



General Dental Practice Committee

Responses to Motions carried at Conference 2022

NHS contract and funding

1. Wakefield LDC

Access to NHS dental care is every citizen's right. NHS England must ensure that adequate funding is made available that this right can be exercised without delay. England

The GDPC has long campaigned for increased investment in NHS dentistry to ensure that it remains a viable service for all those who wish to access it. We have criticised the fact that Government only invests enough to fund care for around half of adults, that there have been deep real-terms cuts over the last decade, and that over time patient charges have been increased to make up for falling Government investment. The BDA also supports patient choice to access care outside the NHS and private dentistry is and will remain an important part of meeting the oral health needs of the nation.

2. West Sussex LDC

This conference calls for governments in all four countries to build back a better NHS dental service that delivers to patients, clinicians, practices, and local communities as well as the Treasury and finance departments.

UK, Policy

This is existing policy. The GDPC is actively engaged in all four nations of the UK in seeking contract reform and increased funding that not only addresses the impact of the pandemic, but the long-term systemic issues that have driven NHS dentistry into crisis.

3. West Sussex LDC

The current contractual funding arrangements are only fit for purpose as a minimum core service. To define this as a comprehensive offer is misleading to the public, unrealistic, unworkable, and not financially viable to dental practitioners. This conference calls for a contract fit for purpose.

England

The GDPC has long campaigned for reformed contract and for increased investment in NHS dentistry to ensure that it remains a viable service. We believe that reform and investment must go hand in hand. In negotiations, we have pressed the point that in the absence of further investment the Government must be realistic and honest about what can be provided.

4. Birmingham LDC

Conference demands that dental schools are mandated to use generalists in all levels of the training and assessment of UK dental undergraduates.

UK

There is a need to clarify the aim of this motion as it is not clear which problem it is trying to address. We also question the term 'generalist' – it is not specifically defined. We assume it is meant to mean 'general dental practitioner' but it would be helpful to receive confirmation on both points. GDPs are already involved in many areas of undergraduate education but it is unclear what 'all levels' means and uncertain whether that would be workable and appropriate. While we agree that the input of generalists into undergraduate teaching is invaluable, and such input is generally part of undergraduate education, we do not think that dental schools can be mandated to engage a specific type of teacher, or who should mandate it.

5. Manchester LDC

This conference believes that if significant funds are not invested by government in the NHS dental system the only way to run a satisfactory NHS dental system is to adopt a core service. England

The GDPC has long campaigned for increased investment in NHS dentistry to ensure that it remains a viable service. In negotiations, we have pressed the point that in the absence of further investment the Government must be realistic and honest about what can be provided.

6. Derbyshire County LDC

The NHS budget for dentistry should be ring-fenced (and linked to inflation). England, Policy

This is existing policy. Through the marginal changes negotiations, the GDPC sought to take steps to ensure that more of the dental budget remains in dentistry. We would like to see stronger guarantees that funding is not being used to plug gaps elsewhere in the NHS. We also support the overall funding increasing by at least inflation. In the most recent uplift process, we sought an uplift on dentists' pay of RPI+3%, on staff pay of 15% and of other expenses at 11.15%.

7. North Yorkshire LDC

This conference calls for immediate changes to be implemented to the NHS dental contract. To enable prompt changes to occur we need to increase pressure on those that can make these changes. We need to engage with our staff and most importantly our patients via an online petition.

England

The GDPC supports urgent and significant reform to the contract. The petition was circulated by LDC Conference.

10. Manchester LDC

This conference believes that the NHS dental service is in danger of falling over due to years of systemic failure by government DHSC and NHSE.

England

The failure to reform the NHS dental contract over the last 17 years, combined with more than a decade of real-terms funding cuts, has left NHS dentistry in crisis. The GDPC has warned that the service was heading in this direction for many years, and NHS England, the DHSC and Government had failed to take the action needed to remedy the situation. There is now a need for urgent and significant contract reform and investment if NHS dentistry is to have a future. The GDPC will continue to campaign for this.

The ringfencing of the dentistry budget is already GDPC policy and the GDPC will continue to reiterate this in discussions with NHSE and DHSC.

