LDC Conference Motions 2017-19

Recruitment Crisis

This conference demands that Commissioners and DHSC fully investigate the reasons for the recruitment crisis in general dental practice and provide appropriate funding to address this looming disaster. (Norfolk LDC, 2018, M1)

On 22 August, the BDA and NHS England convened a workshop to look at the recruitment and retention crisis within dentistry and to discuss possible solutions. Evidence was presented on the nature of and causes of the problems facing practices. The BDA continues to push for NHS England to act on the outcomes of this workshop which includes more flexible commissioning by NHS England, the establishment of mentoring and support schemes for GDPs and help with the costs of professional indemnity.

LDC Conference deplores the fact that Community Dental Services across the United Kingdom are inadequately resourced and face difficulties in recruiting staff in some areas. Morale is often low. These dedicated clinicians deserve better, and conference calls on Commissioners to provide the structure and funding for the Community Dental Services to continue looking after some of the most vulnerable members of society. (Wakefield LDC (2018) M2)

This motion was referred to the England Community Dental Services Committee, which responded that it was aware of recruitments gaps and was working to see whether the Hospital Dental Services could place some StRs in rural and under-served areas. There is also research ongoing into the downgrading of posts in terms of seniority over time. The BDA uses this work to make the strongest case to the DDRB on uplifts for the CDS. The BDA is also undertaking a review of the commissioning and contracting landscape for the CDS and considering how the CDS will be affected by contract reform in the GDS.

The Scottish Public Dental Services Committee and Northern Ireland Salaried Dentists Committee agreed with the motion; noting that services operate differently. The Wales Committee for Community Dentistry also agreed with the motion.

Regulation

Recent events have demonstrated that a target driven and heavily stressed environment for healthcare provision is antipathetic to quality, patient care and safety of registered

professionals. Conference demands that Commissioners and DHSC address the causes as a matter of urgency. (Norfolk LDC, 2018, M7)

This is existing GDPC policy.

N'Hants LDC calls for the removal of the multiple layers of legislation and red tape imposed on dental practices to be removed and replaced with a single method of inspection. (Northamptonshire LDC, 2017, M8)

Conference condemns the multiple jeopardy suffered by practitioners who fall foul of one regulatory body. (Enfield & Haringey LDC, 2017, M8a)

This motion is fully supported and remains GDPC policy. The GDPC has always rejected attempts at duplicate inspections of practice by various bodies. The BDA sits on the Regulation of Dental Services Programme Board stakeholder group and remains committed to ensuring that the BDA has input into the regulation process and can directly communicate where issues have occurred in dental inspections.

Conference believes that the public are best served by having a professional regulator specifically dedicated to dentistry. (Wakefield LDC, 2017, M9)

While this motion is supported to an extent, the BDA's survey of members on professional regulation indicated that the profession has a preference for a dental-specific regulator, but is pragmatic on some form of integration of regulators, if it leads to reduced costs. The BDA provided a response to the Department of Health consultation 'Promoting professionalism, reforming regulation', in January 2018, in which it supports the retention of a dento-specific regulator in principle.

This conference believes that it is unnecessary over regulation to regulate dental practices in Northern Ireland as independent hospitals. (Southern LDC, 2018), M17)

This is existing NIDPC policy. The Northern Ireland Department of Health have acknowledged that this should be addressed.

General Dental Council

This conference calls the GDC to ensure Human Factors are considered in all cases that come in front of its disciplinary committees. Rather than penalising all errors, regulators must understand the cause and background of the error before making any judgements. Regulators must foster a safety culture. (South Staffordshire LDC, 2019, M6)

The BDA supports this motion. The GDC has started considering Human Factors in its work and a National Advisory Board on Human Factors in Dentistry, with input from across the profession and of which the BDA and the GDC are members, is working to support a joined up, strategic approach to human factors use and research across dentistry. The GDC has included the following sentence in its corporate strategy: "...we will ensure that our policy framework for enforcement decisions is proportionate, fair and transparent. This will incorporate a better understanding of 'human factors' and how decision makers should consider the broader context of a case when determining outcomes or sanctions".

LDC Conference demands that the Chair of the GDC is replaced with a dentist. This will be imperative for the long-term benefits of the profession and patients. (Birmingham LDC, 2019, M7)

This is existing BDA policy, and we have most recently raised this as part of our feedback to the Professional Standards Authority's (PSA's) performance review of the GDC for 2018/19.

This conference believes that, in order for the dental profession to view the GDC as an independent regulator, the GDC must raise serious concerns in the public interest about the disastrous inadequacies of the present NHS dental system. (West Pennine LDC, 2017, M10)

This conference deplores the reappointment of Bill Moyes as chair of GDC and calls on the GDPC to petition the Privy Council to rescind this decision forthwith. (Hertfordshire LDC, 2017, M10a)

It needs to be ensured that contracts do not create perverse incentives. NHSE needs to understand the profession's side of the story. We believe that the GDC has recently taken an interest in the contract and has held meeting with the Department of Health. The BDA's concerns about the contract and the delay of contract reform are well-documented and we are ready to provide the GDC with further information if there is now an interest to understand the matter better.

