



**2025 CONFERENCE OF
SCOTTISH
LOCAL DENTAL COMMITTEES**

**FRIDAY 25 APRIL
STIRLING COURT HOTEL**

**ONLINE
CONFERENCE PACK**

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**CONFERENCE OF
SCOTTISH
LOCAL DENTAL COMMITTEES**

**FRIDAY
25 APRIL 2025**

**STIRLING COURT HOTEL
UNIVERSITY OF STIRLING**

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CONFERENCE OF SCOTTISH LOCAL DENTAL COMMITTEES

STIRLING COURT HOTEL, UNIVERSITY OF STIRLING
FRIDAY 25 APRIL 2025

AGENDA

Conference is open to:
LDC Delegates, Guests,
Scottish Dental Practice Committee Members,
BDA Staff and Scottish Dental Fund Board Members

Attract, Retain, Thrive: Building a Sustainable Workforce in NHS Dentistry in Scotland

- 08.30-08.45 Registration**
- 08.45-09.00 VDP Welcome**
Lindsay Milton, VDP Liaison (in the Callander Dollar breakout room)
- 09.00-09.10 Welcome and Chair's Opening Remarks**
- 09.10-09.30 Tom Ferris, Chief Dental Officer, Scottish Government**
Presentation: *Impact of Determination 1*
- 9.30-09.50 Gillian Leslie, Deputy Chief Dental Officer, and David Notman, Unit Head of Dentistry and Optometry, Scottish Government**
Presentation: *Assurance Update*
- 09.50-10.10 Gavin McLellan, Deputy Chief Dental Officer, and Beth Grieve, Unit Head of Dentistry and Optometry, Scottish Government**
Presentation: *Workforce Update*
- 10.10-10.30 Lee Savarrio, Postgraduate Dental Dean and Director of Dentistry, NHS Education for Scotland**
Presentation: *Shaping the Scottish NHS Dental Workforce for the Future*
- 10.30- 11.00 Panel Question and Answer Session**
- 11.00-11.30 Break**
- 11.30-12.00 Gillian Lennox, Chair of the Scottish Dental Practice Committee
David McColl, Past Chair of the Scottish Dental Practice Committee**
Presentation: *The work of the Scottish Dental Practice Committee 2024-2025*

See supporting documents in conference pack:

- Action by SDPC on 2024 conference motions
- Scottish Dental Practice Committee Policy Document

- 12.00-12.30 Panel Question and Answer Session**
- 12.30-12.45 Strictly Confidential**
Address from conference Platinum Sponsor
- 12.45-13.45 Lunch**
- 13.45-14.45 VDP Breakout Session**
Hosted by [MACO](#) (in the Callander Dollar breakout room)
- 14.45-15.40 Motions 2025**
See supporting documents in conference pack:
- Virtual Voting Protocol
 - 2025 Conference Motions
- 15.40-16.00 Break**
- 16.00-16.40 Motions 2025 continued**
- 16.40-16.45 Any other competent business**
- 16.45-16.50 Chair's closing remarks**
- 16.50-16.55 Induction of Hazel Hannigan as Chair**
- 16.55-17.00 Incoming Chair's closing remarks**
- 17.00 Conference closes**

Date of Next Conference: Friday 24 April 2026 at the Stirling Court Hotel



**2025 Conference of Scottish LDCs
Friday 25 April**

VDP Information

Local Dental Committees

The role of Local Dental Committees:

- A Local Dental Committee (LDC) is a group of practising General Dental Practitioners (GDPs) treating NHS patients within their local Health Board area who regularly meet to discuss and pursue pertinent dental issues affecting their region. Such topics may include pay and conditions, pensions and workforce issues.
- LDCs also closely engage with their local Health Board over issues affecting the delivery of dental care: patient referrals, decontamination, audit, practice inspections, patients' treatment appeals and the out-of-hours emergency service.
- Some LDCs also organise Continuing Professional Development (CPD) events for their members.
- There are currently 11 active LDCs in Scotland:
 - Ayrshire and Arran LDC
 - Borders LDC
 - Fife LDC
 - Forth Valley LDC
 - Grampian LDC
 - [Greater Glasgow and Clyde LDC](#)
 - Highland LDC
 - [Lanarkshire LDC](#)
 - [Lothian LDC](#)
 - Orkney LDC
 - Tayside LDC

The History of LDCs:

- The foundation of the National Health Service (NHS) in 1947 revolutionised the provision of medical and dental care. Now all members of the community could access treatment free at the point of delivery.
- Alongside the NHS, LDCs were established in September 1947 to provide a forum for NHS dentists to discuss policy and highlight issues of pay and working conditions. At the time the LDCs followed the boundaries of the administrative areas of their respective Health Boards. In 1974, all LDCs were reorganised to form larger committees and this happened again in 2007 when, for instance, Greater Glasgow and Clyde LDC came into being.
- LDCs come together once a year at the annual Conference of Scottish LDCs to raise motions which, if passed, are then submitted to the [BDA Scottish Dental Practice Committee](#) (SDPC) for consideration to be discussed at Governmental level and with other relevant organisations.

