United Kingdom Council

14 November 2015

Report to Principal Executive Committee, standing committees, and branches

1. Summary

The United Kingdom (UK) Council met on 14 November 2015. This report contains a summary of the issues discussed.

2. Membership

We welcomed Roz McMullan as a new member, who is also the new Chair of the Northern Ireland Council.

We also welcomed Elaine Winter and Ardalan Eghtedar as new representatives from Scotland.

3. Central Committee for Hospital Dental Services

Peter Dyer, the Chair of the Central Committee for Hospital Dental Services, provided an update on issues within the remit of his committee.

As part of this presentation, there was also a report on the potential industrial action by members in hospital training grades.

In September, the Secretary of State had confirmed his decision to impose contractual changes on doctors and dentists in training from August 2016. In response to the threat of imposition, the British Medical Association (BMA) balloted its members, achieving a 76% turnout, and with 98% in favour of industrial action.

The CCHDS had reported that it was supportive of balloting members working in hospitals too, and the BDA’s ballot was underway at the time of our meeting.
4. Membership/finance update

Peter Ward, the Chief Executive, provided an update on current membership and finances.

Membership levels remain relatively stable in the context of a very pressured financial environment for the profession. The BDA itself is approaching the end of its financial year, and we await the report of the full audited position, after a year of tight financial management. The budgeted position is for break even at the end of the year.

As established now, the UK Council will be represented through its Scrutiny Committee when the report of the Auditors is presented early in the New Year.

5. BDA strategy and operational priorities

Mick Armstrong, the Chair of the Principal Executive Committee (PEC), and other members of the PEC present, reported on the development of the strategy for the BDA since our last meeting.

Strategic themes

The following strategic themes for the next three years had been determined:

1. Develop and enhance our communications with members, stakeholders and across our structures;
2. Explore the differentiated nature of our UK wide membership and address the needs of our communities of members at a local and national level;
3. Improve how we represent and serve associates, both individually and collectively;
4. Examine the impact of the various types of dental practice ownership on the working lives of dentists;
5. Identify the causes of stress in the profession and provide assistance to those affected;
6. Set out the key components of an acceptable system of professional regulation and advocate its adoption;
7. Enhance our educational offering to members, non-member dentists and dental care professionals in order to establish the Association as the principal source of high quality professional learning and development.

Operational themes

The successful implementation of this strategy involved the delivery of specific operational themes within the organisation. So the PEC’s document stated that these strategic themes would be supported as follows:

1. Developing a comprehensive communications strategy, reviewing our engagement with members, non-member dentists, dental care professionals and other stakeholders, and strengthening our communications function to enhance the speed, consistency and accessibility of our messaging;
2. Examining our local, regional and national structures and developing new ways to meet the changing needs of these member communities;
3. Reviewing our current offering for associates and identifying new ways to meet their needs both individually, collectively and democratically through the Association’s committee structure;
4. Improving our member intelligence to allow a thorough analysis of membership trends including member needs, behaviours and preferences, and identifying opportunities to attract non-members;
5. Upgrading the Association’s technological infrastructure to enhance service delivery;
6. Developing an extensive range of high quality educational offerings to enhance our connection within the wider dental community and provide opportunities for increased income generation;
7. Researching and delivering support as appropriate to help members facing professional stress;
8. Exploring members’ views (through web-user and membership surveys, focus groups and regional debates) on the key components of an acceptable system of professional regulation, and campaigning for the inclusion of these in a system of regulation that is truly proportionate, consistent, transparent, targeted and accountable;
9. Gathering intelligence about the shape of the current dental practice ownership market to better understand the impact of the various ownership methods on the working lives of dentists;
10. Redesigning our internal operations to focus our member-facing activity around representation, advice and support, and learning.

The implementation of this strategy will be translated into annual operational business plans during the three year period of the strategy.

We welcomed these priorities for the membership, in particular the inclusion of stress in the profession as a strategic theme. We have asked for stress to remain a permanent item on our agenda, and at this meeting we received an update from the BDA’s Director of Member Services on the Association’s developing work in this area.

6. General Dental Council and regulation

Other reports from the PEC included the BDA’s response to the General Dental Council’s (GDC) consultation on the Annual Retention Fee (ARF).

