United Kingdom Council

29 March 2014

Report to Principal Executive Committee, standing committees, and branches

1. Summary

The United Kingdom (UK) Council met on 29 March 2014. This report contains a summary of the issues discussed.

2. Membership structure

The Principal Executive Committee and senior management team consulted the country councils and staff in February regarding the review of the new membership scheme, in advance of the scheme’s first anniversary in June.

We received a report at our meeting on all the comments submitted during the consultation process, and this also contained a narrative from the PEC, responding to the themes that had emerged in the submissions.

The UK Council has resolved to maintain a focus on the further development of the membership scheme. In our discussion of the PEC’s paper, we urged that the implementation of changes are clearly and positively communicated to members.

During the discussion too we were encouraged by the buoyancy of current membership numbers. The restructuring of membership charging has been an historic change for the Association, and we all have an interest in its successful implementation. We look forward to members of all the country councils being kept informed of its progress.

3. Scrutiny Committee

The Scrutiny Committee is a sub committee of the UK Council. It helps to ensure that the PEC delivers high quality reports and information to members’ representatives in the UK Council, including close liaison with the PEC over the delivery of its annual report. It also provides a bridge from the representative side of the organisation to the PEC’s audit committee, offering commentary and advice to the Audit Committee on any issues and activities within the Audit Committee’s remit. The Chair of the Audit Committee (Judith Husband) and the Chair of the Scrutiny Committee (Graham Brown), attend each other’s meetings.
We received the first report of the Scrutiny Committee, which demonstrated that the Committee had assumed its responsibilities very quickly, since the agreement of its remit at the last meeting of the UK Council in November.

The Committee’s first task had been to review the Audit Committee’s report on the development and introduction of the new membership structure, produced last summer. This had provided an opportunity for the Scrutiny Committee to ask questions and read documentation referred to in the report. This had added to greater clarity around the issues of the new membership structure which Council members had sought.

The Chair and one other member of the Scrutiny Committee had joined the Audit Committee at its meeting in February, where the statutory accounts had been considered, and where there had been an opportunity to conduct a thorough questioning of both the auditors and Finance Director. Overall the auditors presented a very satisfactory report on the Association’s financial management and governance over the financial year.

4. Reports from the countries of the UK

Each of the country council chairs presented a report, and responded to questions. A copy of each report is attached (Appendices 1 – 4).

The English Country Council had discussed the mechanisms for craft committee input to the PEC. We asked the PEC to review these, which the Chair undertook to do.

Under cover of the report from Scotland, we noted the referendum on independence due in September. We agreed to place this item back on our agenda when we meet again in November, and when the outcome will be known.

The Scottish representatives also expressed concern about how some motions they had submitted for debate at the last meeting of the UK Council had been passed over, by a majority vote in the UK Council, using a constitutional provision in the standing orders. Although it was accepted that the constitutional provision had been used correctly, it was agreed that the Country Council Chairs should review the standing orders in general to ensure that they continued to provide relevant rules for debate in the UK Council.

5. Report from the Principal Executive Committee

We welcomed Mick Armstrong in his new role as Chair of the PEC, and wished him well in meeting the challenges ahead. We underlined to the new Chair that all members of the PEC are welcome at meetings of the UK Council as we consider it is helpful for as many PEC members as possible to hear directly the issues raised by Council representatives on behalf of members.

The new Chair presented the report from the PEC, and responded to questions. A copy of the report is attached (Appendix 5).

6. Foundation/VT training

A report from the Education, Ethics and the Dental Team Working Group (EEDTWG) stated that following the first round of allocations of DFT places in 2014, 970 places had been allocated but 107 UK applicants were on the waiting list. The BDA had written to the Health
Minister, Earl Howe, asking for appropriate funding so that all UK applicants would receive a place this year. A few more places have been made available, but it is unclear if this is on the basis of additional funding or funding gained from budget reductions elsewhere.

The BDA’s current policy is to support a centralised process of recruitment (considered fairer and less discriminatory than the previous system where students had to travel across the UK for interviews during their final year), with improvements to be made in particular to local procedures, and to call for adequate funding so that all UK graduates who wish to do DFT can do so. The Student and Young Dentist Committees are being asked to debate these policy priorities before the BDA re commits to them. The BDA is also repeating this year its survey of final year students about the national recruitment application process.

The EEDTWG considered that more needed to be done for trainers, who were currently having to accept applicants into their practice who might not be suitable for their particular circumstances. A meeting is due to take place with GDPC representatives about trainer issues.

We firmly supported robust opposition by the BDA to the announcement that DFT salaries would be reduced. This represents an attack on the most vulnerable members of our profession.

7. Stress in the profession

We had a wide ranging discussion about stress and mental health issues in the profession, and the support mechanisms available for colleagues in each country of the UK. This discussion was led by Seamus Killough, Chair of Northern Ireland Council, and had been prompted by a report from Northern Ireland about this issue at the last meeting of the UK Council.