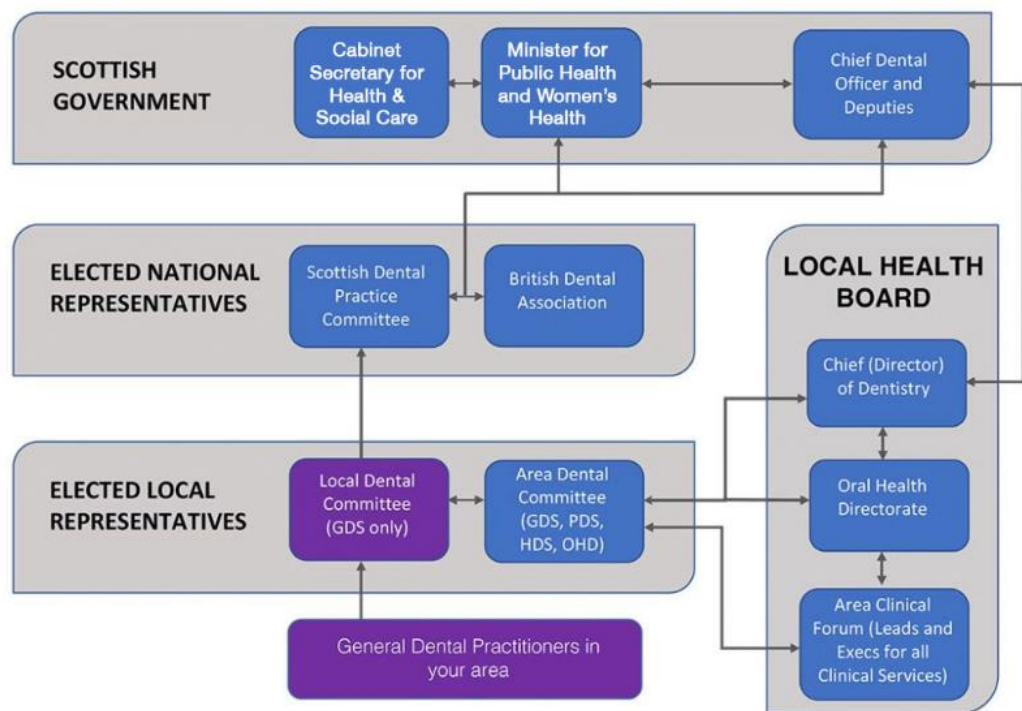
How LDCs are funded:

- The work of LDCs is funded entirely by voluntary mandates (levies) from GDPs in that Health Board area.
- Currently the levy works out at 0.2% of gross income, so £20 per £10,000. This very small contribution is directed towards financing the LDC's work in speaking up for the profession and, in many areas, the provision of relevant CPD events.

How to get involved with your LDC:

- You can help to shape the health and direction of the dental profession by standing for election for your local LDC.
- Each LDC consists of elected representatives from across the Health Board covering their geographical area. Some LDCs, particularly those in the central belt, have a full committee and regular elections.
- LDC representatives are elected on a three-yearly cycle with a proportion of seats being contested each year. Any dentist can put themselves forward for election.
- The majority of committee members are ordinary GDPs (practice owners and associates). As well considering local issues, each committee can put forward representatives to sit on SDPC, the national representative body of non-salaried GDPs.

How LDCs fit into Scottish Dental Politics



The BDA Scottish Dental Practice Committee

- The [BDA Scottish Dental Practice Committee](#) (SDPC) represents all non-salaried General Dental Practitioners (GDPs) practising in the NHS or privately, including orthodontists and assistants, in Scotland.
- SDPC meets three times a year to ensure that there is a regular opportunity for members of the committee to raise and discuss issues.
- SDPC's priorities:
 - Negotiating with NHS Boards and the Primary Care Directorate of the Scottish Government and other appropriate bodies on matters relating to the

delivery and remuneration of dental services provided by non-salaried general dental practitioners, including orthodontists and assistants.

- Discussing matters relating to the delivery and remuneration of dental services provided by non-salaried GDPs.
- Liaising with the General Dental Practice Committee and Scottish Council.

The Conference of Scottish LDCs and the Conference Agenda Committee

The purpose of the [Conference of Scottish LDCs](#) is to:

- Bring LDCs together to discuss political issues and topics facing the general dental service in Scotland.
- Provide CPD and sharing of best practice.
- Encourage networking amongst GDPs.

About the Conference:

- The annual Conference typically takes place on a Friday in April in Stirling. A quota of invited guests / attendees are also invited to attend a Pre-Conference Dinner the night prior to the Conference.
- The Conference Agenda usually contains various speakers on topical issues. Past examples include the Chief Dental Officer and other members of the Primary Care Directorate; MSPs; the Minister responsible for dentistry; Dento-legal Advisors from indemnity organisations; the GDC and many more.
- Motions are submitted by each LDC which are proposed by representatives on the day and debated. Motions passed are then debated by SDPC, and if passed for a second time, are taken forward as policy for negotiation with the Scottish Government.

The role of the Conference Agenda Committee:

- The [Conference Agenda Committee](#) (CAC) is a group of GDPs who organise the annual Conference of Scottish LDCs.
- CAC is made up of the following members:
 - Chair of Conference
 - Immediate Past Chair of Conference
 - Chair Elect of Conference
 - Treasurer
 - Up to three LDC representatives
 - The Chair of the BDA Scottish Dental Practice Committee
 - Conference Secretary / BDA Policy Adviser
- Members of CAC organise the Conference as well as run the event on the day.
- Members of CAC give up their free time, usually in the evenings, to attend approximately four meetings per year to organise the Conference.

Further Information:

- Please visit the [conference website](#) for further information.
- If you have any questions, please feel free to ask Lindsay Milton, VDP Liaison, at the Conference.
- Alternatively you can email the Conference Secretary, Kirsten Phillips – kirsten.phillips@bda.org.

List of Dental Acronyms

Below is a list of some dental acronyms which may be mentioned at the Conference:

- ADAC - Area Dental Advisory Committee
- ADC – Area Dental Committee
- BDA – British Dental Association
- CAC – Conference Agenda Committee
- CDO – Chief Dental Officer
- CPD – Continuing Professional Development
- CSLDC – Conference of Scottish LDCs
- DCDO – Deputy Chief Dental Officer
- DDRB – Doctors and Dentists Review Body
- DLA – Dental Legal Adviser
- FOI – Freedom of Information
- GA – General Anaesthetic
- GDC – General Dental Council
- GDP – General Dental Practitioner
- GDPA – General Dental Practice Allowance
- GDPC – BDA General Dental Practice Committee
- GDS – General Dental Service
- GMP – General Medical Practitioner
- HDS – Hospital Dental Service
- LDC – Local Dental Committee
- NES – NHS Education for Scotland
- NI – National Insurance
- NIDPC – BDA Northern Ireland Dental Practice Committee
- NSS – National Services Scotland
- OHIP – Oral Health Improvement Plan
- PDS – Public Dental Service
- PHS – Public Health Scotland
- PSD – Practitioner Services Division
- QI – Quality Improvement
- SDF – Scottish Dental Fund
- SDPB – Scottish Dental Practice Board
- SDPC – Scottish Dental Practice Committee
- SDR – Statement of Dental Remuneration
- SG – Scottish Government
- SPPA – Scottish Public Pensions Authority
- VDP – Vocational Dental Practitioner
- WGDPC – BDA Welsh General Dental Practice Committee



