

Scottish Dental Practice Committee

Policy Document
June 2024



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Purpose of the Scottish Dental Practice Committee Policy Document

The Scottish Dental Practice Committee (SDPC) represents all independent non-salaried general dental practitioners (GDPs) in Scotland, both BDA members and non-members. The purpose of this policy document is to ensure that GDPs' issues and concerns are addressed formally through SDPC policies. The document aims to provide a strategic and evidence-based approach to SDPC policies and new issues as they emerge.

The policy framework is a dynamic document which should be amended as required, and formally revised and reviewed on an annual basis. The document will be the responsibility of the entire committee and should be used as a reference during SDPC meetings to inform discussion and help promote SDPC policies.

This document outlines a summary of policies agreed by SDPC that retain contemporary relevance. It is intended that this will help to inform Local Dental Committees (LDCs) as they consider the motions they will submit to the [Conference of Scottish LDCs](#). It should be read in conjunction with the SDPC responses to the motions passed at the most recent conference and the record of motions passed in recent years. Progress in implementing these policies is monitored by BDA Scotland and should be reviewed regularly by SDPC.

Communication

The committee is committed to communicating effectively with the profession, using a range of channels. The BDA website (which was redeveloped in 2023) is an important platform for communicating with colleagues through regular news items, press releases, blogs, newsletters and social media.

SDPC also recognises the importance of regular and timely communication with the Chief Dental Officer (CDO), Scottish Government and other organisations. The committee calls on the CDO, Practitioner Services Division (PSD) and other relevant bodies to recognise that the dental profession requires timely, direct, accessible and clear communication and guidance delivered through appropriate channels and that is easily understood.¹ Specifically, SDPC calls for PSD to commit to giving two weeks' notice of any Dental Reference Officer (DRO) exam.²

Funding, Capacity and Quality

SDPC strongly believes that GDPs must be appropriately resourced to deliver a high-quality service to their patients. Adequate funding is required to provide the standard of NHS dentistry that patients deserve.

Payment Reform for NHS Dentistry was implemented in Scotland on 1 November 2023. A slimmed down version of the Determination I of the Statement of Dental Remuneration (SDR) was introduced, along with other regulatory changes. Full details can be found [here](#). This followed negotiations with SDPC on the revised costings and fees of the new Determination I.

SDPC:

- Called for the Scottish Government to pilot the measures listed in the new Determination I of the SDR, prior to its full implementation across the profession on 1 November 2023.³

Advance piloting did not take place but the Scottish Government plan to monitor the effectiveness of the new Determination I. There will be a transitional period for approximately 6 months (from 1 November 2023) where feedback will be sought and amendments made as and when required.

- Seeks to address the 30 per cent real-terms reduction in dental practitioners' income over the last five years.
- Seeks an increase in the dental budget by at least that of inflation to increase practitioners' remuneration and resist further erosion of dental allowances. All items and allowances should be increased in line with any general pay uplift in SDR fees and there should be a retrospective reconciliation of these allowances. (eg GDPA, CPDA).⁴
- Believes the Out of Hour (OOH) sessional rate expressed in the SDR should be increased to reflect the complexity of the interaction with patients in distress, the workload or the need to operate in unfamiliar surroundings with unfamiliar staff.⁵ Following calls from SDPC the Emergency Dental Services fee was [increased in June 2023](#).
- Calls for any new model of care to be realistically funded to ensure the viability of NHS dental practices and enable access to oral health care for all.⁶ There needs to be a period of consultation with GPs, allowing them to feed back their thoughts or concerns, before any new financial plan or replacement / change to the SDR is implemented.⁷ Twelve weeks' notice should be given regarding any changes to the SDR or NHS dental contracts.⁸
- Proposes that any new model of care should consider the time taken for practice administration⁹ and Scottish Government should commission an independent review of NHS dental fees to reflect the time required to undertake treatments and related paperwork, the costs of materials and general practice expenses.¹⁰ With inflation at extraordinary levels, there should be a recurrent payment to reflect these cost increases, e.g., energy prices, materials, labour costs, laboratory costs etc.¹¹
- Calls for the Scottish Government to secure the supply of dental amalgam and ensure there is no financial impact on dental practices from 1st January 2025 (the date from which the European Parliament has voted to ban dental amalgam).¹²
- Believes the Scottish Government needs to provide additional funding to address the significant increase in practices expenses and thus protect the viability of NHS dental practices.¹³
- Seeks to influence Scottish Government in raising the threshold for Prior Approval and urges them to increase the Prior Approval level in line with item of service fees.¹⁴ The prior approval limit was raised to £600 on 1 November 2023.
- Encourages PSD to improve the quality and accuracy of data and reduce fees payment timescales. Scottish Government should also abolish the 3-month rule for claiming treatments.¹⁵
- Urges Scottish Government to reinstate free replacement restoration claims and increase the additional support needs capitation payment for registered patients aged 65 years and over.¹⁶
- Calls on the Scottish Government to aid GPs in facilitating more environmentally sustainable practices. This includes a review of infection control guidelines post Covid-19 with a view to becoming more pragmatic and evidence-based on the need for single use items and PPE, and to provide funds to encourage purchase of re-usable alternatives when appropriate.¹⁷
- Demands that Scottish Government address the urgent issue of lengthy waiting times for paediatric dental surgery by providing more funding and resources to enable children to be treated in a timely manner.¹⁸ Scottish Government need to allocate targeted services and resources to address the lengthy waiting times experienced by an unacceptably high number of paediatric and additional or complex patients who can only be treated under general anaesthetic.¹⁹