The PEC had also been requested at the last UK Council to put professional stress on their agenda. Mick Armstrong reported that this had been debated at their most recent meeting, and that as a result he had asked the Secretariat to prepare a report for the PEC’s consideration. This we understand will include feedback on the experience and practice of other professional associations in addressing these concerns.

Our discussion covered some sad and tragic examples of the consequences of stress in our profession. We will maintain our interest in this area, and we look forward to further feedback from the PEC.

8. GDPC

We received a comprehensive update from John Milne, Chair of the GDPC. His report included the issues below.

Dentists with Enhanced Skills

The Chair of the PEC and Chair of the GDPC wrote to the Chief Dental Officer to express concern that the Dentists with Enhanced Skills project may have the consequence of either limiting the future scope of practice for colleagues, or will result in unnecessary bureaucracy as they pursue accreditation. The BDA’s understanding of this project in its early stages was
that it was intended to reduce the number of referrals from primary to secondary care, and to ensure that practitioners at all stages of their careers were undertaking work appropriate to their skill level.

The CDO has replied to say that these concerns are misplaced, and is looking forward to discussing this further with both the PEC and GDPC.

Evidence and learning report – English pilots

The Department of Health’s Evidence and Learning Reference Group (ELRG) has produced its second evaluation report regarding the dental contract pilots in England.

The first two years of piloting has demonstrated the need for careful monitoring, testing and development. Key feedback points have been: increased waiting times and the impact on access; concerns about associate status; the reliance on IT; and the potential for increased use of DCPs. However practitioners have said that they like the preventative approach and that the pilot model represents a style of dentistry consistent with their training.

The Department of Health has made some amendments to the care pathway being used in the pilots, and the BDA will continue its own research and evaluation as the basis of its continuing discussions with ministers and officials.

9. Salaried Dentists Committee (SDC)

We received a comprehensive report on issues affecting salaried services members in each country of the UK, from Peter Bateman, Chair of SDC.

This included the DDRB’s report, which recommended a 1% consolidated rise for employed doctors and dentists. The Westminster Government responded that this was unaffordable in the context of other priorities. It has adopted an approach by which all staff would receive at least an additional 1% of their basic pay. So, all staff not eligible to receive incremental pay will receive a 1% non consolidated payment in 2014/15, and other staff will receive at least 1% through their incremental progression.

There is also an apparent offer on the table to agree an incremental freeze in exchange for a 1% increase for all in 2015. The SDC is unanimous that incremental pay progression is a fundamental contractual commitment.

The Scottish Government has committed to implementing the DDRB recommendations in full, including a 1% uplift for employed dentists on top of any annual increments. No decisions so far from Wales and Northern Ireland.

The Committee has given strong support to the Chair of the PEC writing to the Department of Health on behalf of all employed dentists, and the committee has requested that the BDA liaise with other NHS trades unions on this issue.

10. Other craft committee reports

The Chair of the Young Dentists Committee was present and contributed to our discussions, in particular the issues around foundation training.
We are mindful that we don’t necessarily provide sufficient time to consider feedback from all committees, and this prompted considerations about refinement of our reporting structure. It was agreed that the Chairs of the Country Councils would, with the Secretariat’s support, liaise about potential improvements and report back as appropriate.

11. Matters for the Principal Executive Committee

It was agreed to refer the following issues to the Principal Executive Committee: comments on the implementation of changes in regard to the membership structure; the importance of continuing assessment of the support mechanisms in regard to stress and mental health issues in the profession; comments on the national recruitment application process for DFT, and the UK Council’s opposition to a decrease in the DFT salary; the Scottish independence referendum; and craft committee input to the PEC.

12. Dates of future meetings

10.30am Saturday 1 November 2014.

Sue Greening
Chair of Welsh Council (rotational Chair of UK Council)

April 2014
Appendix 1

Report of BDA Wales / Welsh Council

Welsh Pilot Meeting - Steering Group, 5 February 2014.

The current pilot is showing the same issues as the English model – PCR, practices not doing as much work in band 3 and access issues. All the practices have had vigorous UDA checks and it seems that 2 of the 6 practices are not being quite correct.

The Miller report on the last year was received at which point we went on to discuss where the pilots are to go in the next year.