CONFERENCE OF SCOTTISH LOCAL DENTAL COMMITTEES STANDING ORDERS

1. CONFERENCE OF SCOTTISH LOCAL DENTAL COMMITTEES

- 1.1** A Conference of Scottish Local Dental Committees (LDCs) may be convened at any time by the Conference Agenda Committee.
- 1.2** A Conference shall also be convened no later than two months after the request of five or more LDCs subject to the provision in Standing Order 183. The period of two months may be modified only by agreement of a majority of the LDCs making the request. The request shall be accompanied by the relevant motions that the LDCs wish to debate at the Conference and they shall be circulated with the notification of the extraordinary Conference. This does not preclude the rights of LDCs to submit further motions under Standing Order 5.
- 1.3** All expenses of a Conference shall be paid out of the Conference Fund.
- 1.4** Any reference in these Standing Orders to LDCs shall apply solely to LDCs within Scotland.

2. MEMBERS OF CONFERENCE

The Conference shall be composed of representatives of LDCs, members of the Conference Agenda Committee, members of the Scottish Dental Practice Committee as well as guests and speakers by invitation of the Conference Agenda Committee.

3. APPOINTMENT OF LDC REPRESENTATIVES

- 3.1** The Conference shall comprise of approximately 52 representatives from the LDCs of Scotland.
- 3.2** An LDC shall be able to appoint its representative/s in proportion to the total number of principal dentists within the NHS Board area represented by the appointing LDC.

The allocation of representatives for each LDC shall be determined by the LDC Conference Treasurer, using NHS Scotland Workforce data for the total number of Principal dentists per NHS Board area, which is provided in the year preceding the Conference.

Each LDC shall be entitled to appoint representatives as follows:

<u>No. of Dentists in Practice</u>	<u>No. of Delegates</u>
Up to 20	1
21 to 50	2
51 to 100	3

101 to 200	4
201 to 300	5
301 to 400	6
401 to 500	7
501 to 600	8
601 to 700	9
701 to 800	10
801 and over	11

Each LDC may also send one observer at the expense of the LDC.

If a LDCs representation entitlement changes between Conferences, the Conference Agenda Committee shall decide the number of delegates the LDC may send to the next Conference.

4. QUORUM

No business may be transacted at any Conference unless a minimum of one-half of representatives of LDCs appointed to attend such meeting are present.

5. MOTIONS

5.1 No motion shall be considered unless it has been received by BDA Scotland office in writing no less than ten days before the date of the Conference.

5.2 Motions received in the BDA Scotland office not less than six weeks before the date of the Conference shall be printed with the Agenda and Conference papers.

5.3 Motions received less than six weeks, but more than ten days, before the Conference shall be printed and circulated at the Conference.

5.4 Only in exceptional circumstances shall motions of an urgent nature be admitted for debate at the discretion of the Chair, even although that notice was not given as stated at Standing Orders (5.1 and (5.3).

6. SECONDING MOTIONS AND AMENDMENTS

No seconder shall be required for any Motion or Amendment submitted to the Conference by a LDC. All other Motions or Amendments, after being proposed, must be seconded if they are not from a LDC.

7. WITHDRAWAL OF RESOLUTIONS

Any motion to withdraw any Resolution of a Conference must be submitted by a LDC to the BDA Scotland office not less than six weeks before the date of the next Conference.

8. COMPOSITION OF AGENDA

8.1 Motions shall where possible be arranged into blocks according to their subject.

8.2 The Conference Agenda Committee shall have the power to reword motions in order to clarify their meaning, in consultation with the proposing LDC.

8.3 The Conference Agenda Committee may indicate with a 'P' (for 'Policy') motions that in the opinion of the Committee represent a reaffirmation of existing Conference policy. The Chair shall have the power to put motions so indicated to the Conference without debate.

8.4 A motion included in the Conference Agenda shall be withdrawn only with the consent of Conference.

9. RULES OF DEBATE

9.1 A member of the Conference should stand when speaking and should address the Chair.

9.2 Every member shall be seated except the one who may be addressing the Conference, and when the Chair rises no one shall continue to stand, nor should anyone rise until the Chair is re-seated.

9.3 A member shall not address the Conference more than once on any motion or amendment. The proposer of the motion or amendment may reply, but should confine the reply strictly to answering previous speakers and should not introduce any new matter into the debate.

9.4 A member of the Conference whether in speaking for or against a motion will be allowed to speak for five minutes and, with this exception, no speech shall exceed three minutes. The Conference may at any time vary the time allowed for speakers, whether in moving Resolutions or otherwise.

9.5 The Chair shall have power with the consent of the Conference to direct that any two or more motions maybe considered together.

9.6 A motion may be proposed and seconded:

- That the meeting be adjourned, or
- That the debate be adjourned, or
- That the meeting proceeds to the next business, or
- That the question be put to the vote without further discussion

Such a motion can only be carried by a majority of no less than two-thirds of those present and eligible to vote, and always provided that:

- The proposer of any motion or amendment a has the right to reply before the question is put.
- The time of adjournment may always be discussed.
- The Chair has the power to decline any of the options under Standing Order 9 which are put to the Conference.

10. AMENDMENTS TO MOTIONS

10.1 An amendment to a motion should leave out words and/or insert or add other words.

10.2 No amendment to any motion will be considered until a copy of the motion with the name of the proposer and seconder has been handed in writing to the Chair.

10.3 Whenever an amendment to an original motion has been moved and seconded no subsequent amendment shall be moved until the first amendment has been disposed of, however, notice of any number of amendments can be given to the Chair.

10.4 If an amendment to a motion is carried, the amendment will take the place of the original motion and will become the question upon which any further amended motion is debated.

11. VOTING

11.1 Representatives of LDCs and members of the Conference Agenda Committee only will be entitled to vote.

11.2 Voting will be by show of hands, or by electronic means, unless a formal division is demanded by no less than ten members of the Conference, in which case a ballot vote will be taken.

