not be enough NHS dental practices able to provide training positions for DFT or supportive environments for overseas dentists.

MOTION 22

Devon LDC, Robert Mew

Present a new idea / new proposal

This Conference calls on the government to waive a student's tuition fees if they provide NHS dental care for an agreed number of years after graduation.

UK

Supporting statement

The government has previously suggested a 'tie in period' for newly qualified dentists to spend a proportion of their time delivering NHS care after graduating. However, 'handcuffing' dentists will likely increase the number of graduates going abroad straight after graduation and creating an even worse access problem for patients.

Student loans are now a lifelong burden for any dental graduate, equating often to more than £50,000 of debt at the end of a dental degree. If tuition fees were waived in exchange for a defined number of years NHS service, this would be an appealing option for most new graduates to start their career with less debt. For the government, this motion could create a guaranteed steady stream of NHS dentists to provide NHS dental care.

In responding to the Government's consultation on an NHS tie-in, the BDA opposed the focus on punitive restrictions on new graduates and instead called for an approach based around positive incentives to work on the NHS. This could include relief on student debt. The BDA is engaging with the DHSC about the development of policy ideas in this area.

MOTION 23a

Cornwall and Isles of Scilly LDC, Jenna Murgatroyd

Re-affirm current policy

This conference calls on the government to uplift the Service Costs for Foundation Training, so practices hosting Foundation Dentists no longer have to pay out thousands of pounds per year to provide this service.

England and Wales, Policy

Supporting statement

The Service Costs for Foundation Dentist Training have not been uplifted since 2013. This means that the funding is no longer covering costs of providing the Foundation Dentists with their surgery or training. It has been recognised in official practice accounting that in the last few years the financial cost to a practice, after Service Costs are spent, of hosting a Foundation Dentist currently sits between £20000 and £30000 per year. This is no longer tenable for many practices, and we are losing good trainers due to poor government understanding and inaction. If there is not a significant uplift to the funding to consider these losses, the Government must recognise that there will be fewer practices considering supporting valuable training for dentists, and we will have lost confidence in the system.

MOTION 23b

Tees LDC, Charlie Daniels

Re-affirm current policy

This conference calls for the Foundation Training service element to be increased to a realistic value allowing practices to continue to invest in dental foundation training.

England and Wales, Policy

Supporting statement

The service element of DFT has not increased since 2013 – it was then a little over £64k per annum and remains at the same figure. Allowing for DDRB uplifts the figure should now be over £83k pa or over £88k pa allowing for inflationary rises. FD practices are being underpaid by between £19k and £24k per year as a result which can only reduce the funds for reinvestment into the practice for foundation training.

This is existing policy. GDPC supports an uplift in service costs for foundation training. GDPC has advocated for fairer financial support for training practices, which are essential for the continued development of a skilled workforce. This is included annually in our DDRB evidence and in our engagement with the DHSC on expenses. The BDA has conducted a survey to gather evidence on the costs faced by DFT practices.

MOTION 23c

Wigan and Bolton LDC, Shahram Mirtorabi

Re-affirm current policy

This Conference calls upon the GDPC and the BDA to request that the UDA activity of every FD be accredited towards the training practice's total UDA contract.

England and Wales, Policy

Supporting statement

The DFT service cost payments have failed to keep up with the rising costs of running a modern dental surgery. There is, therefore, little incentive for both experienced trainers and potential future trainers to be involved in the DFT programme under the current scheme. UDA activity of every FD be accredited towards the training practice's total UDA contract and any future parameters of revised contractual benefits.

The key issue raised by this motion is the underfunding of Dental Foundation Training. While allocating UDAs delivered by the FD would be a means to deal with this, the GDPC feels that this also has the potential for undesirable effects on the delivery of DFT as a training programme. The service cost payment is intended to meet these costs, but has been frozen in value for a decade. As such, we instead support increasing the value of the DFT service costs to address the decade-long funding freeze and for the service cost to then be uplifted annually. We have made this case consistently and robustly to the DHSC.