- Calls for the Scottish Government to introduce an allowance to allow practices to purchase silver diamine fluoride for use on children to try and prevent the need for future extraction under general anaesthetic.²⁰
- Demands that the Scottish Government takes immediate action to address the funding crisis facing NHS dental laboratories and ensures patients receive quality dental care.²¹
- Urges the Scottish Government to introduce a fee for patient referrals particularly patients with complex needs or neurodiversity.²²
- Demands that the Scottish Government review how NHS commitment is calculated and that this be measured on proportion of time spent not income received.²³
- Proposes the removal of the General Dental Practice Allowance (GDPA) Cap to provide equality for Dental Practices and to ensure viability of larger practices.²⁴
- Demands an increase in Continuing Professional Development Allowances to 10 sessions per year.²⁵
- Demands that dentists claiming NHS maternity pay receive written confirmation of their entitlement, along with the working calculation, including a choice exercise regarding superannuation deductions within 6 weeks of the application being submitted.²⁶
- Proposes that the Scottish Government reintroduces the NHS bursary scheme to encourage recent graduates to remain in the NHS Dental System.²⁷

Scottish Government continues to refer on the matter of dentists' remuneration to the Doctors and Dentists Review Body (DDRB) on a national basis. It remains SDPC policy to support the process, presenting robust evidence on earnings and expenses; to promote the interests of GDPs and the wider profession; and to protect the quality of care for patients.

SDPC:

- Continues to work on behalf of the profession to ensure that robust and persuasive evidence is presented to the DDRB, and to work with DDRB to promote the interests of all GDPs in Scotland, both BDA members and non-members.
- Supports the development of robust practice cost information in line with requirements of the DDRB.
- Promotes the use of benchmarking to enable practices to undertake a comparative evaluation of practice costs.
- Seeks to review how the profession negotiates on NHS fees.
- Consider the use of a suitable expenses template, developed in conjunction with BDA Scotland, and continues to explore practice expenses with Scottish Government.
- Calls for the DDRB to provide a recommendation for Scotland which will deliver parity throughout the UK on take home pay.²⁸

The view of SDPC is that quality is at the heart of all elements of the policy framework. The committee seeks to:

- Promote an increase in patient participation rates.
- Limit the time period of registration to encourage engagement and motivate patients' self-responsibility for their oral health.²⁹
- Promote improvements in oral health through patient education and prevention.
- Promote high quality care to patients.
- Promote high-quality training for dentists provided by specialist providers such as NHS Education for Scotland (NES) and the BDA.
- Ensure that dental professionals are supported or mentored in their developmental needs.
- Promote early detection of oral cancers and work with secondary care to improve survival rates.
- Have NHS Boards review the SCI Gateway referral system and support the implementation of an agree referral pathway to meet a national standard.

- Have GDP representation in the appointment of Directors of Dentistry, with the introduction of funding to enable GDPs to apply for the positions.
- Highlight to the public the actual costs of dental treatment and the need for a sustainable funding model.
- Address the crisis in domiciliary care provision by calling on the Scottish Government to review Determination 1 and reinstate appropriate reimbursement for the additional time and skill required to properly care for these complex patients.³⁰
Following calls from SDPC, in April 2024, the Scottish Government made Item 8 - Domiciliary Visit and Recalled Attendance - [claimable by enhanced domiciliary care dentists.](#)

Workforce

Addressing Scotland's dental needs and tackling oral health inequalities will depend on having a stable workforce. Developing a strategic approach to dental workforce planning for all branches of the profession must be a priority for Scottish Government.