11.3 The Chair may decide that a ballot vote will be taken.

11.4 Where the number of votes cast is equal, the Chair has the right to a casting vote.

12. CONFERENCE AGENDA COMMITTEE

12.1 The Conference Agenda Committee will consist of the Chair, Chair-Elect and Immediate Past Chair of the Conference, the Treasurer and up to three members elected from the Conference. The Immediate Past Treasurer will remain on the Agenda Committee for one year as a non-voting member. The Chair of the Scottish Dental Practice Committee shall be entitled to attend all Agenda Committee meetings as an observer.

12.2 The duties of the Conference Agenda Committee will be to settle the order of the Agenda for the Conference, to make recommendations to the Conference as to the conduct of business, to make all necessary arrangements for the organisation and financing of the Conference and to report to the Conference.

12.3 Should any member of the Conference Agenda Committee, Office Bearer, or any associated Conference post resign, retire or otherwise cease to hold office before the end of their term of appointment, the Conference Agenda Committee will have the power to co-opt a successor until a replacement is elected at the next Conference.

12.4 The Conference Agenda Committee will have the right to invite to Conference special observers, where the Committee judge this is likely to assist the Conference in its work. Such observers shall be able to speak on the same terms as members of Conference but shall not be able to vote under any circumstances.

12.5 The Conference Agenda Committee has the right to invite guests/observers to committee meetings to assist with conference work as and when required.

13. ELECTION OF CHAIR OF CONFERENCE

13.1 At each alternate Conference a Chair-Elect will be elected and will hold office for two Conferences from the end of business of the Conference at which they were elected. At the end of the second Conference they shall assume

the office of Chair for a further two Conferences. During the latter period they shall Chair the Agenda Committee.

- 13.2** Nominations for Chair-Elect will be sent by an LDC to the BDA Scotland office in writing not later than one week before the Conference. Further nominations, proposed and seconded, may be accepted at the Conference.

14. SECRETARY

BDA Scotland will act as Secretary to the Conference and to the Conference Agenda Committee. BDA Scotland will carry out the administrative arrangements for the Conference under the direction of the Conference Agenda Committee. Should BDA Scotland be unavailable the Conference Agenda Committee may appoint a replacement.

15. MINUTES

The BDA Scotland will arrange for minutes to be taken of the proceedings of the Conference and the Chair will be empowered to approve and confirm the report of Conference.

16. RETURNING OFFICER

BDA Scotland will act as Returning Officer in connection with all voting and elections. In the absence of any BDA representation, the Conference shall elect a Returning Officer.

17. TREASURER

- 17.1** The Conference will elect a Treasurer who will hold office for three years and will assume responsibilities from 1 September in the year they are elected.

- 17.2** The Treasurer will collect, hold and disburse all monies as directed by the Conference Agenda Committee and will submit audited accounts to the Conference.

- 17.3** Any two of the three nominated signatories for Conference accounts and cheques have the authority to make payments. The signatories will be the Treasurer and the Chair and Chair Elect.

18. FINANCE

- 18.1** All LDCs will be invited to contribute to a Conference Fund at rates to be decided from time to time by the Conference Agenda Committee.

- 18.2** The Conference Fund will be used to pay all costs properly incurred in organising the Conference, subject to conditions decided by the Conference Agenda Committee.

- 18.3** A LDC that has contributions to the Conference Fund still outstanding will have no right to participate in the requisition of a Conference under Standing Order 1(1.2)

19. AUDITORS

The Conference will appoint Auditors to examine and report on the accounts.

20. SUSPENSION OF STANDING ORDERS

Any one or more of these Standing Orders may be suspended by the Conference provided that three-fourths of voting members present agree.

21. CHAIR'S DISCRETION

During Conference, any question arising in relation to the interpretation of these Standing Orders, or in relation to any matter that is not dealt with in these Standing Orders will be determined by the Chair's absolute discretion.

Revised April 2024

Passed by Conference on 19 April 2024

2024 LDC Conference Motions

15 motions passed at the 2024 Conference of Scottish LDCs were taken forward as SDPC policy

Below is a summary of the progress made with the motions

Green = progress made
Orange = longer-term goal
Yellow = no longer applicable

Number	Title	Motion	LDC	Progress
1	Increased capitation for over 65's	This Conference calls for an urgent review of and increase in the additional support needs capitation payment for registered patients in the 65+ age group.	Greater Glasgow & Clyde LDC	SDPC discussed this matter with the Scottish Government who advised that they are not currently making any changes to the Statement of Dental Remuneration. They noted it is important that the system is given time to bed in before a full review is carried out. Scottish Government advised that suitable evidence for such a change would be required, particularly as this motion specifies one age group.
2	Enhanced Domiciliary Care Crisis	This Conference demands that Scottish Government address the crisis in domiciliary care provision through immediate review of Determination 1 changes, and reinstatement of appropriate reimbursement for the additional time and skill required to properly care for these complex patients to allow the service to remain viable.	Greater Glasgow & Clyde LDC and Lanarkshire LDC	Completed - on 1 May 2024 Scottish Government amended item 8 - Domiciliary Visit and Recalled Attendance - in the new Determination 1 to allow this item to be claimed by enhanced domiciliary care dentists per care home location visited. This can be claimed in addition to all required items of treatment and enhanced skills allowances, as set out in Determination XVI, Part I.
3	NHS Pension FAQ	The conference calls on Scottish Government, PSD and SPPA to work together to produce an FAQ in relation to the NHS pension scheme.	Ayrshire & Arran LDC	SDPC are in the process of raising this matter with the Board of the Scottish Public Pensions Authority (SPPA). SPPA are in the process of devising a newsletter with the purpose of providing more helpful information about how to contact them and explain their progress in terms of meeting their members' needs. In addition, we wrote to the Minister for Public Finance in November 2024 to ask that adequate funding be provided to SPPA so they can function more effectively and meet their members' needs.
4	Digital Allowance Payment	This Conference calls for financial support for digital technologies through the creation of a digital allowance payment to assist NHS practices to purchase and maintain digital equipment such as digital scanners, and associated software and hardware, to enable them to reduce their environmental footprint whilst maintaining the quality of patient care expected by NHS patients.	Greater Glasgow & Clyde LDC	SDPC discussed this matter with the Scottish Government during the Determination 1 negotiations. At this point, Scottish Government advised that allowances would be discussed as part of stage 2 of Payment Reform. Timeline was to be confirmed. Scottish Government have recently advised that due to the current emergency financial controls in place across Scottish Government, that they are therefore not in a position to consider additional allowances at this time. SDPC will continue to raise this matter with the Scottish Government.