Motion 10a – the BDA has expressed its view on this issue but is not hopeful that the Privy Council would rescind the appointment.

Given that the GDC's enhanced CPD scheme requires all registrants to have a personal development plan, this conference believes that such plans and any reflective learning must be private to the individual registrant and not available to third parties unless explicit consent has been given. (Norfolk LDC, 2018, M15)

This is existing BDA policy.

This Conference calls on the GDC to work with the BDA to create an agreed patient facing "mythbuster" to safeguard confidence in the profession. Unjustified negative attitudes towards the profession may affect patient trust and therefore access, to patients' detriment. *(*Croydon LDC, 2018, M40)

The GDPC considered, but did not pass, this motion. It was felt that previous attempts to encourage the GDC to be more positive about dentists had failed. There was also concern that, even if the GDC were to be more positive, the press was not generally interested in positive news about dentists.

Indemnity

This conference calls for the government to ease the burden of practice management by covering the costs of regulatory bodies such as CQC, RQIA and HIW and professional indemnity. (West Sussex LDC, 2018, M16)

It is existing GDPC policy to support the government covering the costs of regulatory bodies such as the CQC, RQIA and HIW.

Following the recent introduction of State Indemnity for our GP colleagues, this conference calls on GDPC to renew its efforts to demand parity of State Indemnity for our hardworking and under resourced NHS general dental practice colleagues. (Norfolk LDC, 2019, M21)

This is existing policy. The GDPC has repeatedly sought this in meetings with the DHSC and has asked for HEE to fund similar provision for foundation dentists, as is the case for trainee GPs.

This conference believes that indemnity fees are now set at an unsustainable level. We believe there should be a two-year moratorium on fee increases and demand that NHS general dental practitioners across the UK be granted access to an indemnity scheme equivalent to that provided to primary care medical practitioners in England. (Southern LDC, 2018, M8)

This is existing policy and has been seeking to ensure that GDPs have access to such an indemnity scheme.

Contract Reform

Hertfordshire LDC asks conference to urge the BDA and the GDPC to make it clear to the DoH and government that the profession has lost faith in the new dental contract as it is currently formulated. (Hertfordshire LDC, 2017, M2)

The GDPC remains engaged in the contract reform process and has repeatedly raised concerns about the current prototypes, particularly with regards to the business model. The GDPC will assess its position on contract reform roll-out following the publication of the final evaluation of the prototypes in late 2017.

The current contract reform process has developed a good clinical pathway and philosophy but targets based on historic activity are not giving practices enough time to deliver the real preventive change to help move away from treatment treadmill dentistry. We urge the Contract Reform Programme to find a new measure of activity and give us the time to be able to deliver it. Durham & Darlington LDC (2017) M3

It is widely acknowledged that the UDA contract renders those with the most need to be the least able to access dental care. Conference urges the government to reinvigorate the contract reform process, enabling preventive care to be available to the public and practices providing NHS care to thrive. (Wakefield LDC, 2017, M3a)

This motion is supported and the GDPC has long sought the removal of the UDA as a measure of activity in general dental practice. Through its engagement with the contract reform process, the GDPC has sought to ensure that the most appropriate measures of both activity and patient numbers are used to reflect the time practices must spend delivering preventive dental care.

Conference believes the evidence used by the DH prototype team to cite success takes no account of the financial consequences for those practices reaching their targets. (Northumberland LDC, 2017, M4)

This conference believes that the DH has a moral duty to support the pilot practices that are struggling with the unrealistic targets set for patient numbers and activity. (North Tyne LDC, 2017, M4a)

This motion is supported by the GDPC and its representatives on the Contract Reform National Steering Group have highlighted this omission from the evaluations. Alongside this, the GDPC Executive has met with the DH on a number of occasions to call for greater support for struggling prototype and ex-pilot practices.

There are just over one hundred practices prototyping dental contract reform. This conference demands to know when the Department of Health intends to finish evaluating prototypes so that the profession can consider the roll out of a reformed contract. (Hampshire and Isle of Wight LDC, 2019, M17)

This is existing GDPC policy. The GDPC has sought confirmation from the DHSC that roll-out will begin from April 2021.

Conference calls for Welsh GDPC to provide external scrutiny of the contract reform process to ensure it supports all practices. (Gwent LDC, 2019, M20)

Welsh GDPC believes that external scrutiny is key within the contract reform process, and does not wish to see practices lose out as being a part of contract reform. The state of the reform process is a standing item on every agenda of Welsh GDPC and as the process evolves greater scrutiny will be undertaken. We note the Bangor University evaluation programme but cannot rely on this alone as the only method of evaluation.