Patient Charge Revenue

12. Manchester LDC

This conference believes that year on year increases in Patient Charge Revenue has been used as a tool to manage demand, pricing working families and the working poor out of NHS treatment.

England, Policy

This is existing policy. The GDPC does not believe that dentists should act as tax collectors for government, but, as long as NHS dental patient charges exist, they should not increase by more than inflation. The DHSC policy of increasing charges by five per cent over successive years has been used as a substitute for Government investment.

Recruitment and Retention

13. Devon LDC

This conference proposes that the government makes changes to the NHS GDS dental services, so that the service is a more attractive career proposition for newly qualified dentists and incentivises existing dentists currently working within the service to remain. UK, Policy

This is existing policy. In the contract reform negotiations, the GDPC has put forward proposals to make being an NHS dentist more attractive that go beyond just reforming the contract.

14. Coventry LDC,

This Conference is concerned about the lack of dental workforce planning by the NHS given the number of dental colleagues leaving the NHS. We demand that the NHS in all four countries undertake a workforce survey to establish the whole-time equivalent need for dentists and team members for NHS general dental practice and then fund the system appropriately based on this.

UK, Policy

This is existing policy. The BDA has taken all opportunities for there to be a comprehensive examination of the current workforce, including the whole time equivalent number of NHS dentists, and for robust workforce planning to take place. This includes Shawn Charlwood providing oral evidence to the Health and Social Care Select Committee on the NHS dental workforce in May 2022.

15. Northampton LDC

Conference calls on the NHS, GDC and BDA to find solutions to remove the barriers to dental nurse recruitment and retention.

UK, Policy

This is existing policy. The BDA has sought contract uplifts commensurate with the funding practices need to retain and recruit dental nurses and other staff. We have also argued in a number of consultations in recent times that the GDC and the Department of Health and Social Care may wish to consider whether dental nurses' risk profile meets the threshold for statutory regulation. We believe that it does not, and that it would be helpful to have a voluntary registration scheme for dental nurses via the Professional Standards Authority instead. Such a step would address the issues relevant to staff loss due to regulatory requirements such as the payment of the ARF, the need for CPD declarations and indemnity cover, and the GDC's FTP procedures when dental nurses are caught up in problems relating to these processes. We do believe that dental nurses with extended duties should be registered, however.

16. Wirral LDC

Conference calls on government to finally acknowledge that the whole dental team is a part of the NHS. This would include being able to access similar benefits on offer to other NHS workers such as free flu jabs and early access to COVID boosters. UK, Policy

This is existing policy. While access to COVID boosters has been maintained, in England the free flu jabs provided during the pandemic were withdrawn. The GDC has strongly objected to this and sought for NHS England to provide free flu jabs to dentists and their teams.

17. Wirral LDC

All members of the dental team should be able to access similar NHS Pension Scheme benefits (including maternity/adoption leave, paternity leave and parental leave). UK

The BDA would support a change to include the wider practice workforce in the NHS Pension family. However, this will need significant reform of contractual provisions and pension rules. The significant level of employer contribution required for the NHS Pension, means that practices will require this increased cost to be borne by NHS England, either through increased pension payments by them or by the practice, which will require an equivalent uplift to contract values. The process of ascertaining the pensionable earnings of these additional workers will be difficult. They will either have to be included in the net pensionable earnings ceiling for each practice (in which case the ceiling will have to be increased from its current level of 43.9%) or as stand-alone salary levels (which may be pro-rated to reflect a private/NHS split). All of this will require a significant level of contractual negotiation with NHS England. If there is no movement to meet this extra cost, it would not be possible to progress this worthwhile motion.

18. Northampton LDC

Conference calls on government to take urgent action to fully fund and support return to work and practitioner support programmes for dentists and dental care professionals. UK, Policy

This is existing policy. In terms of support schemes akin to those available for GPs on return to work, this is being explored by NHS England at present. We are aware that some ICSs are going to provide practitioner support programmes and would encourage LDCs to seek similar programmes in their areas. The BDA will push NHS England to encourage ICSs to do so from above.