5	Extension to Golden Hello Areas	This Conference calls for an increase in the number of designated areas where associates can get 'golden hellos' and other incentives for buying or setting up practices in order to improve access to NHS dentistry.	Greater Glasgow & Clyde LDC	<p>Workforce recruitment and retention, in relation to patient access, is a high priority SDPC are regularly discussing with the Scottish Government and other organisations, such as NES. In specific reference to the Scottish Dental Access Initiative, a new webpage relating to this was launched on the Scottish Dental website in May 2024.</p> <p>The NHS Scotland operational improvement plan was also published on 31 March 2025. It contains a commitment to refresh and target existing incentives and eligibility following completion of work with the Board Chief Executives' Dental Services Reference Group by the end of December 2025.</p> <p>The Chief Dental Officer wrote to all Health Boards on 2 September 2024 confirming the Scottish Government's intention to introduce a more targeted and evidence-based approach to support rural areas with additional financial support. Scottish Government are currently reviewing the existing grants and financial incentives available to NHS Boards and will continue to work closely with Health Boards to ensure that these support measures offer maximum effectiveness to help counter access issues in the areas that need it most.</p>
6	Increase in CPDA	This Conference demands an increase in Continuous Professional Development Allowance to 10 sessions per year.	Greater Glasgow & Clyde LDC	SDPC discussed this matter with the Scottish Government who have advised that due to the current emergency financial controls in place across Scottish Government, that they are not in a position to consider additional allowances at this time. SDPC will continue to raise this matter with the Scottish Government.
7	LDC Levy Opt-Out	The conference believes that to support local and national negotiation at a time of significant dental challenges, the Local Dental Committee levy on NHS schedules should be an 'opt out' for all lists.	Forth Valley LDC	The Chair of the Conference of Scottish LDCs, as a member of SDPC, discussed this motion with the Scottish Government who have advised that they are unable to take a view on such a topic. This is a complex motion which may require input from Practitioner Services, and or, Health Boards. SDPC intend to discuss the motion further with Practitioner Services.
8	Silver Diamine Fluoride Allowance	This Conference calls for an allowance for practices (through a specific enhanced minimally invasive code for paediatric dentistry) to purchase silver diamine fluoride for use on children with multiple carious teeth to try and prevent the need for future extraction under general anaesthetic.	Greater Glasgow & Clyde LDC	In July 2024, SDPC submitted a proposal to the Scottish Government asking them to add a treatment code for Silver Diamine Fluoride application to the new Determination 1. Scottish Government declined the proposal, advising that as Silver Diamine Fluoride is not licensed in the UK for caries management, that it is not possible to include it in the Statement of Dental Remuneration.
9	Centres for Oral and Maxillofacial Surgery	We call on Scottish Government to develop regional centres for oral and maxillofacial surgery to allow equal access throughout Scotland.	Lanarkshire LDC	Workforce recruitment and retention, in relation to patient access, is a high priority SDPC are regularly discussing with the Scottish Government and other organisations, such as NES. Scottish Government advised that as this motion relates to secondary care / minor surgery, that they are unable to provide comment and advised this topic would be better raised with secondary care colleagues within Scottish Government. SDPC intend to pursue this.

10	Oral Surgery GDP Training Grant	This Conference calls for a training grant and pathway for GDPs to gain minor oral surgery skills to reduce referrals to secondary care and waiting times for secondary care O.S. treatment.	Greater Glasgow & Clyde LDC	<p>Workforce recruitment and retention, in relation to patient access, is a high priority SDPC are regularly discussing with the Scottish Government and other organisations, such as NES. SDPC have asked Scottish Government about Action 16 of the 2018 Oral Health Improvement Plan and when this will be implemented in relation to Practitioners with Enhanced Skills. The plan discusses introducing a system of accreditation that recognises GDPs with enhanced skills and allows these professionals to carry out certain procedures which can be safely done within a primary care setting.</p> <p>Scottish Government advised that as this motion relates to secondary care / minor surgery, that they are unable to provide comment and advised this topic would be better raised with secondary care colleagues within Scottish Government. SDPC intend to pursue this.</p>
11	Dental Amalgam Ban	This Conference demands that the Scottish Government and BDA work together to secure the supply of 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.	Greater Glasgow & Clyde LDC and Lanarkshire LDC	<p>The EU amalgam ban is a topic regularly discussed with both the Scottish Government and NSS. NSS are concerned about the future supply of the material to the UK, and as such, are in discussions with the three main UK dental supply companies to seek clarity on whether they will be able to meet supply demands should the market change. NSS have agreed to keep the BDA updated on developments.</p> <p>The Scottish Government advised that the supply and demand (e.g. production of amalgam or dental lab costs) is not likely to be one that can be determined directly by Scottish Government intervention. Scottish Government are happy to discuss the implications of potential changes to amalgam supply with the BDA in the context of the Statement of Dental Remuneration.</p>
12	Addressing the Shortage of Dental Technicians in Scotland	This Conference calls upon the Scottish Government to take immediate action by supporting additional funding for dental technician trainees and facilitating the creation of more accessible training programs.	Greater Glasgow & Clyde LDC	<p>Recruitment and retention of the dental workforce is a high priority regularly being discussed with the Scottish Government. The Chief Dental Officer led initial discussions with the dental technician training course at the University of Aberdeen. It was thought that some school leavers, who could be potential course applicants, could be excluded from applying due to the qualification requirements. As such, discussions are ongoing about potentially devising a pre-acceptance introductory course for school leavers, with less qualification requirements, which on completion would guarantee a place on the University course.</p> <p>Scottish Government advised that this matter is now being handled by NES and therefore, suggested SDPC discuss the matter directly with them. SDPC intend to pursue the matter with NES.</p>