Regulations, Guidelines and Indemnity

MOTION 25

West Sussex, Toby Hancock

Present a new idea / new proposal

We call for the establishment of a single central point of access to all guidelines applicable to those who practise in primary care, which can refresh and send out updates when reviewed or published.

UK

Supporting statement

We call for the establishment of a single central point of access to all guidelines applicable to those who practise in primary care, which can refresh and send out updates when reviewed or published. E.g. Endodontic or periodontal guidelines for primary care. This could be an app or website which hosts articles, hot topics and news which dentists and health care professionals regularly access, as per a newspaper is. This way guidelines can reach their target audience in a timely manner.

GDPG would support any initiative which reduces the administrative burden on the profession. The BDA Library catalogue, which lists guidelines, is available to the profession as a whole. New guidelines could be highlighted through the homepage of our online catalogue. GDPG recognises the need to enhance the visibility and usability of these resources. To this end, we recommend developing a dedicated feature on the BDA Library homepage to prominently highlight new and updated guidelines, categorised by specialty.

Furthermore, GDPG suggests exploring the feasibility of creating a centralised digital platform to serve as a single access point for guidelines, updates, and professional news. This platform could be developed in collaboration with stakeholders such as the NHS to ensure comprehensive coverage and authoritative content. Improved communication strategies, such as promoting these resources through email alerts, social media, and webinars, would ensure that guidelines reach their target audience effectively. These steps would reduce the administrative workload for primary care professionals while empowering them with timely and relevant information.

The GDPG's recommendation will be referred to internal BDA teams for consideration.

MOTION 26

North Yorkshire LDC, Mark Green

Present a new idea / new proposal

This conference calls for a more 'right touch' regulation to help with the recruitment and retention of NHS dental practitioners.

UK

Supporting statement

The 4 R's Retention, Recruitment, Regulation and Resilience.

The level of regulation in all areas has increased but in dentistry it seems exponential. The GDC, Dental law firms, BSA and CQC have instilled a culture of fear in dentists which ultimately has the effect of deskilling the profession particularly within the NHS regulations which makes the decision to leave the NHS even easier.

The Education, Ethics and the Dental Team Working Group would be supportive of this motion in general terms and clearly much of our work to improve the regulators is aimed at making regulation more 'right touch'. The GDC has tried for the last few years to ensure an 'upstream' approach, and this has led to some improvements, positive policy developments and improved communications. It has however also been let down by failures in other areas of communication and policy, which overshadow some of their useful approaches in the eyes of the profession. Right-touch regulation is a term that is formally used by the Professional Standards Authority for its performance reviews of the regulators and the GDC mainly fails in the area of timeliness of fitness-to-practise procedures but passes in the other areas of its role.

The CQC is currently undertaking a review of its regulatory approaches after significant issues were reported last year.

New regulations mean that the costs that can be claimed through dental law firms are now capped, although this might not stop the scaremongering.

MOTION 27

Liverpool LDC, Bill Powell

Present a new idea / new proposal

This conference asks for the re-instatement of the NHS Dental Reference Service in England to realign with Scotland.

England and Wales

Supporting statement

The Liverpool Local Dental Committee urges the Conference to recognise the potential significant risks to the general public due to:

1. *Absence of physical checks on NHS dental service quality.*
2. *Possible elimination of the Overseas Registration Exam to meet NHS workforce demands.*
3. *Cessation of on-site inspections by the Care Quality Commission.*
4. *Advocating for British taxpayers' right to clinical quality assurance beyond paperwork.*
5. *Necessity for oversight and support across all professions.*

Chronic underfunding over 18 years has strained NHS practices, leading to potential drops in standards. Many lack fully qualified dental nurses, relying on trainees.

Identifying and aiding failing practitioners early is vital to prevent harm and maintain professional reputation. Practices must access Dental Reference Officers for support and standards.