LDC Conference calls on government to reinvigorate the reform process, enabling adequate care to be available to the public and for practices providing NHS care to be sustainable financially. (Wakefield LDC, 2018, M3)

This is existing GDPC policy.

This Conference demands that any reformed contract must not only enhance the quality of care to patients but also enhance the well-being and quality of the working lives of dentists and their teams. (Hants IOW LDC, 2018, M3a)

This is existing GDPC policy.

This Conference believes that the current dental contract in England disproportionately fails patients in areas of deprivation due to the overwhelming requirements of high needs populations and further widens health inequality. (Durham and Darlington LDC, 2018, M3b)

This is existing GDPC policy.

This Conference calls for the implementation of an Interim NHS Dental Contract Proposal while GDPC continues to engage with DH in the pursuit of positive Contract Reform - providing a transitional phase aimed at reducing pressures on the NHS dental workforce and improving its morale and improving the quality of patient care - until such time as Contract Reform is ready for national roll-out. (South Humber LDC, 2018, M4)

Through a range of means, the GDPC is pursuing changes to the current contractual arrangements – such as through flexible commissioning – to improve the working lives of dentists, while continuing to work on contract reform.

This conference calls for Welsh contract reform to continue and not settle with the current pilot arrangements to create a truly prevention-based contract to empower dentists to reduce oral health inequalities. (Dyfed Powys LDC, 2018, M5)

The WGDPC supports any reform of the contract that allows for prevention and the oral health needs assessment element. It is pleased to be part of the contract reform project board and a source of expertise and guidance. However, it has yet to be convinced that, without root and branch reform of the GDS contract, these goals of prevention can be achieved. It supports a direction of travel that results in UDAs and clawback eventually being outmoded. The new pilot in Wales has been running since September 2017 and operates based on 10 per cent of UDAs used for data gathering of oral health needs assessments, which is the first small step to improving a patient's oral health. However, the BDA would like to see a much greater percentage of UDAs (at least 30 per cent) being used for prevention to make it a workable prospect.

DDRB

This Conference believes that dialogue with NHS England has produced very little benefit and calls on GDPC to investigate all forms of potential industrial action that will assist those of the profession affected by the intransigence, to support via a ballot. (Birmingham LDC, 2018, M23)

The GDPC Executive is exploring this issue.

This conference believes that the delays in implementation of the pay awards, particularly in Northern Ireland, every year are unacceptable. (Southern LDC, 2018, M24)

This is existing policy. The BDA has written to both the Chair of the DDRB and the Secretary of State for Health and Social Care to raise this issue.

This Conference believes that until the limits of the Treasury on Public Sector Pay are lifted, there should be non-engagement with the DDRB which is clearly not independent. Instead, the BDA should negotiate directly with NHS England/DH and ballot the workforce on the offer made from these negotiations. (Birmingham LDC, 2017, M11, 11a North Yorkshire LDC)

a. This conference calls for an interim DDRB uplift of contract values to reflect the increase in overheads and a fundamental review of expenses prior to the next payment round.

The GDPC will consider its position on this policy at its October meeting. Once the GDPC has debated this matter its decision will be referred to the PEC for the BDA to consider its position on BDA engagement with the DDRB.

Additional Software Costs

Since 2006 NHS dentists have experienced a steady decline in income directly associated with additional regulatory demands being unfunded. (Norfolk LDC, 2018 M37)

Conference demands that:

- **with the potential introduction of a digital coding system for dentistry, adequate funding be forthcoming from the government to support the additional software costs together with the extra time required to complete patients' records**

- **additional costs associated with GDPR are fully funded**

This motion was passed by the GDPC and is existing BDA policy.

LDC Issues

This conference calls for all LDCs to hold open meetings. Each performer that pays the levy should be entitled to at least be present. (Wakefield LDC, 2019, M1)

The BDA's latest model LDC constitution states that "Any eligible practitioner or any other person who is not a member of the Committee may, at the Chair's discretion, attend meetings of that Committee or any sub-Committee."

LDC Conference would benefit from an attendance more representative of the demographic of the profession. We call on LDCs to amend their constitutions to allow for the co-opting of 2 young dentists and that those dentists are inspired and mentored to attend future conferences. (Northampton LDC, 2019, M2)

The BDA has amended its model constitution to comply with this motion.

This conference calls on GDPC and the BDA to embark upon robust diversity monitoring of all national and local committees. This must include a full exploration of barriers to participation and pay disparity with a commitment to work with BDA PEC to form an action plan to broaden participation throughout our representational structures. (Northampton LDC, 2019, M3)

The GDPC has formed a Diversity Working Group to consider issues of barriers to participation and pay disparities, among other issues. This Group has membership from GDPs and other branches of dentistry. The BDA's strategy also includes a review of its governance consultation and as part of this mechanisms to broaden participation and diversify the membership of committees and monitoring is being considered.