13	Recruitment and Retention	This conference believes that the number of undergraduate dental trainees should be expanded significantly to aid recruitment and retention, particularly in Scottish, NHS practices.	Forth Valley LDC	<p>Recruitment and retention of the dental workforce is a high priority regularly being discussed with Scottish Government and NES. Any increase in intake numbers for undergraduate dentistry would need to be appropriately funded. Consideration would also need to be given to capacity in dental schools both in relation to numbers of academic teaching staff and clinical / non clinical teaching facilities, along with appropriate funding for vocational training and dental core training for new dental graduates.</p> <p>Over the medium to longer term, Scottish Government are actively looking at options regarding improving the workforce pipeline. The 2025 / 2026 budget sets aside up to £3 million to improve the NHS dental workforce and within this Scottish Government plan to increase the intake to dental schools by 7%, this means there will be an additional 10 Scots-domiciled students in the intake from September 2025.</p>
14	Dental Nurse Training	We call on Scottish Government to increase the number of funded places for dental nurse training to help with the recruitment crisis.	Lanarkshire LDC	<p>Recruitment and retention of the dental workforce is a high priority regularly being discussed with Scottish Government and NES. Our current view is that any increase in DCP numbers would need to be appropriately funded and informed by robust workforce planning across the whole of dentistry.</p> <p>Scottish Government advised they were unable to take a view on this motion. This subject is within the locus of NES and, as such, they suggested discussions be taken forward directly with them. SDPC intend to pursue the matter with NES.</p>
15	DDRB Recommendation	This conference calls for the DDRB to provide a recommendation for Scotland which will deliver parity throughout the UK on take home pay.	Greater Glasgow & Clyde LDC	<p>The BDA's Review Body and Evidence Committee (RBEC) are considering whether the higher taxation levels for some dentists in Scotland will be used as nation specific evidence in the BDA's DDRB written submission for 2025 / 2026. We propose to raise taxation levels as part of the expenses / cost of care discussions, once a framework for these negotiations has been established and agreed by Scottish Government / SDPC.</p> <p>Scottish Government advised they were unable to take a view on this motion as it relates to the external pay body.</p>

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
- ⁴⁸ Motion from 2022 Conference of Scottish LDCs
- 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



Virtual Voting Instructions

****Voting attendees only****

Please read during the morning session of conference

As per the [Conference of Scottish Local Dental Committees Standing Orders](#) only LDC delegates and members of the Conference Agenda Committee are permitted to vote in the Elections and Motions sections of the conference.

Voting this year will once again take place electronically using an online platform accessed through your smart phone. Please see below instructions of how to access the online platform Slido.com.

Step 1

Please ensure that your smart phone is connected to the UOS Guest Wi-Fi network:

Network name: UOS Guest Wi-Fi

A login page will appear, please follow the instructions and you will get connected.

Step 2

To access the voting system, open your smartphone camera and scan the QR code below:

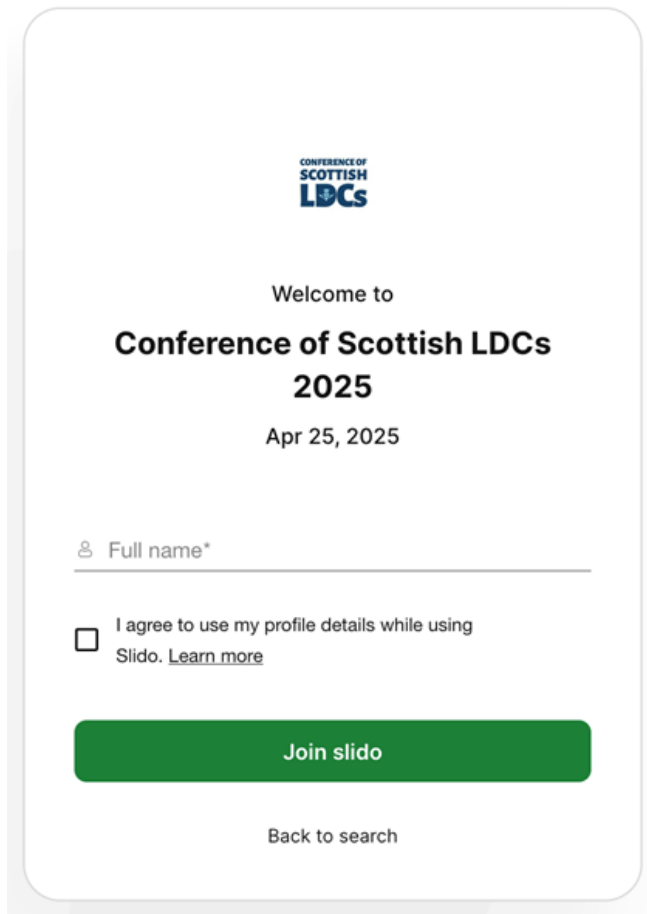


Or alternatively, click on the link below:

<https://app.sli.do/event/kjsjAnT3sirPjzdfdLn9j>

Step 3

The following screen will open:



The screenshot shows a mobile app interface for the 'CONFERENCE OF SCOTTISH LDCs'. At the top is the logo. Below it, the text reads 'Welcome to', 'Conference of Scottish LDCs', '2025', and 'Apr 25, 2025'. There is a text input field with a person icon and the label 'Full name*'. Below the input field is a checkbox with the text 'I agree to use my profile details while using Slido. [Learn more](#)'. At the bottom is a large green button labeled 'Join slido' and a smaller link labeled 'Back to search'.

Please input your details as per below:

Full name: please ensure you include which LDC you are from within this section, for example: *Christina Ferry Lanarkshire LDC*

Then tick the box and click on the green icon to join the event.

Please ensure you have tested if you can successfully access the voting platform through your smart phone prior to the afternoon session of the conference.

If you experience issues or have any questions, please ensure you speak to one of the Conference Agenda Committee during the morning break or lunchtime section of the conference.



CONFERENCE OF SCOTTISH LOCAL DENTAL COMMITTEES

Virtual Voting Protocol

As per the [Conference of Scottish Local Dental Committees Standing Orders](#) only LDC delegates and members of the Conference Agenda Committee (CAC) are permitted to vote in the elections and motions sections of conference.