If Wales breaks away from England there are a number of issues that must be considered:

- Administration. It seems that Swansea, having looked in more detail about what would be required, have decided that they could not take on the dental contract admin at the present contract value so that leaves NHSDS or?
- Financial. The overall budget isn’t likely to increase (currently £141m) and patient charge revenue is very sensitive (currently £28million). If pilots were to be implemented in their current form there would be a £11m shortfall in PCR. There is also a major difference in the amount spent on dentistry in each of the four countries – Wales £45.13 per head of population or £58.52 per course of treatment is at the bottom. HB budgets also under severe pressure. (Have just received a £50m bailout from Welsh Government.)
- Political. Would it be acceptable for a left wing government to further emphasise differences across the UK. But, in a recent speech, the minister constantly referred to ‘prudent healthcare’ so there seems to be a growing acceptance that the NHS cannot continue as is.
Contract options:
  • English model.
    Issues include
      ○ Value of the capitation element
      ○ PCR
      ○ Implementation – big bang or staged
      ○ Uptake – how many dentists will decline to accept the revised contract
      ○ Computer software issues
  • Welsh Pilot model
    Issues are much the same as England.
This would rely on there being ‘courses of treatment’, defined patient numbers, only two levels of patient charge and patients only being able to obtain advanced care if the DCA permits.

- Core or essential services model which would require that there is a robust definition of who gets what and what ‘the what’ is!! The major disadvantage being the political element.

- The Northern Ireland model. A mixture of care payments linked to registration, examination etc and quality with additional item of service payments.

Further discussion will take place, first between the CDO and the Minister. If there is no political will to progress this…

The minister has however made two interesting comments recently. In a speech to therapists and health scientists at their conference in Wales he talked openly about ‘prudent healthcare’ and more recently he has talked of a tightening of the healthcare budget and a need to prioritise services.

**Charges for dental treatment.**

We have been informed that these will increase on 1 April by around 2.2% (£13, £42, £180.90). Prescriptions are free for Welsh residents.
Meeting with HIW - 6 February 2014

The inaugural meeting of the Dental Regulation and Inspection project Stakeholder Reference Group took place at the Welsh Government offices in Merthyr.

The project is split into three parts:

- To put in place interim arrangements for NHS dental practice inspections from April 2014
- Similarly for private practices and
- Contribute to the work being done by Welsh Government to revise the private dentistry regulations and develop national minimal standards for private practice.

[Director - I was surprised to learn that HIW has identified 99 practitioners who have no NHS commitment but they have been unable to ascertain their working patterns – e.g. sessional dentists.]

Private practitioners were sent the QAS form¹ in a modified form in November 2013. To date the response rate has been extremely good. Anybody who has not responded will be invited for an interview at HIW!

Because of their limited workforce, HIW will only be commissioning inspections of practices that are identified as high risk and new or refurbished practices. Ultimately they propose doing at least 100 – 150 practices each year! Initial advice to HIW from the group was that they should use dentists to do these inspections which led on to a discussion about the fee that would be paid to ‘inspectors’. It seemed to me that they were thinking about using ‘lay’ people and having a ‘dental lead’ overseeing their work. [a cheaper option as they currently pay their inspectors £220 per day].

Practices in the ‘causing concern’ group would get unannounced inspections focussing on the area of concern followed up by a ‘management letter’ allowing time to put things right, should this be necessary.

NHS / QAS inspections are currently being done by PHW advisors but these are suspended. Until April 2015 when HIW takes over there will only be targeted inspections.

The revised regulations:

¹ The QAS – Quality Assurance and Standards document is an annual return, completed on line by all GDPs in Wales which is used to check that regulatory requirements are being met. Practice information, if incomplete or perceived to be incorrect will result in a practice visit by PHW dental advisors.
These will address the problems currently being experienced—practices rather than individuals, direct access to DCPs, no standards for private practices [NHS dental standards are based on the generic NHS Wales document] and regulation of the use of lasers, some leeway in the registration process (timescale) for locums.

Standards for private practice will need to mirror those for NHS dentistry and will need to be legal (EU) and effective!

A Health Care Quality Act [Bill] is being written for implementation, after an appropriate period of consultation, in 2018.

Other issues included the fees that HIW will charge. Their remit includes the proviso that their fees will reflect the work being done, or needing to be done and will be consistent with fees in other UK countries. They cannot ‘profit’ from doing dental or any other type of inspections.

HIW will also need to consider the European Services Directive which allows individuals registered in one country to work in another without further regulation.[?]

Once the inspection regime is fully implemented, which it is proposed will include some level of assessing clinical standards, reports on practices will be published on the HIW website, warts and all. They will be able to be reviewed by practices before publication and an opportunity given to appeal any negative findings / comments that the practice feels are not justified.

Sanctions. HIW will be working with GDC and the Deanery if they identify dentists in practices who have serious problems. This did provoke discussion about anonymity of individuals and how this would fit with the current ‘dentists causing concern’ process. [Not resolved at this meeting but it was emphasised to HIW that they must not identify dentists or DCPs who are giving rise to serious concerns]

Membership of the group: it was suggested that as there is no representative of dentists who only practice privately that there should be! Denplan may be able to assist and will be invited to inform the group about their ‘Excel’ programme. Also, the Deanery is not currently included, neither CHCs.