SDPC:

- Urges the Scottish Government to protect dental teams by putting in place a clear and rapid pathway that allows GDPs to refer patients who are engaging in behaviour that is unacceptable in the dental practice.³¹
- Calls on the Scottish Government to maintain the Seniority Allowance and promote other measures to enable experienced dentists nearing retirement to seek alternative career paths.
- Calls for the Scottish Government to increase the number of designated areas where associates can access 'Golden Hellos' and other incentives for buying or setting up practices in order to improve access to NHS dentistry.³²
- Supports the reinstatement of the default NHS Pension age of 60.
- Urges Scottish Dental Care Professional Schools to reintroduce the training of Dental Hygienists.³³
- Has concerns about increasing direct access and endorses the CDO's view that Dental Care Professionals (DCPs) function optimally as part of a dentist-led team.
- Demands that the Scottish Government provide concrete support, in the form of funding and incentives, and increases the number of undergraduate dental trainees, to address the recruitment and retention crisis currently affecting all roles within NHS dentistry.³⁴
- Is concerned by the national shortage of Oral medicine and Oral Maxillofacial Surgeon specialists and believes that Scottish Government should do more to encourage and facilitate these career pathways³⁵. SDPC supports the development of regional centres for oral and maxillofacial surgery to allow equal access throughout Scotland³⁶ and the introduction of training grants and pathways for GDPs to gain minor oral surgery skills to reduce referrals to secondary care.³⁷
- Demands that the General Dental Council (GDC) assists DCPs when applying for restoration to the Register with a reasonable adjustment to Continuing Professional Development (CPD) requirements.³⁸
- Calls on the Scottish Government to implement proposals for the recruitment and retention of dental nurses in NHS dental practices through implementing a national approach to include grants for training and education, an increased number of funded training places, increased access to organised courses that fulfil the requirements for re-registering with the GDC, improved remuneration for dental businesses and creating a supportive and inclusive working environment that values the contribution of dental nurses.³⁹
- Believes the viability of dentistry in Scotland is jeopardised by a lack of consideration of the workforce planning and training, particularly in the wake of the Covid-19 pandemic,

and especially with respect to Laboratory Technicians. We call on the Scottish Government to urgently allocate funds to address this issue.⁴⁰ We also support additional funding for dental technician trainees and the facilitation of more accessible training programs.⁴¹

- Calls for the equal treatment of Scottish Specialist Orthodontic Practices within GDS and demands that these practices should be included in any future support initiatives under the umbrella of GDS to avoid separation of specialist orthodontic provision from GDS, ensuring a level playing field for NHS dental contractors.⁴²

SDPC policy is that every graduate from Scottish dental schools should have a guaranteed and properly funded Scottish Vocational Dental Practitioner (VDP) training placement.

- The committee encourages dentists during the later stages of their practising careers to take on training and other developmental roles in order to promote a better work-life balance.

Having a sufficient dental workforce heavily relies on sufficient support and wellbeing of the whole dental team:

- SDPC demands targeted and specific support for mental health issues within Scottish dentistry.⁴³
- There are concerns by the growth of large corporate bodies as a proportion of practice ownership in Scotland and by their associated influence on the dental landscape. SDPC would like to see an open discussion, with the Scottish Government, to assess and ultimately mitigate any negative effects arising from this corporate growth.⁴⁴

Scottish Government Policy

The BDA and SDPC work to influence Scottish Government but recognise that Scottish Government will not always be bound by these decisions.

- SDPC wishes to work constructively with Scottish Government to determine how the Oral Health Improvement Plan (OHIP) is implemented through representation on working groups, effective negotiation and meaningful testing phases / early adopter practices.
- SDPC believes that any outcomes must be able to provide the best quality of care for patients and to be in their best interests. SDPC seeks assurances from Scottish Government that it will monitor and ensure that no dental practice is financially destabilised by a reduction in NHS income following the implementation of the OHIP.
- Regarding the appointment of any future CDO, SDPC:
 - Calls for dentists to have input into the selection of the CDO.⁴⁵
 - Supports a set term of office for the post of the CDO.⁴⁶

SDPC policy is to pursue with Scottish Government further improvements in the oral health of the whole Scottish population, with a strong emphasis on prevention.

- SDPC endorses the Childsmile Programme and supports continued funding of the programme.
- SDPC endorses the BDA's current policy that communities strive to move towards the decision to choose fluoridated water:
'The British Dental Association fully 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. It backs a joined-up approach in which tried and tested policies like water fluoridation and supervised tooth brushing in early years settings are expanded, with parallel effort applied to rebuilding high street dental services.'