Historically, voting has been carried out manually using voting cards, however at the 2023 conference, virtual voting was conducted for the first time using an online platform.

It is the intention of CAC to proceed with virtual voting for the foreseeable future, and as an online system is a change, CAC decided to draft a Virtual Voting Protocol as guidance for them to refer to when planning conference each year. The document was also developed with the intention of being transparent with all conference attendees about the new process.

Time Limit

- A time limit of 20 seconds for votes to be submitted will be applied to each motion.
- A timer clock will be visible for conference attendees to refer to.
- The time limit will only start once the motion has been verbally explained and any debate has been concluded by the Chair.
- A time limit is set to ensure voting is conducted in a timely manner and ensure maximum audience participation.

Voting Results

- Once the time limit for votes to be submitted has closed, the result of the vote will be displayed for conference attendees to see (% of For, Against and Abstain votes).
- If 100% of the vote is 'For' the motion, this will be classed as the motion having 'passed unanimously'. This is regardless of the number of attendees who voted in comparison to the overall number of attendees who were eligible to vote.

Voting Transparency

- When conducting manual voting, using voting cards, the way in which an attendee has chosen to vote is visible to all other conference attendees.
- When voting virtually, the result of an individual vote is hidden from the rest of the audience (a limitation of the new system acknowledged by CAC).
- However, please note that voting is not anonymous and after the conference has closed, CAC have access to the data in relation to each vote, including details of how each individual attendee has chosen to vote on each motion.



MOTIONS 2025

1. Add Fee for Incomplete Root Treatments to Determination 1

This conference calls for a fee for incomplete root treatment to be added to Determination 1.

Lanarkshire LDC

2. Increase NHS Commitment Payment Thresholds in line with Pay Uplift

This Conference regrets the decision by the Scottish Government to increase the Earning Thresholds by 6% for Commitment Payments but not simultaneously increasing the Quarterly Payment Levels; and urges NHS Commitment is properly respected by rectifying this with back pay and all future rises to be equal in both elements.

Tayside LDC

3. Revision of the NHS Commitment Calculation for Dental Practices

This conference demands Scottish Government revise their current method of calculating a practice's NHS commitment level.

Lanarkshire LDC

4. Commitment Payments immediately post VT

This conference demands that the NHS commitment payment, currently paid to GDPs after 5 years of NHS service, is paid to GDPs from when they receive a list number immediately after VT.

Greater Glasgow and Clyde LDC

5. Pay Uplift for Allowances *(P)

This Conference believes pay rises for NHS dentists should be applied to CPD and other allowances that compensate for working time, not just Determination 1, and calls for the Scottish Government to apply this across all future revisions to the Statement of Dental Remuneration.

Tayside LDC

*(P) – existing Scottish Dental Practice Committee (SDPC) policy

6. Increase in Continuous Professional Development Allowance *(P)

This conference demands an increase in the Continuous Professional Development Allowance from 6 to 10 sessions per year. This is necessary to allow some flexibility and choice of topics other than core topics like IRMER and Medical Emergencies and enable us to construct a wider Personal Development Plan.

Greater Glasgow and Clyde LDC

7. Confirmation of Maternity Allowance within 6 weeks of GP203 Submission *(P)

This conference demands that dentists claiming NHS maternity pay receive written confirmation of their entitlement, along with the working calculation, within 6 weeks of submission of form GP203.

Lanarkshire LDC

8. Recruitment and Retention Crisis *(P)

This conference believes the current recruitment crisis across registrants in dentistry has been evident for a number of years, largely ignored by SG and the CDO and must be addressed and funded urgently.

Forth Valley LDC

9. Mentoring for EU Dentists coming to work in Scotland

This conference demands more support and mentoring for inexperienced dentists coming to work in Scotland from EU countries.

Lothian LDC

10. Dental Hygienist Training *(P)

This conference demands that hygienist training is reinstated in Scotland, as a matter of urgency. Only having Hygiene/Therapy training in Scotland ignores the importance of the hygienist role and contributes to the imbalance in skills mix and the recruitment crisis. We require a trained workforce to deliver periodontal care to patients.

Greater Glasgow and Clyde LDC and Forth Valley LDC

11. Childsmile Nurse Training

We call on the Scottish Government to increase provision for regional training of Childsmile nurses.

Fife LDC

12. GDP Training for Simple Oral Surgery Procedures *(P)

This conference demands training for GDPs to be able to perform simple oral surgery procedures in practice, including surgical extractions. This will reduce secondary care waiting times & improve patient care.

Greater Glasgow and Clyde LDC

13. Skill Mix Integration

This conference regrets the lack of progress in the integration of all the members of the dental team within the current Scottish NHS system and urges the Scottish Government to expedite the reform required to achieve this.

Greater Glasgow and Clyde LDC

14. Full-Scale review of Domiciliary Care Provision

This Conference calls for a Full-Scale review of Domiciliary Care provision and the creation of a uniform, nationally agreed, evidence-based set of Standards and Protocols, to allow best care to be provided for this growing patient group.

Lanarkshire LDC

15. Training and Reimbursement for Domiciliary Care *(P)

The conference demands that Scottish Government address the crisis in domiciliary care provision through immediate training of more enhanced skills practitioners and appropriate reimbursement for the additional time and skill required to properly care for these complex patients. Ongoing CPD should be provided for existing enhanced skills practitioners.

Greater Glasgow and Clyde LDC

16. Paediatric General Anaesthetic Waiting Times *(P)

This conference calls for the Government to allocate funding in addition to the current dental funding specifically to reduce paediatric GA waiting times to below pre-Covid levels.

Greater Glasgow and Clyde LDC

17. Oral Medicine Consultants / Specialist Shortage *(P)

This conference demands the workforce plan for oral medicine consultants/specialists is urgently reviewed due to the historical and ongoing shortage.

Greater Glasgow and Clyde LDC

18. National Insurance Contributions Increase from April 2025

This conference demands that Scottish Government provides additional funding to GDS to cover the increases in employers National Insurance. Failure to do so will seriously impact the sustainability and viability of NHS dental practice.