This conference agrees that all GDC registrants who are providers of NHS dental contracts should be entitled to stand for election to Local Dental Committees. (Norfolk LDC, 2017, M18)

Providers of PDS agreements may opt to be represented by LDCs and pay the levy. GDPC agrees that those providers should be able to stand for election to Local Dental Committees.

This conference demands that individual LDCs be able to set their own levy independent from other LDCs that they have been grouped with. (Hertfordshire LDC, (2017, M19)

a. Conference demands that LDCs should be able to set their own levy. (Norfolk LDC, 2017, 19a)

The GDPC agrees with this motion and will be seeking discussion with the Business Services Authority about the workability of the present levy payment mechanism.

Support

This conference demands that the Department of Health and Social Care (and its equivalent in Wales) reintroduces national substantive schemes for dental peer review. These must include payments for all dental professionals that participate and be supported by a robust guidance framework. (South Staffordshire LDC, 2019, M4)

This is GDPC policy. The BDA is also looking into how the Association can support work in this area going forward and how this can be delivered at a local level.

We call on the UK health services and Departments of Health to provide greater mental health support for dentists. We believe this should be funded and be available nationally without delay or judgment. (Nottinghamshire LDC, 2019, M5)

This is existing GDPC policy and, through the research and campaigning work of it and the BDA, a national mental health support scheme was recently made available to dentists in England.

This conference calls for the formalisation of the practitioner advice and support schemes in Local Dental Committees across the nation. (Lincolnshire LDC, 2018, M34a)

This motion was passed by the GDPC and is therefore GDPC policy. A workshop on PASS was held at LDC Officials' Day and follow up work is taking place.

This Conference calls on commissioning bodies to recognise the value of the Practitioner Advice and Support Scheme (PASS). NHSE should work with Local Dental Committees to set up, fund and manage PASS which would provide assurance to the public, politicians and the profession that the issue of performance is being addressed responsibly at a local level. (Wiltshire LDC, 2018, M34)

The GDPC considered, but did not pass, this motion. The Committee did recognise the value of the PASS schemes. While some members felt that it would be appropriate for NHS England to fund PASS if they did not seek to interfere, most members who participated in the debate would prefer to ensure the independence of the schemes and NHS England should not be involved. There were a range of views on the balance between funding from LDCs and contributions from the dentists seeking support.

This conference deplores the high levels of stress amongst the profession and demands access to mental health based occupational health services for GDPs. (Bro Taf LDC, 2018, M35)

This motion was passed by the GDPC and is existing BDA policy

NHS England Long-term Plan

This conference demands that there be a dental representative sitting on the NHS Assembly to deliver the Long-Term Plan. Of 56 places there are no members representing dentistry. (Liverpool LDC, 2019, M10)

This motion is supported. The BDA did nominate a member of the NHS Assembly, but this individual was not appointed. Representations have been made to NHS England about the lack of dental representation.
This conference believes we should put the 'national' back into NHS Dentistry. (Northern LDC, 2018, M41)

This motion was passed by the GDPC and is therefore GDPC policy.

Procurement

This conference calls for GDPC to pursue NHSE and DHSC in making legislative changes outlined in the NHS Long-Term plan which would see the repealing of the specific procurement requirements in the Health and Social Care 2012 Act. (Norfolk LDC, 2019, M11)

This is GDPC policy and a submission was made to NHS England in support of its proposals to repeal specific procurement requirements of the Health and Social Care Act 2012. The BDA called on all parties to scrap competitive procurement during the 2019 general election. In particular, the BDA has raised specific concerns about the orthodontic procurement process, which demonstrate the unsuitability of this approach to tendering for dentistry and healthcare more generally. The BDA will continue to pursue legislative change in this area.

Conference demands that the GDPC works with NHS England to improve the procurement process, making sure that it supports the sustainable provision of services for the benefit of patients. (Bexley & Greenwich LDC, 2018, M21)

This is existing GDPC policy.

This Conference deplores the recent orthodontic procurement and DPS in the South of England and demands that non-time limited contracts are not subjected to unilateral variation that can potentially destroy continuity of quality care to patients based on a postcode lottery. (Hants IOW LDC, 2018, M22)

This is existing GDPC policy.

The current DPS in Orthodontics is not fit for purpose. This conference demands that it should be abandoned and sensible commissioning adopted. (Birmingham LDC, 2018, M22a)

This is existing GDPC policy.

Orthodontists should not be obligated to continue treatment to fulfil contractual obligations when it is not in the best interests of the patients and their oral health and well-being. (Notts LDC, 2017, M15a)

This Conference deplores the Dynamic Purchasing System, and the way it is being implemented, by which NHS England is attempting to procure NHS Dental contracts. This is especially the case with Orthodontics. There is a strong bias against the smaller contract holder in favour of the larger group practices and corporates. The elements of competition and easier patient access and choice are being removed by the process. (Kent LDC, 2017, M15a)

This motion is supported by the GDPC. The current orthodontic provisions enable contractors to give three months' notice of contract termination and then it is NHS England's responsibility to find another contractor to complete the treatment. The BDA has initiated a Judicial Review of the orthodontic procurement in the South of England and its actions were prompted by concerns about smaller practices being disadvantaged by the way the procurement was being conducted.