The next meeting will agenda outcomes from the QAS 2013, risk and sources of information / intelligence, advertising for dental advice, communication with practices and timing for the introduction of new regulations.
Timescale:


This timetable is provisional and is dependant on Assembly lawyers and Welsh Government business.

**Welsh Government Advisory Structure Review**

The CMO has launched a review of the professional advisory structures in Wales which include the Welsh Dental Committee.

Why? The chat is that this has been started because the Welsh Medical Committee has too many sub groups which are not cost effective and that the BMA representation on them is driving policy in a direction that the Welsh Government is uncomfortable with i.e. it’s all going BMA’s way!

WDC is made up of representatives from each ‘craft’ of dentistry, plus a DCP (who also wears the GDC badge) the postgraduate director, Dean, CDO, SDO and dental policy staff (although they rarely turn up) Each HB area has a representative too (5), usually the chair of their local dental group.

BDA has four seats representing Welsh Council, WGDPC, WCCD and the Director is ‘in attendance’.
This was discussed at a WDC Meeting on 18 February and it was agreed that of the professional advisory committees, the WDC is one of the most cost-effective and bring together all the various crafts of dentistry in a forum that allows open and frank discussion and considered advice to Welsh Government.

**Orthodontic provision**

The Health and Social Care Committee has begun a consultation and is asking people to contribute their own experiences from around the country.

During the course of the inquiry the Committee will look at:

- Access for patients to appropriate orthodontic treatment, covering both hospital and non-hospital orthodontic services;
- Whether there is regional variation in access to orthodontic services across Wales;
• How well the various players in this field work together to manage local orthodontic provision (to include how those in charge plan and manage services, how they manage referrals to services, how they manage performance, and how they arrange the workforce that’s needed to deliver these services)
• Whether the current level of funding for orthodontic services is sustainable with spending pressures facing the NHS, including whether the current provision of orthodontic care is adequate, affordable and provides value for money;
• Whether orthodontic services is given sufficient priority within the Welsh Government’s broader national oral health plan, including arrangements for monitoring standards of delivery and outcomes of care within the NHS and the independent sector; and,
• The impact of the dental contract on the provision of orthodontic care.

In launching this inquiry the Chair of the H&SC committee said “This inquiry will consider all aspects of orthodontic services including how they are funded, how they are provided and whether there are varying standards in different areas of the country,”

“In order to establish an accurate picture of the standards of services across Wales we are looking for people to tell us their own experiences.

The provision of orthodontics accounts for around £20m each year, slightly more that half of the overall funding for children’s dentistry in Wales.

A review was completed some two years ago by Prof Steven Richmond in which a number of recommendations were made. The H&SC committee seems to be reviewing how effective his review has been but hasn’t invited him to contribute. (He was unaware of the inquiry until I asked to meet him)

Review of complaints procedures.

The way concerns and complaints are dealt with by the NHS in Wales is being reviewed. The Wales Health Minister Mark Drakeford has announced a 12-week review, which begins immediately which will look at the current process for dealing with concerns raised by patients and family members to establish what is working and the areas where improvement is needed. Other terms of reference for the review include considering if there is sufficiently clear leadership, accountability and openness within the process and identifying how the NHS in Wales can learn from other industries.
Commissioner for Older People in Wales.

The Commissioner has initiated a review of the treatment older people receive in care homes. Referring to work done by a consultant in dental public health, BDA has submitted evidence about provision of oral / dental care.

Closed Welsh Government consultations.

In 2014 responses have been submitted to consultations on the treatment of respiratory and neurological conditions.

Dental Foundation Training - salary realignment.

Welsh Government is proposing to align the DF salary with MF2 salary. The current salary for a dental foundation trainee is £30,132 and that for a Welsh foundation year two doctor is £28,215.

If the funds that would be saved are reinvested in DFT it would be possible to appoint one additional training practice in Wales.
Funding for postgraduate education for the dental profession in Wales.

In searching for ‘efficiency savings’ the Postgraduate deanery have been taking a close look at the funding that dentists receive by way of Section 2 (Section 63 in England). The Deanery has a certain obligation to provide sustainable high quality medical and dental programmes which address the requirements of the GDC and the initiatives of Welsh Government. Any attacked on the funding will be vigorously opposed by the dental deanery and BDA, on behalf of members.

‘Silk’ Report.

The second and final report of the commission was published in early March.

Health services are already a devolved matter and this latest report has recommended that there be no change in the devolution settlement as it relates to health. It recommends that cross border health services should be more equitable and that the health bodies need to develop more strategic policies together.

The report does question the ability of the current 60 AMs to service the Assembly’s needs and suggests that there should be more, especially if more powers are devolved to Wales – policing and youth justice are being proposed.

It is however interesting to note that one in four of the population of Wales would like to see health being returned to Westminster. This is the highest dissatisfaction rate of all the devolved powers which also include education, transport and planning.