Peer review fosters behavioural change and excellence dissemination. Mandatory random clinical audits, including visits, ensure public accountability.

Unlike Scotland, England lacks a Dental Reference Service, raising questions about its absence.

GDPG supports this motion as it aligns with the commitment to patient safety and clinical quality assurance. Having a system for physical checks enhances oversight and maintains standards in NHS dentistry. It proposes this as part of a reformed contract.

MOTION 28

Lancashire Coastal & South Cumbria LDC, Stuart Johnson

Re-affirm current policy

LDC conference calls for a clearly worded NHS regulatory framework which is “fit for purpose” within modern GDS.

England and Wales, Policy

Supporting statement

NHS regulations are in need of an overhaul so that they are fit for purpose and properly worded.

Conference calls on the NHS to urgently overhaul NHS Dental Regulations, to bring them into line with the provision of modern dentistry, using clear language that is easy to

understand and interpret. NHS Regulations need to be “fit for purpose”. Furthermore, any negotiations around contract reform must build in clear and understandable terms, including the scope of the NHS offering, so that what the service can provide, to whom, and how much it will cost are all clear to both dentists and patients. NHS Regulations and Guidance are outdated and poorly worded, practitioners are being left at the mercy of “a stick called hindsight”. The burden of proof within proceedings cannot reasonably be achieved as was described in the Williams case. Yet there has been no progress, merely an NHS assurance of “in due course”. If NHS Regulations and Guidance continue to be difficult to interpret when a practitioner’s integrity and thus career is in jeopardy, why should the cost of achieving such clarity continue to fall upon GDC registrants’ shoulders with more cases potentially going all the way through to the court of appeal? A motion carried last year by conference outlined that costs should fall on the NHS but let us not forget the underpinning cause has still to be addressed by the NHS.

This is existing policy. The GDPC supports an overhaul of NHS dental regulations to ensure they align with modern practice needs. This motion’s call for a clear, practical regulatory framework aligns with GDPC’s advocacy for regulatory reforms that genuinely support practitioners.

MOTION 29

Enfield & Haringey LDC, John Fenton

Re-affirm current policy

Conference urges that the next version of HTM 01-05 is formulated with as much concern for sustainability and the environment as for its primary remit of decontamination. UK, Policy

Supporting statement

Governance and regulatory processes relating to primary care dentistry are ever more burdensome. Looking at HTM 01-05, there's a perception that with each long-delayed iteration, more is added, nothing is removed. In these times of climate change and concerns over sustainability, alongside an increasing and often purely defensive employment of single use instruments and disposable PPE, it is time to re-evaluate what is important and what simply remains in place because no-one is brave enough to question it. HTM 01-05 is central to clinical practice. It needs to be sensible, effective, manageable, and sustainable.

Health and Science

The BDA agrees that it is important that the risk of infection transmission in healthcare settings, including dentistry, be minimised. It is also essential, however, that environmental harm is minimised, and measures to improve patient safety consider this. We want to move to more sustainable approaches, whilst being guided by opportunities to reduce the overall burden on the profession. With NHS dental services emissions make up 3% of the overall carbon footprint of the NHS, we have a role to play in tackling this.

The BDA are considering approaches to the relevant governmental departments to request they follow the lead of Scotland who published the Scottish Health Technical Memorandum 01-05 in May of this year following a consultation process.

MOTION 30

Tees LDC, Charlie Daniels

Present a new idea / new proposal

This conference calls for general dental practitioners to be covered by the Clinical Negligence Scheme for General Practice (CNSGP) when carrying out NHS Dental treatment.

England and Wales

Supporting statement

In order to help recruit and retain general medical practitioners, NHS England / HMG extended the crown indemnity scheme that covers hospital-based doctors. This cover for General Medical Practitioners started on 1st April 2019 (and cost the treasury approximately £3B). Following a similar scheme for general dental practitioners would cost a fraction of this, given the numbers of doctors in comparison to dentists, and would demonstrate the government's commitment to NHS dentists and NHS dentistry.