Commissioning/Contractual

Northamptonshire LDC is appalled by the service provided by the NHS for the old and the very young. We call on conference to expose the failure of departments of health to commission domiciliary care for vulnerable old people.

a. Northamptonshire LDC asks conference to insist that preventive care is prioritised from birth.

b. Northamptonshire LDC calls for conference to lay the blame for the huge number of GA extractions in UK children at the door of NHS England. (Northamptonshire LDC, 2017, M1a-b)

These motions are supported and the BDA has challenged NHS England over the provision of dental care for older people following the publication of a Healthwatch review. The GDPC is, in principle, supportive of the 'Dental Check by One' initiative, but is concerned that the CDO and NHS England have, so far, failed to provide timely assurances that dentists will be able to claim for this work if they are not able to perform a full examination.

Conference demands that no UDA rate should fall below the BAND 1 charge and that any that have already fallen should be uplifted immediately. (Devon LDC, 2019, M13)

This is existing GDPC policy.

Conference demands that, as in Wales (for the contract reform pilots), all English UDA values below the national average are brought up to a minimum amount of £25.00 to safeguard ongoing quality of care in NHS GDS practice. (North Tyne LDC, 2019, M14)

While the GDPC is sympathetic to this motion, it has concerns that setting out a £25 per UDA figure would lead to it becoming a ceiling rather than a floor. For some contracts, £25 per UDA would not amount to a 'safe' level of funding. The GDPC will continue to pursue appropriate annual uplifts to contract values as well as addressing contracts with UDA values below a sustainable level.

Conference demands that UDA values increase at a minimum the same rate as patient charges. (Devon LDC, 2019, M16)

The GDPC would hope that contract uplifts would exceed inflation and argues for such through the DDRB process. For 2018-19, the BDA has proposed an uplift of at least five per cent. It also has a position that any increases in patient charges should be no more than inflation. Practices have reported that the significant, above inflation, increases in patient charges in recent years have had

adverse impacts on patient attendance and as a result contract delivery. The GDPC would therefore not seek to advocate for a direct link between patient charges and contract uplifts.

This conference demands that UDA or UOA are awarded to practitioners to compensate for loss of practice time due to patients failing to attend appointments or cancelling with insufficient time to reallocate the time booked. (Hertfordshire LDC (2018) M25)

This motion was passed by the GDPC and is therefore GDPC policy.

Clawback

This conference deplores the manner in which the government, whilst publicly advocating wider dental access, is covertly reducing treatment availability by diminishing the dental budget through claw back. (Kingston and Richmond LDC, 2018, M6)

This is existing GDPC policy. The BDA has undertaken research in both England and Wales to establish the scale of clawback, identify possible causes of the significant increase in clawback and to explore the impact on patient access.

This Conference calls on NHS England to adopt a transparent protocol which maximises the return of clawback to General Dental Services. (Bury & Rochdale LDC, 2017, M6)

Conference is dismayed that every year huge sums of money are removed from the dental budget by not reinvesting clawback monies into dentistry. Conference demands that NHS England should prioritise the use of any clawback funding to improve oral health. (Wakefield LDC, 2017, M6a)

Every year millions of pounds from the NHS dental budget are clawed back and not recommissioned. This Conference deplores the lack of effort by Area Teams to recommission unused UDA funds back into Primary Care Dentistry and demands that this issue is addressed. (Devon LDC, 2017, M6b)

This motion is supported by the GDPC and the BDA has undertaken/is undertaking research to understand how much clawback there is in each area and where this money is being spent. The GDPC Executive has repeatedly challenged NHS England over the loss of tens of millions of pounds through clawback and demanded greater investment in dentistry.

Patient Charges

Conference demands that the National Audit Office carry out an independent investigation into the disproportionate rise in English NHS Dental Charges. (Birmingham LDC, 2019, M22)

The BDA has challenged the above inflation increases in patient charges in England and the related fall in Government investment. The GDPC position is that charges should rise by no more than inflation. The GDPC has written to the National Audit Office seeking an independent investigation.

[Note: The BDA is currently seeking to conclude a previous NAO/Public Accounts Committee inquiry into patient fines and then will pursue this further investigation. This will be undertaken before LDC Conference 2020.]

This Conference demands GDPC insist on reimbursement of credit and debit card charges incurred by Dental Practices in the collection of patient charge taxation. (Birmingham LDC, 2019, M23)

This is GDPC policy. Its position is that as long as patient charges exist, dentists should not be required to collect them. The issue of charges for credit and debit card collection will also form part of that policy. This will be included in any representation to Government on this issue of patient charge collection.