The political debate over the NHS in Wales has warmed up, the start of the campaigns for the 2015 election I suspect. Recently, Charlotte Leslie of the ‘Spectator’ wrote…

‘If politics was science, you would call Wales the ‘control’ group, for public service reform. Here is a country where Labour are the only game in town and a socialist philosophy which places a monopolistic state provider at the centre of health care and education reigns supreme – yes, even more supreme than the pupils and patients this system is designed to serve.

‘In fact, in devolved Wales, Labour are running the public services as Ed Milliband would like to see them; a Labourite utopia of State
supremacy, with none of the so-called evils of alternative providers getting in the way of the tight grip of the State.

‘So how is this socialist utopia going, then? If a recent Question Time from Newport is anything to go by, not so good. Panellists of all affiliation got short shrift from an audience who feel severely let down by the political leadership of Wales’ devolved assembly.

‘And well they might. Take the damage Labour in Wales is doing to the NHS that has grabbed headlines over the past few weeks. Labour have badly betrayed their legacy on the NHS. From the heady days of Bevan to the low point they have now reached in Wales.

‘But it’s not just in the NHS. The education system is another indication of what happens when Labour’s ideologies become reality. None of Michael Gove’s focus on rigour, which has been so lambasted by many in Labour, has been adopted in Wales, and what’s the result?

‘Despite being home to some of our best universities, applications from people living in Wales are down, despite an overall rise for the rest of the UK. It’s a desperately sad fact that Welsh students score significantly lower than the rest of the UK in literacy, science and maths.

‘But not only are Welsh taxpayers getting less, they are paying more. Whilst Labour love a good emotional talk about poverty, the pragmatic Conservative approach is to let people keep more of what they earn. Hence since 2010, the Government has significantly cut income tax, made the decision to freeze fuel duty and have focussed on giving councils funds to stop council tax rises too. But Welsh councils haven’t used those funds and Council Tax has risen by an average of 8% more than it has in England.

‘It is extraordinary to think that a country bordering England can be so many miles away in the quality of its public services; that your chances of timely diagnosis of a heart condition or your chances of going to University, can be such poles apart, just meters over a border, or across the Severn Bridge.

‘Yes, there are always other factors to consider, but the main point of difference is that Wales is what happens over a decade or so when an unremitting Labour leadership is allowed to put its dreams into action. And if you listen to the Labour leader’s speeches, this is exactly the same prescription that Ed Miliband is offering to the whole of the UK.

‘Wales has a proud history and a vibrant economy. I hope people in Wales can finally be shown the truth about the second rate services they have been told to simply accept, and demand the services they deserve, and that a new Welsh Assembly will deliver it.
‘But for anyone in England considering voting Labour next time, just take a look across the border, those couple of miles across the Severn, and then ask yourself this: where you would rather go through that terrible moment of discovering you might have a serious heart problem?

The full article can be found at:


Stuart Geddes
Director, BDA Wales
March 2014
Appendix 2

Report of English Country Council

Summary

The English Council met on 21 February 2014.

Reports from the branches

Branch reports remain an integral aspect of Council discussion, a significant portion of many reports concerned the matters described below. However other issues of commonality included; Branch meetings and attendances and the relationship between BDA senior officers and local representative structures.

The majority of Branch reports highlighted that at least one Section within their Branch region was moribund, with some reports of higher levels of atrophy. As a result activity was being increasingly conducted at Branch level with the acknowledgement that such centralisation placed an increased burden on those members who had no functioning Section. However, increasingly both Branches and Sections were hosting their meetings, especially Annual General Meetings alongside Continuing Professional Development (CPD) lectures or Local Dental Committee (LDC) meetings to ensure attendance was maximised. Increased communication with Local Training and Education Boards was highlighted as necessary to ensure that local BDA events could be efficiently synchronised with the CPD calendar.

Some Council members also reported that local members believed themselves to be increasingly removed from the decision making structure of the BDA and that in effect a ‘local’ and a ‘corporate’ BDA had been established and it was only the activities and support provided at the local level that were recognised as valuable.

Council members reminded PEC members present that their attendance at Branch, Section and LDC events was positively encouraged, if not expected.

Dental Foundation Training

Council devoted significant time to discussing Dental Foundation Training (DFT) and the fact that over 100 recent graduates were still without a DFT place, and hence had no prospect of performing NHS dentistry. Although the requirement for satisfactory completion of DFT was resulting in some unemployment of new graduates Council believed that removing the
requirement of completion of DFT from NHS Performer regulations would cause a greater problem to the profession.

Despite some strongly expressed chagrin at the current DFT process Council agreed that the needs of younger colleagues would be best served by the BDA remaining in discussion with the Chief Dental Officer regarding the DFT process rather than declaring no confidence in the process.