Overseas Qualifications

20. North Yorkshire LDC

This conference calls for NHS to properly fund and support Performer List Validation by Experience (PLVE) training. This should be along similar lines to the current Dental Foundation Training (DFT) system, including access to the local postgraduate deanery. England and Wales

The Committee is generally supportive of this motion in terms of better support for applicants and practices; the charging structure should be discontinued. Whether the funding for PLVE would need to be on exactly the same terms as DFT might be debatable, however, as individuals might already have many years of independent clinical experience so that an individual assessment of the applicant's abilities should form part of the decision about the need for training. Access to the local postgraduate deanery/HEE educational support should, however, form part of any system. It is hoped that this is an area where the merger of NHSE and HEE can bring some clarity.

Dental Education

22. North Yorkshire LDC, Mark Green

This conference believes that newly qualified dentists from UK dental schools are less prepared for primary care dentistry than ever before with ever more reliance on the foundation year. To better serve our undergraduates, more funding is needed to develop centres outside of dental schools in areas of high need.

UK

It is a generalisation that new UK graduates are 'less prepared than ever before' for general dental practice; this may not apply to all new graduates. It may well be true, however, that many new graduates lack the confidence that previous year groups had, and this should be seen in the context of the recent pandemic where teaching across all year groups had to be modified to achieve the formal outcomes, and indeed to a certain extent that meant the completion of fewer treatments. We also believe that the general dental practice environment is an increasingly stressful one, and new graduates might join a different environment in terms of the pressures the system currently faces than they would have had even five to ten years ago. The idea of centres outside of dental schools is one that is being pursued by Health Education England (HEE) and we hope that such an approach can be devised successfully, within existing regulations and for the support of new graduates, to the benefit of all involved in this process.

23. Birmingham LDC

Conference demands that dental schools are mandated to use generalists in all levels of the training and assessment of UK dental undergraduates

UK

While we agree that the input of generalists into undergraduate teaching is invaluable, and such input is generally part of undergraduate education, we do not think that dental schools can be mandated to engage a specific type of teacher or who should mandate it.

24. West Pennine LDC, Stephen Shimberg

This conference calls on dental schools and the GDC to revisit the curriculum to ensure graduates study and are examined in the fundamental art and science of dental care so that Foundation Training may return to the task of teaching how that knowledge is applied in primary dental care.
UK, Policy

The GDC is undertaking a review of the Preparing for Practice learning outcomes from 2015, which it asks education providers to use as a basis for dental education, training and assessment. A 12week public consultation exercise closed in January 2022. The BDA provided a response and asked for input into this response from across its committee structures including GDPC, although no specific points on the subject of this motion were received. The consultation did, however, try to address the areas highlighted over time for bridging the move from final year student into dental foundation training through a description of what for the moment is called the 'safe practitioner'. We await the outcome of the consultation and the GDC's response to the points raised by the profession.

Contractual/commissioning issues

25. Norfolk LDC

This conference calls on government to appoint an independent body to manage the commissioning of primary care dental services in England. This body should be independent of NHSE but have membership from patient groups and the dental profession. England

While there is a clear need to improve the quality of commissioning, it is not clear this motion's proposal offers the solution. Any arms-length body of this nature would necessarily be constrained by government policy and funding allocations in the same way that NHS England is, and therefore would likely simply replicate the same problems but in a different organisation. The GDPC's longstanding demands have been for improved funding and contract reform that would provide a basis for sensible, patient-focused commissioning.

26. Devon LDC

This conference calls on the GDPC and the BDA to demand that the service cost payments for Dental Foundation Training (DFT) contracts are increased immediately and to link the payments to inflation for future years.

England and Wales, Policy

This is existing policy. The BDA has sought for the service cost payments to be restored to the value they would have been at if they had not been frozen - £8,030 per month. The policy of freezing the service cost means that it is now worth a third less than it should be. The service cost payment accounts for the largest portion of the funding for Dental Foundation Training and therefore a loss of value of this scale has a significant impact on financial viability of delivering this training. The payments covers the same costs included in the expenses and staff cost element of the overall uplift, and should be uplifted in line with these each year.