This Conference demands that patient fees are not deducted from the practice if the patient fails to pay when requested. (Brent and Harrow LDC, 2019, M24)

The GDPC would be supportive of this. As above GDPC will include this issue in any representation to Government on the issue of patient charge collection.

This conference demands dentists be allowed to fine patients for failure to attend or cancelling with insufficient time to reallocate the time booked. (Berkshire LDC, 2018, M25)

This is existing GDPC policy.

This conference deplores the 2018 above inflation increase in patient charges that amounts to a tax on the dental health of patients! (Hertfordshire LDC, 2018, M29)

This is existing GDPC policy.

This conference demands that dentists cease to be tax collectors on behalf of the government and that the Treasury find an alternative mechanism for collecting patient charges. (Norfolk LDC, 2018, M29a)

This is existing GDPC policy.

This conference urges NHS England and the BSA to find a solution that prevents the most vulnerable members of our society being unfairly fined when attending dental services. (West Sussex LDC, 2018, M30)

This is existing BDA policy. The BDA has raised this issue with NHS England, the DHSC and the BSA and a task-and-finish group has been established by these organisations to look at what changes can be made to reduce the burden and stress for patients and dentists.

Referral

This Conference calls on the NHS to introduce an electronic referral service to support the implementation of Pan-Regional services. This service should be hosted on a secure portal as many dentists still lack access to an NHS Mail account. (London Federation, 2017, M24)

The GDPC is aware that the NHS through the Office of the Chief Dental Officer is intending to introduce an electronic referral system and that all dentists are to be given an nhs.net account by

the end of 2017. The GDPC supports this motion however cautions that this should be available to both NHS and private practitioners (referring to the NHS) at no additional cost.

Dental Tourism

This Conference demands that the Department of Health and Social Care amend current regulations to stop the NHS rectifying dental treatment errors undertaken privately within the UK or abroad. (Brent and Harrow LDC, 2019, M9)

The GDPC view is that it is reasonable for dentist to decline to replace treatments that would not normally be provided on the NHS and that patients should not have an expectation that treatment should be replaced like-for-like. However, dentists have an obligation to treat patients, particularly where they are in pain, subject to practice capacity. Imposing restrictions as suggested by the motion would be very difficult to enforce in practice, as it would not always be clear whether treatment had been conducted privately or abroad.

Defibrillators

This Conference calls for the removal of VAT for defibrillators. (London Federation, 2017, M25)

This motion is supported. The BDA has raised this issue in the media.

Amalgam

Conference calls on DHSC to fund in full, and independently of expenses which are controlled by the Treasury, all additional practice costs incurred by the withdrawal of amalgam. This funding must apply to the current partial withdrawal as well as to any later total withdrawal. (Enfield and Haringey LDC, 2019, M25)

This is existing policy. The GDPC has sought to agree a mechanism to fund practices for the additional expenses associated with the restrictions on the use of amalgam, but NHS England has to date not engaged with this meaningfully. The BDA undertook research onto the use of dental amalgam and alternatives in collaboration with Newcastle Dental School, this research provides clear evidence of the additional time needed, The GDPC continues to make the case.

GDPR

This conference believes that the GDPR process should be simplified and the full costs be borne by the Government. (Bedfordshire LDC, 2019, M26)

When the EU GDPR regulations were written into UK law in 2018, the BDA lobbied to ensure that the level of bureaucracy facing dental practices were diminished as far as they could. GDPC policy is to support the reduction of red tape and burdensome bureaucracy in dental practice and whilst the GDPC agrees that no additional costs should be borne by individual practices, the opportunity to seek to address this is minimal.

CQC

This conference demands that the CQC ends the single owner subsidy of fees for corporate practices. (Liverpool LDC, 2019, M28)

This is GDPC policy and we are continuing to pursue this issue with the CQC.

To be on a level playing field with general medical practitioners, this conference demands our NHS dentists have their Care Quality Commission fees reimbursed by NHS England. (West Sussex LDC, 2017, M13-13a)

a. This conference calls for the simplification of CQC registration processes to allow existing practices to transfer their CQC registration to an incumbent purchaser. North Yorkshire LDC

The GDPC supports this motion and the GDPC Executive has called for NHS England to meet the costs of CQC registration.

Infection control and sustainability

This conference calls upon Government to ensure the four principles of sustainable healthcare are supported with a review of infection control procedures to enable recycling and reuse of equipment wherever reasonable. (Northampton LDC, 2019, M29)

The BDA supports this motion and is undertaking a project to review infection control and decontamination guidance from an environmental perspective and assess their impact on environmental sustainability.

This conference requires that the disposable nature implied by HTM01-05 be reviewed scientifically. (North Yorkshire LDC, 2018, M14)

This is existing policy and work is ongoing with the Dental Sustainability Advisory Group to explore how the environmental impact of infection control in dentistry can be quantified.