Council believed that the BDA should advance the position that all UK graduates from UK dental schools displaying sufficient competence should be offered a DFT place.

**Occupational Health**

The majority of Branch reports highlighted member concern at the removal and or reduction of Occupational Health support offered to staff alongside advice that treatment for needle stick injuries should first be sought at local Accident and Emergency (A&E) units. Whilst it was appreciated that NHS England was seeking to reduce Occupational Health services offered to all primary care providers, the effective treatment of needle stick injuries in A&E was thought unlikely.

**Craft representation**

Council considered the representation of the dental crafts throughout the BDA, although especially at PEC level. The lower absolute numbers of non GDS dentists was highlighted as a likely barrier to successful direct election of such a type, whilst the BDA’s historic reluctance to remunerate salaried members for BDA activity was also thought to be problematic.

Council concluded that a more diverse PEC would serve the Association more profitably than the current strictly GDS version and believed that the UK Council should be consulted to determine if such a sentiment was widespread.

**J. Lafferty**  
Chair, English Country Council  
November 2014
Appendix 3

Report of BDA Northern Ireland

The Northern Ireland Council Committee met on 7 February 2014 at The Mount Business & Conference Centre, BT6 8DD.

1. The committee noted the following:

a. Chairs report and engagements.

b. Stress in the Dental Profession. Chair previously wrote to the Health Minister regarding suicide in the dental profession. Committee discussed the response noting the wealth of information referred to in the correspondence such as: the Northern Ireland Suicide Prevention Strategy, Protect Life Services and initiatives and the response helpline ‘Lifeline’. Correspondence further indicated that the Department would be happy to work with the BDA through the Public Health Agency to raise awareness amongst the profession. The value of specific counselling training on how to deal with difficult phone calls on this issue was discussed. Committee felt however that the correspondence focussed on the treatment of symptoms and that the causes of stress were not adequately addressed.

   Committee further discussed advice received from the Coroners Office stating that in the event of a sudden death, the Coroner will look at the evidence received from the police and family and will review this in deciding to hold an inquiry.

c. A summary update on the BDA membership scheme. P Henderson updated committee on the membership and financial status of the BDA.

d. EU Cross Border Healthcare. Committee discussed a circular received from the Director of Service Delivery, DHSSPS with regards to Cross-border healthcare and patient mobility in Europe introducing guidance to the Board in handling requests from patients resident in Northern Ireland or in another part of the European Economic Area (EAA) wishing to receive healthcare. Committee were reminded that dentists are independently contracted and therefore not obliged to provide dental care through GDS arrangements for those patients.

e. Workforce. Committee discussed the BDA Press Release identifying dental jobs concerns, student numbers in Belfast, numbers of VT trainers in schemes, funding for DF2 in CDS, and the need for a new Workforce Review.
f. Matters for PEC. Committee noted the Notice of the Extraordinary General Meeting to amend the Articles of the Association and Stress in the Dental Profession.

g. Reports were received from NI Branch, NI Office, NI DPC and NI SDC. C Christie reported on the very good attendance at recent NI Branch lectures.

h. Date of next meeting
   30 May 2014 / 10 October 2014

Seamus Killough
Chair BDA NI Council
February 2014
Appendix 4

Report from the Scottish Country Council

Scottish Council met on Thursday 27 March 2014 at the BDA Scotland office.

1. **BDA Membership Structure**

   Members of Scottish Council had provided feedback to the BDA about the development of the membership structure. A report based on the full range of comments from the four Country Councils had been produced and would be included on the agenda for the UK Council meeting to be held on 29 March 2014.

2. **Debated Motions from the Scottish Council Meeting: 28 November 2013**

   At the Scottish Council meeting held on 28 November 2013, members discussed and debated five motions which had been put forward by committee members. All motions were passed and were referred to the meeting of BDA UK Council which was held on 30 November 2013. At the UK Council meeting all five motions were defeated.

   Scottish Council members expressed dissatisfaction that one of the motions passed at the Scottish Council meeting was not debated at the UK Council meeting. It was confirmed that if UK Council members voted to ‘move on’ to the next motion then no debate would take place. This matter would be raised at the UK Council meeting.

3. **Scottish Independence Referendum**

   Scottish Council began to look at the implications of what Scottish Independence might mean for association members should Scotland vote ‘yes’ in September 2014. It was agreed that this matter needed to be discussed further a meeting of the BDA’s Principal Executive Committee. There was a discussion relating to the possibility of exploring a federated model of organisation for BDA Scotland whilst remaining part of the BDA with more devolved powers.

4. **Meeting with Alex Neil MSP, Cabinet Secretary for Health and Wellbeing**

   Scottish Council is seeking a meeting with Alex Neil, MSP as Council members felt there were a number of issues they would like to raise with him. These items include the organisational changes taking place within the new Public Dental Service, the Recovery of Overpayments and Vocational Training.