The GDC had proposed (and now agreed) maintaining the ARF for dentist registrants at £890, the highest rate paid by any comparable UK health profession.

The BDA’s response had identified key savings that would enable the GDC to easily maintain it’s financial stability, and to focus on its statutory responsibilities. Instead the GDC was proposing to keep £10 million set aside for remote or non existent risks. The BDA’s response had correctly described this approach as ‘hoarding’ registrants’ money.

In addition the BDA had published legal advice indicating that the GDC’s consultation was, again, potentially unlawful. The GDC was previously defeated in the High Court in judicial review proceedings brought by the BDA, over its handling of the consultation for the 2015/16 ARF.

We congratulated the PEC on a powerful response to the consultation, and debated various aspects of the current situation, including the current leadership of the GDC and its Council, and wider concerns about the quality of regulation. We encouraged Mick Armstrong and his colleagues to carry on giving full expression to the concerns of members throughout the UK about the GDC, and we offered whatever additional support we could provide to assist their activities on our behalf.
7. Report from the Education, Ethics and the Dental Team Working Group

A report from the Education, Ethics and the Dental Team Working Group included the following issues: the GDC's consultations regarding the ARF, voluntary removal guidance, language requirements, strategy, and duty of candour guidance; LDC motions regarding the establishment of a different regulatory body for DCPs, and the publication of charges against registrants on the GDC website; whether Antimicrobial Resistance (AMR) should become a core CPD topic, as recommended by the 2014 summit on AMR; the Professional Qualifications Directive; the process for Dental Foundation Training (DFT) in 2014 – 15 and 2015 – 16; satisfactory completion; a ‘passport’ for dental graduates; dental core training; the BDA’s survey into the clinical confidence of young dentists at the end of their DFT year; NHS commissioning guides; the CQC consultation on the national guardian; and an update from the BDA’s Head of Education Services on the current activities of the team.

8. Scrutiny Committee

A report from the Scrutiny Committee was received, including an update on arrangements for the preparation of the PEC’s Annual Report in 2016 which, as this year, will involve members of the Scrutiny Committee. The involvement of the Scrutiny Committee in this process enables them, on behalf of the UK Council, to have access to any confidential material they need in order to gain reassurance about the quality of the BDA’s governance, and strategic and operational management.

The Scrutiny Committee also reported on its support for initiatives to improve communications between the governance and representative sides of the organisation.

9. Appointment of Honorary Curator

The Articles of Association provide for the appointment of an Honorary Curator of the Museum. The appointment is made by the UK Council on the recommendation of the PEC.

The post of Curator was first appointed in June 1935. Professor Stanley Gelbier became the Deputy Honorary Curator in 1989, becoming the Curator in 1993. He retired in early November, having provided long and distinguished service in this role.

We were delighted to accept the PEC’s recommendation that Dr. Margaret Wilson be appointed the new Honorary Curator in succession to Professor Gelbier.

10. Young Dentists Committee Strategy

We received a report from the Young Dentists Committee (YDC), which included a summary of the four key themes of the YDC’s developing strategy for 2015 – 2017, as follows:

- Developing the YDC as professional leaders
- Clinical Leadership
- Advice and Support
- Pay and Workforce

This strategy was intended to complement the strategic themes set by the PEC for 2015 – 2018.

We congratulated the YDC on this work, and offered our support for their continuing activities. We invited Harman Chahal, the Chair of the YDC, and his colleagues to give a more detailed presentation to the UK Council at its meeting in April 2016.

11. Reports from the countries of the UK

Each of the Country Council Chairs presented a report, and responded to questions.

Other reports included those from the England Community Dental Services Committee; the Pensions Committee; the Central Committee for Dental Academic Staff (CCDAS); the Dental Public Health Committee (DPHC); and the Students Committee.

12. Dates of future meetings

10.30am Saturday 23 April 2016
10.30am Saturday 19 November 2016

The Chairing of the UK Council is shared between the Chairs of each country council, with the Chair rotating between the countries in a sequence agreed by the Chairs. In 2016 the Chair moves to Northern Ireland, and the Chair of the Northern Ireland Council, Roz McMullan.

Jim Lafferty
Chair of English Country Council (rotational Chair of UK Council)

November 2015