The BDA would need to declare a formal interest in this area given that it is a provider of professional indemnity for dentists.

We have in the past supported this approach in general. However, it needs to be noted that crown indemnity only covers the clinical negligence part of such issues. The scheme does not provide support in fitness-to-practise conduct cases, nor the support mechanism in the context of an incoming complaint to avoid a case developing into this area, and of course it would only cover NHS issues; the theme of 'mixing' NHS and private treatment also needs to be borne in mind. Therefore even if the NHS scheme were extended, dentists would still require their own personal indemnity cover, and we are unsure whether in this context, the extension into dentistry of the scheme would make a significant difference to cost for dentists.

Research and Engagement

MOTION 31

Northamptonshire LDC, Sarah Canavan

Present a new idea / new proposal

Conference calls on the BDA to utilise resource to research and publish different international economic models of dental healthcare delivery.

UK

Supporting statement

Exploring various international economic models of dental healthcare delivery through research and publication aligns with the BDA's commitment to advancing the dental profession. By examining different approaches, we can gain valuable insights to inform policy decisions and improve patient care within the UK. This initiative demonstrates proactive leadership in addressing challenges and seeking innovative solutions to the problems we currently face in the UK for the benefit of both dental professionals and the communities they serve.

BDA staff have prepared a summary of international comparisons of the delivery of dental services for consideration by GDPC Executive and GDPC with a view to informing the approach to contract reform and wider issues.

MOTION 32

Cornwall and Isles of Scilly LDC, Jenna Murgatroyd

Present a new idea / new proposal

This conference calls on the GDPC and the BDA to encourage and facilitate ICBs and regional teams to make fast and significant changes to local dental policy, funding and structure.

England

Supporting statement

The present Government are absolutely and demonstrably unable to comprehend the challenges faced by dental teams, so currently local change must be enacted. ICBs hold the power to support practices but lack confidence and knowledge to do this. The BDA and GDPC should focus on what can be changed now, rather than looking to a future government to solve the problems that may not be there next year if NHS dentistry collapses completely.

GDPC endorses this motion, as it encourages fast, localised policy changes that are urgently needed within the NHS framework. GDPC has advocated for ICBs to implement flexible commissioning schemes, minimum UDA values and other local initiatives to support practices, dentists and patients.

MOTION 33

Cornwall and Isles of Scilly LDC, Adam Blake

Present a new idea / new proposal

This conference calls for LDCs collectively at Officials' Day to consider how LDCs may be funded, as fewer and fewer levy-payers are supporting them.

England and Wales

Supporting statement

Since many levy-payers have left the NHS, LDCs may be starting to struggle financially. There has also been an increase in demand on LDC time and representation with increased numbers of MCNs and ICB needs. This also impacts on Performers being able to deliver UDA activity and loss to Providers for clinic-time meetings. Some LDCs are already finding it hard to attract new committee members, and there may be a worry that this support system could collapse if not adequately funded.

GDPC supports this motion, recognising the importance of funding for LDCs to continue representing dentists effectively. Given the financial pressures on NHS dentists, ensuring LDCs' financial sustainability is vital for ongoing representation.

Officials' Day on 29th November 2024 will provide an opportunity for LDCs to consider this issue. Following this, the guidance for LDC Treasurers will be updated to reflect the discussion and re-circulated.

MOTION 34

Re-affirm current policy

Gateshead & South Tyneside LDC, Jen Owen

This Conference fully supports the proposals to expand water fluoridation in the North East of England.

England

Health and Science

The BDA responded to the consultation on expansion of water fluoridation in the North East of England. Our position remains that water fluoridation is a cost-effective intervention to improve oral health outcomes and should be supported as part of a package of evidence-based preventive measures, where technically feasible and appropriate for local needs.