5. **Public Dental Service in Scotland**

   The Scottish Salaried Dentists Committee is seeking a meeting with Michael Matheson, Minister for Public Health in Scotland to raise issues in connection with the new Scottish Public Dental Service. A number of changes have been
implemented in Scotland which are causing significant concern including the closure of some salaried dental clinics in a number of areas creating inequalities for the most deprived patients. The BDA is to set up a series of meetings with NHS Dumfries and Galloway, NHS Ayrshire and Arran, NHS Orkney, NHS Borders and NHS Tayside to discuss the planned closures and re-deployment of dental practitioners in these areas.

6. **Doctors’ and Dentists’ Review Body (DDRB)**

The DDRB 42nd Report has been published. Scottish Government have accepted the DDRB recommendations in full giving salaried dentists in Scotland a 1% pay uplift in line with the award given to other NHS employees. Non-salaried general dental practitioners in Scotland would receive an uplift of 1.7% for 2014-15.

7. **Scottish Prison Dental Services**

It was noted at a recent meeting of the Scottish Joint Negotiating Forum that the Scottish Government would publish its “Framework for Oral Health Improvement and Dental Services in Scottish Prisons” in April 2014. The BDA provided a comprehensive report and comments on the draft framework document, a number of which will be included in the final document.

8. **Scottish Council Constitution**

Scottish Council agreed to amend its Constitution to allow the committee to co-opt two observer members as and when required. The updated Constitution was approved by the Principal Executive Committee at the meeting held on 20 November 2013. The new constitution can be viewed at: [http://scotland.bda.org/dentists/representation/governance/Country-councils/scottish-council/constitution.aspx](http://scotland.bda.org/dentists/representation/governance/Country-councils/scottish-council/constitution.aspx)

9. **Health Improvement Scotland (HIS): Driving Improvement in Healthcare, Our Strategy 2014-2020 Consultation**

The BDA in Scotland has responded to the HIS Strategy consultation. The response can be found at: [http://scotland.bda.org/dentists/representation/governance/Country-councils/scottish-council/scottishcouncil-consultations.aspx](http://scotland.bda.org/dentists/representation/governance/Country-councils/scottish-council/scottishcouncil-consultations.aspx)

10. **General Dental Council (GDC): Continuing Professional Development Consultation**


11. **BDA Scottish Scientific Conference**

The 2014 BDA Scottish Scientific Conference will be held on Friday 5 September at the Crowne Plaza Hotel, Glasgow. The main programme will feature sessions on Tooth Whitening, Periodontics, Oral Cancer, NHS Dentistry in Scotland and Paediatrics led by an inspiring line up of renowned speakers.

Running alongside the conference will be a vibrant exhibition with space for forty exhibition stands including the BDA. MDDUS will be the main sponsor of the event.
For further information on the programme and arrangements for the event, please contact Sarah Swift, BDA Events on 020 7563 4590.

Graham McKirdy
28 March 2014
Appendix 5

Report from the Principal Executive Committee

Summary

The Principal Executive Committee met on 19 March 2014. This report contains a summary of the issues discussed.

Election of new Chair

Mick Armstrong was elected as the new Chair of the Principal Executive Committee, for an initial one year term.

The new Chair took the opportunity of expressing his appreciation to Dr Robert Kinloch for the extra responsibilities he has shouldered as Acting Chair of the PEC since 21 February, and for his continuing support as Deputy Chair.

Review of Strategic aims

The following strategic themes and objectives were set in 2012:

Communications

- We will enhance our web presence such that it fulfils the needs of members both individually and collectively

Association strength

- We will create an environment where dentists can understand the real value of collective strength and why their personal membership of the BDA is crucial

Member value

- We will build upon current work to tailor services to members’ particular needs and interests

Standards

- We will champion the concept of personal professional accountability

Leading the health debate

- We will set an agenda for oral health delivery in each country of the United Kingdom.

Following discussion, these strategic priorities were largely reaffirmed. However it was acknowledged that some further work was required on refinement and updating in some areas, and how priorities inform the allocation of staff and other resources.
Membership structure

Consideration was given to feedback from members of the country councils and staff about development of the membership structure.

We were very grateful for a full range of comments, and a further report has now been produced and sent for inclusion on the agenda of the UK Council’s meeting on 29 March.

DDRB report

The Doctors and Dentists Review Body report was published on Thursday 13 March. It recommended that general dental practitioners gross earnings should be uplifted by 1.8 per cent in England for 2014/15; by 1.74% in Wales; an uplift of 1.71% to be applied to item of service fees in Scotland for 2014/15; and an uplift of 1.76% to be applied to item of service fees in Northern Ireland for 2014/15.