Oral Health Initiatives

This Conference believes prevention should start early, and so, to this end demands that resources are made available to roll out Starting Well across England (Wakefield LDC, 2019, M19)

This is GDPC policy. The BDA advocates a properly resourced national oral health programme for children in England, to help set up children with good habits from an early age and has raised this matter repeatedly.

This Conference commends the initiative being run by Westminster City Council to tackle the appalling and preventable level of children's tooth decay in the borough and calls on all local authorities to build on the example set by making use of the resources made available by Westminster City Council. (Kensington, Chelsea & Westminster LDC, 2018, M9)

The Committee welcomed the initiative and resources developed by Westminster City Council, and agreed that evidence-based programmes of this type should be implemented across England and Wales. It was noted that the NICE guideline for Local Authorities on oral health promotion emphasises that LAs have a statutory duty to undertake such activities.

LDC conference welcome the initiatives of Dental check by 1 and Starting Well. However, conference urges DHSC and NHS England to make resources available to implement Starting Well across the whole of England. (Wakefield LDC, 2018, M9a)

This is existing GDPC policy.

This Conference believes prevention should start early, and so, to this end demands that resources are made available to roll out Starting Well across England (Wakefield LDC, 2019, M19)

This is GDPC policy. The BDA advocates a properly resourced national oral health programme for children in England, to help set up children with good habits from an early age and has raised this matter repeatedly.

This Conference applauds Healthwatch England identifying access to NHS dental services as one of its six key priorities and calls on LDCs to work with their Local Healthwatch on ensuring that access to NHS dental services is recognised as a national and local priority. (Camden & Islington LDC, 2018, M39)

The GDPC considered, but did not pass, this motion. Committee members raised examples where local Healthwatch had worked against the interests of dentists. It was felt that in many instances the level of Healthwatch engagement was superficial, seeking quick wins and without an understanding of the complexity of the system.

Conference urges the government to commit the NHS to design and commission appropriate care for those in care homes or receiving support to live in their own home. (Wakefield LDC, 2018, M10)

This is existing BDA policy.

To ensure that patients in residential care settings receive oral health care, this Conference moves that NHS England and Borough Councils ensure that there is adequate provision for every social care provider to access appropriate care and treatment and that social care providers work together with GDPs, CDS and Special Needs Departments to meet the needs of patients to be treated on an appropriate care pathway. (Brent and Harrow LDC, 2018, M10a)

The GDPC is participating in a CQC initiative to improve oral care in residential care settings. We are also asking NHS England to produce a model service specification and contract for dental services provided in such settings.

This Conference proposes that the BDA work with the All Party Parliamentary Group on Ageing and Older People (APPG) to hold an event bringing together key stakeholders to highlight the oral health challenges facing older adults in care. This event should lead to clear recommendations and a consensus among all stakeholders taken to the Department of Health, with regular feedback and monitoring of the implementation and effectiveness of the recommendations taken back to the APPG. (Brent and Harrow LDC, 2018, M10b)

The BDA has engaged with the APPG on Ageing and Older People in relation to the oral health of older people in care, but the Group has not expressed an interest in exploring these issues. The

BDA is, however, currently liaising with the All-Party Parliamentary Group for Housing and Care for Older People to explore collaborative work with them in this area.

This conference calls for Dental practices to be Dementia friendly. (Lincolnshire LDC, 2018, M10c)

This is existing BDA policy.

This Conference calls on the Government to remove spending restrictions on the money raised by the tax on sugary drinks so that a reasonable proportion of it can be used to fund children's oral health initiatives, as determined by local need. (Kensington, Chelsea & Westminster LDC, 2018, M11)

This is existing BDA policy.
This Conference calls for adequate training for GDPs and all primary care clinicians on eating disorders, and the development of clear care pathways to ensure that these patients receive timely care in the right setting. (Croydon LDC, 2018, M13)

The Committee agreed that there is a need for training and clear care pathways. However, there was a feeling that the scope of the motion was too limited and all members of the dental team, as well as students, should receive training in the recognition of all common behavioural and mental health problems, with clear pathways for affected patients to receive timely care in the correct setting. The Committee queried whether funding for care pathways for eating disorders should take precedence over other high-needs groups. It was suggested that diagnosis and referral could be added to the UDA value.

Fluoridation

This conference applauds Councils moving forward with Community Water Fluoridation Proposals and commits to support them as they move through the regulatory process. (Hull & East Riding of Yorkshire LDC, 2019, M30)

This is BDA policy. The BDA supports community water fluoridation as a safe and effective public health intervention, as part of a package of measures to improve dental health, where technically feasible and appropriate for local needs.

This conference supports the work of the British Fluoridation Society and asks that the BDA works with them to promote water fluoridation (wherever possible). (Leicestershire LDC, 2019, M31)

The BDA supports community water fluoridation as a safe and effective public health intervention, as part of a package of measures to improve dental health, where technically feasible and appropriate for local needs. We work with partners including the British Fluoridation Society to promote the introduction and continuation of water fluoridation schemes where appropriate.