27. North Yorkshire LDC

This conference calls for further retrospective changes to the 2021-22 annual reconciliation to allow delivery of 67.5% of annual UDA target and 83.75% of UOA regardless of what was delivered in each period within the year.

England

The GDC sought, throughout the pandemic, to negotiate the best possible contractual framework to support practices, in what were undoubtedly very challenging circumstances. This resulted in lower thresholds at various points, but we appreciate that the approach of breaking up the contractual year made both delivery and reconciliation much more complicated. The BDA has supported members through the reconciliation process to ensure that the calculations of their delivery were made accurately.

Sustainability

28. Gwent LDC

This conference calls for the respective nations' governments to support dentistry to become carbon neutral.

UK

As with all parts of society, dentistry must play its role in reducing carbon emissions to net zero by the middle of this decade to restrict further global warming. This is necessary but ambitious. The NHS has an aim to be the world's first net zero national health service, but to date there has been insufficient engagement with dentistry to progress this. The BDA will be taking forward work over the coming years to support the profession through this transition and to ensure that governments provide the necessary support to reach net zero.

Fluoridation

29. Leicestershire LDC

Conference requests that GDC appoints a member to the Council of the British Fluoridation Society.

UK

The BDA is represented on the Council of the BFS by Eddie Crouch.

30. North Tyne LDC

This Conference believes that an annual donation at a meaningful level should be made by LDCs to the British Fluoridation Society (BFS) to assist the BFS to be better funded in its fight for further water fluoridation in areas of the UK where fluoride in the water is less than 1ppm and also to maintain water fluoridation in areas where there is a threat to current fluoridation levels.

UK

This is a matter for LDCs.

GDP Representation

31. Gwent LDC

This conference calls for Welsh government to begin open and transparent negotiations that include fair representation of active general practitioners.

Wales, Policy

Despite talk of 'co-production' from the Welsh Government, the WGDPC has been extremely disappointed by the approach to contract reform, which has seen proposals tabled at short notice, with little opportunity for meaningful engagement from practising dentists. The WGDPC and BDA Wales has nonetheless used every opportunity to engage with Government officials and to represent the views of active GPs. Nonetheless, it feels as though this input has been given scant regard, and the WGDPC is therefore giving consideration to how it wishes to continue to approach contract reform.

32. Morgannwg LDC

Conference believes that NHS GPs deserve more funded representation on government committees that immediately affect the running and the future of the GDS.

England and Wales, Policy

This is existing policy. The GPC and WGDPC representatives provide a strong voice for NHS GPs in discussions and negotiations with government. The BDA sought a seat for dentists on the new ICS structures in England, alongside other primary care professions, but regrettably this was unsuccessful as the legislation progressed. Nonetheless, the BDA is supporting LDCs to engage with the ICSs.

33. Manchester LDC

This conference has no confidence in the new Integrated care system to fix problems locally with the NHS dental service as their engagement with dentistry is designed to be low level, no new monies are identified and other NHS challenges will preoccupy management bandwidth with an assumption we are akin to the GP service.

England

It not yet clear how ICSs are going to impact on NHS dentistry, but it certainly does not appear that they will present a solution to the fundamental problems of a flawed contract and underfunding. The BDA does have concerns as to how dentistry will be represented in these structures, which is why we sought a voice for dentists and LDCs, and why we now continue to encourage engagement between ICSs and LDCs.

34. Manchester LDC

The new Integrated Care system cannot look to address issues of the dental service when it is institutionally designed to sideline the voice of Dental providers from all its senior boards and indeed those of wider primary care. This conference calls on NHS England to ensure that LDCs have mandated roles in ICS structures.

England, Policy

The BDA sought a seat for dentists on the new ICS structures in England, alongside other primary care professions, but regrettably this was unsuccessful as the legislation progressed. Nonetheless, the BDA is supporting LDCs to engage with the ICSs.

35. Leicestershire LDC

Conference asks that the BDA publishes guidance for LDCs on how they can interact with ICS bodies.

England

Draft engagement guidance has been produced with input from LDCs across England and this will be published ahead of Conference.