On the same day of publication, the Department of Health stated that it would not be accepting the recommendations of the report for either general dental practitioners or salaried dentists in England. Instead it intends a lower uplift for general dental practitioners gross earnings of 1.6%.

The DDRB report recommended a 1% consolidated rise for employed doctors and dentists. In response the UK Government used the Mid Staffordshire inquiry to justify a focus on employing frontline staff to ensure safe care, and argued that the DDRB’s recommendation was unaffordable in this context. It has adopted an approach by which all staff would receive at least an additional 1% of their basic pay. So, all staff not eligible to receive incremental pay will receive a 1% non consolidated payment in 2014/15, and other staff will receive at least 1% through their incremental progression.

The UK Government has indicated that it will not be asking the DDRB to make any pay recommendations for employed dentists in 2015, although it is unclear how that will affect the other UK countries. There is also an apparent offer on the table to agree an incremental freeze in exchange for a 1% increase for all in 2015.

The Scottish Government has committed to implementing the DDRB recommendations in full, including a 1% uplift for employed dentists on top of any annual increments.

In Wales, the Welsh Assembly Government responded by indicating that it would increase the value of dental contracts for GDPs by 1.47%, and no final decision had been taken regarding the award for employed dentists.

At the time of writing, no decision had been taken in Northern Ireland in response to the recommendation for either GDPs or employed dentists.

In response to the decision regarding colleagues in England, the Chair of the GDPC referred to the real terms pay cuts endured by GDPs over several years, and said that the decision prompted many dentists to question the Coalition Government’s commitment to NHS dentistry. The Chair of the Salaried Dentists Committee has also roundly condemned the decision in regard to employed colleagues, and the PEC asserted its full support to the Chairs and their committees in their opposition to these announcements.
Further reaction by the BDA will be informed by a number of factors. Included in the upcoming timetable is a meeting between the BDA and the DDRB Secretariat, to consider the implications of this year’s award and the Government’s reactions.

**BDA’s response to the GDC’s consultation on CPD**

We considered and approved the BDA’s draft response to the GDC’s consultation on CPD.

The draft response itself had been circulated to committees across the BDA in February. Several committees discussed the response during their scheduled meetings, and fifteen individual responses were received. We did not receive any objections to the direction of the response.

We were concerned that the GDC’s online feedback system did not provide an opportunity to make additional comments and was limited instead to yes/no/don’t know options in most sections. There was one box for additional comments at the end of the document. This we concluded would limit the impact of contributions from dental professionals, and undermine the scope of the consultation. For this reason we decided that our response should not be confined to responding via the GDC’s questionnaire, but should be supplemented by a detailed submission of evidence in our own format.

Our full response outlines broad and numerous concerns. The lack of clarity about the GDC’s intentions, inadequate supporting explanatory material around some of the proposals, and the ability of the regulator to maintain its promise of cost – effectiveness if the proposals were implemented, were all identified as worries.

Doubts were also expressed about some of the specific proposed changes, including the appropriateness of ‘high level’ learning outcomes; shortened timescales for declarations of CPD to be made; and the fairness of a reduced grace period for colleagues suffering illness.

We identified a high level of risk attached to the proposed arrangements for the transition to a new system, warning that the potential for confusion and incorrect declarations was enormous. We urged the GDC to let every current registrant finish their CPD cycle under the current rules rather than being asked to switch to new arrangements mid cycle.

The BDA’s response was submitted 48 hours before the deadline, and published on the website, to enable colleagues to read it and still take the opportunity as individuals to submit their own views.

**Stress in the profession**

We discussed stress and mental health issues amongst colleagues in the profession, following the request by UK Council that we do so.

The correspondence from Northern Ireland and England, which is also on the agenda of the forthcoming UK Council, was on the PEC agenda too. We reviewed the descriptions of occupational support services summarised in the correspondence, and also our understanding of the history and current scope of support for colleagues.

We look forward to further feedback from members of UK Council at their meeting. In the meantime we are participating in a forthcoming meeting of representatives of different
professional bodies, where stress and mental health issues will be an agenda item. We have also asked the Secretariat to produce a paper on support structures for our further consideration.

**CEO report**

We received a comprehensive report from the Chief Executive on activities across the Association since the last meeting of the PEC.

**Other items**

We received a full update on issues from the Chair of the General Dental Practice Committee and the Chair of the Salaried Services Committee; a report regarding revision of the constitution for the Young Dentists Committee; and a report from the Honours and Awards Committee on this year’s nominations.

**Dr. Barry McGonigle**

We expressed our thanks and good wishes to Barry McGonigle, attending his last meeting of the PEC before handing over the Presidency to Alasdair Miller at the Annual General Meeting in April.

Barry has undertaken the role of President with a great sense of duty, and which I know has been very much appreciated by us all. He has been an impressive ambassador for the Association and profession throughout his year of office.

Mick Armstrong
Chair, Principal Executive Committee
March 2014