This Conference demands that the moderators of NHS Choices remove any comments posted from patients about issues to do with their care that are outside of the control of the dental practitioner and that any negative rating as a result of this is also removed. (Bromley, Bexley and Greenwich LDC, 2019, M32)

The GDPC agrees with this motion and this issue has been raised with the team at NHS.uk. This was most recently raised in August 2019 with reference to this LDC motion and was being taken back for consideration. The issue will continue to be raised.

This Conference supports the reallocation of the recurrent costs of Water Fluoridation Schemes away from Local Authorities and towards the NHS (the main financial beneficiary) where a Scheme is feasible and the Return on Investment is apparent. (Hull and East Riding LDC, 2018, M8)

The BDA's Health and Science Committee supports this motion and wrote, with the Royal College of Paediatrics and Child Health, to Simon Stevens calling for the costs of local authorities to be covered by NHS England, rather than local authorities.

In view of high General Anaesthetic extractions, poor child dental health and widespread dental health inequality, does Conference support the inclusion of "Support for Local Authorities in the consideration of Fluoridation in the thirteen Starting Well areas" as a medium-term strategy of the NHSE Starting Well Programme? (East Riding of Yorkshire LDC, 2017, M23)

This motion is supported

Dental Performer List/ PLVE

This conference deplores the lack of guidance over the contractual arrangements between potential Performer List Validation by Experience (PLVE) candidates and providers and demands NHSE and HEE work with the BDA to develop a more structured approach to such contracts that takes into account the needs and responsibilities of all parties involved under PLVE arrangements. (Hants and IOW, 2018 M27)

This is existing BDA policy.

This Conference calls on the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) to ensure that equivalence provides a robust training programme to ensure that completion provides similar experience and learning as Satisfactory Completion of Foundation Training (SCFT). (Devon LDC, 2017, M21)

EE&DT WG response: It needs to be recognised that the system compounds financial hardship for the applicant dentist and the practice. There needs to be recognition that there is a cost for all. A new system for "Performer List Validation by Experience (PLVE)" has recently been established which mirrors some of the processes for DFT. Whether it will address the issues identified remains to be seen.

The Conference opposes the introduction by COPDEND of the new National Charging Structure for England for dentists with conditions imposed, because it is understood that working with these dentists is part of its role and therefore funded already. (Durham and Darlington LDC, 2018 M28)

The new system for performers list validation by experience (PLVE) was introduced formally in January 2018 in order to streamline the disparate approaches to 'equivalence' across England.

Charges were being raised before the introduction of PLVE, with the costs varying from no charge in some areas to significant amounts being charged in others. The GDPC is opposed to these charges.

Devon LDC asks this Conference to call for a vote of no confidence in the ability of CAPITA to process performer number applications in a timely, efficient and professional manner. (Devon LDC, 2017, M14)

The BDA has robustly criticised Capita for its failings in processing performer list applications and has demanded that both performers and providers are fully compensated for the financial losses they have incurred.

Foundation Dentists

Conference demands that HEE/HEIW/ NIMDTA revert back to the previously used timetable for allocation of FD places thus enabling undergraduates to have more time to plan their FD year. (Gwent LDC, 2019, M34)

The BDA was not supportive of this change when it was introduced without appropriate consultation (NB – there was consultation but the option chosen was not part of the consultation exercise). It seemed to us that it provided little time for all concerned – FDs, dental practices, and indeed HEE and deanery offices – to make the necessary preparations. While we are awaiting an evaluation of how the organisers feel the change has worked, and we have not received feedback from applicants at this point, we are also concerned that a number of practices found themselves in a situation where an allocated FD turned down the offer, leaving little time to change a practice's business strategy to allow for the potential loss of funding or a contingency arrangement. We will be discussing all issues relating to this change with COPDEND.

Undergraduate Training

Conference demands that undergraduate training be reassessed with less emphasis on soft skills. Before graduating, all students must demonstrate a nationally agreed minimum quantity of individual procedures. (Birmingham LDC, 2017, M22)

This motion has been referred to the BDA's EEDT working group, Students Committee and Central Committee for Dental Academic Staff.

EE&DT response: a lack of clinical skills is sometimes clearly identified, however, there is research into the relationship between quality and quantity and a list of minimum procedures might not be the answer.

This conference deplores the initiatives of Advancing Dental Care by HEE/COPDEND to fundamentally change the training of dental students through common entry. (Hertfordshire LDC, 2018, M38)

This motion was passed by the GDPC and is existing BDA policy.

Future Recruitment

This conference calls for HEE (and the equivalent bodies in Wales, Scotland and NI) to support a scheme to encourage work experience in dental practices and provide a system for

training and support for dental providers that open up their practices to young people. (North Staffordshire LDC, 2019, M33)

The BDA supports this motion and will discuss it with HEE and equivalent bodies. We also have advice for members considering taking on a work experience student for the first time.