- SDPC supports a dental prevention programme for the elderly both in their own homes such as Caring for Smiles which is delivered in residential care homes.

Combined Practice Inspections and Quality Improvement

Combined Practice Inspections

SDPC recognises the importance of quality assurance within a wider quality framework. However, the committee has concerns about the onerous and bureaucratic process of Combined Practice Inspections (CPI).

SDPC:

- Supports CPI with consistent implementation across the NHS Boards.
- Opposes sanctions for practices which have struggled to complete the CPI process and supports the provision of CPD for DCPs who assist the CPI process at practice level.
- Seeks to ensure that there is adequate representation of GDPs in the CPI process across NHS Boards.
- Promotes the profile of the BDA Expert package as a mechanism to significantly reduce CPI preparation time within dental practices tailored to the Scottish system.
- Works to ensure that DCPs working in practice gain accreditation for their role in the CPI process.
- Opposes financial charges for compulsory training courses under the new CPI.
- Opposes sanctions or financial penalties targeted at individual dentists rather than at a dental practice, who have not met their Clinical Audit requirements, and promotes a consistent approach by NHS Boards.
- Supports the need for the implementation of an allowance or sessional payment, or CPI time be incorporated into new Scottish Government Protected Learning Time proposals to compensate practices for lost time during a CPI.

Quality Improvement

SDPC has concerns about the performance and accountability of Quality Improvement (QI), dental clinical audit and Significant Event Analysis (SEA). It is essential the systems operated by NHS Education for Scotland (NES) are transparent and that appeals processes have clear timeframes.

SDPC:

- Calls for the mandatory requirement to undertake audit, SEA and QI be taken out of the GDS regulations and left as a voluntary requirement for GDPs to facilitate improvements in patient care.⁴⁷
- Urges NES to review its documentation relating to assessment of QI clinical audit activity, to check the robustness of its processes, and identify areas for enhancement.
- Suggests that the agreed NES reviewer guidance and / or review criteria should be shared with the GDP community (with suitably anonymised examples of reviewed projects accompanied by a brief commentary).
- Calls for NES to allow anonymous reporting of adverse clinical and practice events which can be reviewed and the learning shared with the profession.
- Seeks to have NHS Boards standardise national sanctions in relation to QI.
- Suggests that NES must recognise hours are based on the process of audit and not on the outcome.

Practice Administration

IT

SDPC supports the implementation of the Scottish Government e-Dental Programme for dentistry to maximise the accuracy of online reports to support the financial and reporting requirements within dental practices.

SDPC recognises the importance of having a workable dental IT system and suggests that this will be of the utmost importance for any success of the new Determination I of the SDR.

- SDPC urges Scottish Government and NHS Boards to review and re-design the dental SCI Gateway referral system to an agreed national standard.
- SDPC suggests that Scottish Government / NHS National Services Scotland (NSS) should be responsible for the procurement and upkeep of emergency drugs.
- SDPC suggests that Scottish Government / NSS could greatly enhance patient safety with the establishment of an accessible database of prescribed medicines and required medical protocols.
- SDPC urges PSD to provide GDPs with a supported single practice management system.

GDPR

SDPC calls for general dental practices to be aligned with general medical practices in having access to NHS Boards' Data Protection Officers.

Automated External Defibrillators (AEDs)

SDPC supported the Scottish Government's initiative to introduce defibrillators into every Scottish NHS dental practice in 2014 to ensure that both patients and the wider community had improved access to this life-saving equipment. [PCA\(D\)\(2019\)1](#) includes revised arrangements for the first-responder element to AED (defibrillator) scheme.

- In light of the additional responsibilities for dental practices to provide emergency care outwith their premises as first responders, SDPC considers that GDPs and their staff should be reimbursed for annual Basic Life Support training.

Deregistration of Abusive Patients

As independent business owners, practices have an obligation to support the wellbeing and safety of their staff. In support of this, SDPC call on the Scottish Government to abolish the requirement for a police report for the immediate deregistration of abusive patients.⁴⁸

Support for Patients Exceeding Dental Chair Weight

SDPC call on the Scottish Government to implement a clear referral pathway to managed services for patients who weigh in excess of the maximum weight limit for standard dental chairs (135kg).⁴⁹

Modernisation of NHS Dental Technology

SDPC supports the provision of NHS dental technology through the introduction of a fair and reasonable reimbursement system (such as a digital allowance payment) to assist NHS practices in purchasing and maintaining digital technologies such as digital scanning, 3D imaging, and digital study models.⁵⁰⁵¹

Public Holidays

SDPC demands that all formal discussions about public holiday cover, both local and national, involve direct representation from GDPs. In addition, we call on NHS24 to provide practices with confirmed dates for all covered public holidays for the full calendar year at the

start of each year. There is an unequal level of provision of holiday cover across NHS Boards, and in comparison to General Medical Practitioners, which needs to be addressed to provide parity.⁵²

NHS Pensions

SDPC calls on the Scottish Government, PSD and the Scottish Public Pension Authority (SPPA) to work together to produce an FAQ in relation to the NHS pension scheme.⁵³

LDC Levy Opt Out

Seeks for Local Dental Committee levies on NHS schedules to be an 'opt out' for all lists.⁵⁴

References

- ¹ Motion from 2021 Conference of Scottish LDCs
- ² Motion from 2023 Conference of Scottish LDCs
- ³ Motion from 2023 Conference of Scottish LDCs
- ⁴ Motion from 2023 Conference of Scottish LDCs
- ⁵ Motion from 2023 Conference of Scottish LDCs
- ⁶ Motion from 2021 Conference of Scottish LDCs
- ⁷ Motion from 2021 Conference of Scottish LDCs
- ⁸ Motion from 2022 Conference of Scottish LDCs
- ⁹ Motion from 2021 Conference of Scottish LDCs
- ¹⁰ Motion from 2022 Conference of Scottish LDCs
- ¹¹ Motion from 2023 Conference of Scottish LDCs
- ¹² Motion from 2024 Conference of Scottish LDCs
- ¹³ Motion from 2022 Conference of Scottish LDCs
- ¹⁴ Motion from 2022 Conference of Scottish LDCs
- ¹⁵ Motion from 2022 Conference of Scottish LDCs
- ¹⁶ Motion from 2024 Conference of Scottish LDCs
- ¹⁷ Motion from 2021 Conference of Scottish LDCs
- ¹⁸ Motion from 2021 Conference of Scottish LDCs
- ¹⁹ Motion from 2022 Conference of Scottish LDCs
- ²⁰ Motion from 2024 Conference of Scottish LDCs
- ²¹ Motion from 2023 Conference of Scottish LDCs
- ²² Motion from 2022 Conference of Scottish LDCs
- ²³ Motion from 2022 & 2023 Conference of Scottish LDCs
- ²⁴ Motion from 2022 Conference of Scottish LDCs
- ²⁵ Motion from 2022, 2023 & 2024 Conference of Scottish LDCs
- ²⁶ Motion from 2023 & 2024 Conference of Scottish LDCs
- ²⁷ Motion from 2023 Conference of Scottish LDCs
- ²⁸ Motion from 2024 Conference of Scottish LDCs
- ²⁹ Motion from 2021 Conference of Scottish LDCs
- ³⁰ Motion from 2024 Conference of Scottish LDCs
- ³¹ Motion from 2021 Conference of Scottish LDCs
- ³² Motion from 2024 Conference of Scottish LDCs
- ³³ Motion from 2021 & 2022 Conference of Scottish LDCs
- ³⁴ Motion from 2022 & 2024 Conference of Scottish LDCs
- ³⁵ Motion from 2023 Conference of Scottish LDCs
- ³⁶ Motion from 2024 Conference of Scottish LDCs
- ³⁷ Motion from 2024 Conference of Scottish LDCs
- ³⁸ Motion from 2022 Conference of Scottish LDCs
- ³⁹ Motion from 2023 & 2024 Conference of Scottish LDCs
- ⁴⁰ Motion from 2023 Conference of Scottish LDCs
- ⁴¹ Motion from 2024 Conference of Scottish LDCs
- ⁴² Motion from 2023 Conference of Scottish LDCs
- ⁴³ Motion from 2023 Conference of Scottish LDCs
- ⁴⁴ Motion from 2023 Conference of Scottish LDCs
- ⁴⁵ Motion from 2021 Conference of Scottish LDCs
- ⁴⁶ Motion from 2021 Conference of Scottish LDCs
- ⁴⁷ Motion from 2021 Conference of Scottish LDCs
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- ⁴⁹ Motion from 2022 Conference of Scottish LDCs
- ⁵⁰ Motion from 2023 Conference of Scottish LDCs
- ⁵¹ Motion from 2024 Conference of Scottish LDCs
- ⁵² Two Motions from 2023 Conference of Scottish LDCs
- ⁵³ Motion from 2024 Conference of Scottish LDCs
- ⁵⁴ Motion from 2021 & 2024 Conference of Scottish LDCs