Greater Glasgow and Clyde LDC and Fife LDC

19. Increased Resource for the Scottish Public Pensions Authority

This conference calls on the Scottish Government to provide increased and appropriate resources to ensure the Scottish Public Pensions Authority is fit for purpose.

Lanarkshire LDC

20. NHS Pension Scheme for all Dental Care Professionals in GDS

This conference calls for dental care professionals treating NHS patients in general practice to be entitled to membership of the NHS pension scheme.

Ayrshire and Arran LDC

21. Superannuation Deductions and the Maternity Allowance

This conference demands that superannuation deductions from dentists' maternity allowance be calculated using the same formula as ordinary schedules and do not exceed the maximum percentage band as set by the Scottish Public Pensions Authority.

Lanarkshire LDC



Report of the General Dental Practice Committee

1. This report provides an overview of the General Dental Practice Committee's work over the last term, outlining its key achievements, and the next steps in addressing the significant challenges faced by NHS dentistry in England. The Committee has played a key role in advocating for fairer funding, securing important contractual changes, and keeping NHS dentistry high on the political agenda. The GDPC's and BDA's position is in favour of a prevention-based, blended contract, incorporating a significant capitation component, activity for very high needs, and sessional payments for urgent care.

GDPC's Role During the Pandemic

2. At the start of the Committee's last term, NHS dentistry was still reeling from the impacts of the COVID-19 pandemic. The profession was facing extensive treatment backlogs, financial instability, and severe workforce shortages. In response, the Committee successfully secured contract mitigations to support dental practices. The Unit of Dental Activity thresholds were adjusted to mitigate financial clawback, and financial protections were extended to stabilise the sector. These measures ensured that NHS dental practices could continue to operate and provide care to patients despite the challenges posed by the pandemic but failed to address the weakened state in which NHS dentistry entered into the pandemic.

First Contractual Changes since 2006

3. A minimum UDA value was implemented for the first time, ensuring a baseline level of fairness in compensation. Additionally, higher numbers of UDAs were awarded for complex treatments such as molar endodontic procedures, which had previously been undervalued. These adjustments were a necessary step towards addressing long-standing inequalities in the system. However, the Committee is still of the opinion that further reform is essential to create a sustainable and equitable model for NHS dental practitioners.

Marginal Changes 2.0

4. The proposed updates were designed to improve access for high-needs patients, introduce quality-focused measures linking funding to patient outcomes, and address inequities in associates' terms and conditions. Although NHS England has indicated support for these changes, implementation has been slow, and the Committee has continued to push for urgent action.

Dental Recovery Plan

5. The Dental Recovery Plan introduced several key measures, including increasing the minimum Unit of Dental Activity value to £28 and implementing a New Patient Premium to encourage patient access. The plan also included provisions for mobile dental units in underserved areas. Financial incentives such as "Golden Hellos" were introduced to attract dentists to areas with significant shortages. Additionally, consultations on tie-ins and provisional registration are ongoing.
6. The BDA said at the time that this Plan would not be sufficient to recover NHS dentistry, even to its poor pre-pandemic state. This was the finding of a subsequent [National Audit Office review](#) of the Plan.

Minimum UDA Value

7. The Committee has been strongly advocating for a minimum UDA value of £35 to better reflect rising operational costs and ensure the financial viability of NHS contracts. A fair and adequately funded system is critical to retaining NHS dentists and maintaining accessibility for patients.

Raising Dentistry's Political Profile- The Impact of the General Election

8. For the first time, NHS dentistry became a significant issue during the general election campaign. The Committee played a key role in ensuring that it remained a political priority. Moving forward, the Committee's focus would be to work with the Government to ensure that manifesto pledges are met and to also push for clear timelines on contract reform.

Pay & Contract Uplifts

9. The Committee has played a crucial role in advocating for better pay for NHS dentists. It has influenced the Doctors and Dentists Review Body's recommendations, leading to higher-than-average pay uplifts over the past three years. However, future pay increases must keep pace with rising costs to ensure that NHS dentistry remains an attractive career option. There remains a significant issue in how the DHSC approaches expenses, with the uplift last year at only 1.68%. There have also been problems with unacceptable delays to implementation, with the 2024/25 uplift only applied in March 2025.

The New Triennium- 2025- 2028

10. I was elected as Chair of the GDPC, with Vijay Sudra and Joe Hendron as Vice-Chairs.
11. The General Dental Practice Committee has remained steadfast in its commitment to securing essential reforms for NHS dentistry. By continuing to engage with policymakers, advocating for fairer funding structures, and applying pressure on government bodies, the Committee will continue to work to ensure a sustainable and equitable future for both dental practitioners and patients.

Shiv Pabary
Chair, General Dental Practice Committee
April 2025



An Update to the Conference of Scottish LDCs 2025 - from Northern Ireland DPC

Thank you for inviting me once again to the Conference of Scottish LDCs. As chair of the Northern Ireland Dental Practice Committee, Scottish LDC was one of the first events I attended in my first term, and the hospitality and genuine welcome I received has always stayed with me, so I am very much looking to this year's conference.

In January of this year, I was pleased to be re-elected as Chair of NIDPC for a further triennium and am looking forward to what we hope to be a period of significant change in NHS GDS in Northern Ireland.

For the first two years of the last triennium, we had no functioning government and this lack of leadership and lack of decisive action, with civil servants purporting to have no ability to adjust static fees in the face of spiralling costs, gained us the dubious honour of having the worst terms and conditions in the four nations.

Political paralysis stymied any chance of progress in NHS GDS and so we focussed on supporting private practice running an event called 'Life beyond the SDR empowering practitioners to begin the walk away from dependence on the NHS, the take-home message being 'the door is not locked'.

With the reinstatement of government at the start of last year came a headline-grabbing £9.2M 'investment plan' for NHS dentistry. However, this 'investment' came from the underspend in the dental budget, this underspend resulting from Government failure to address cost of care. The schemes were only for one year and were disappointingly unambitious; a dental access scheme for unregistered patients to access emergency care (good for patients in pain, bad for long term oral health), a 30% enhancement in fees for fillings, RCT and extractions (for reference Scottish fees in the new determination 1 are approximately double our baseline fees) and an enhanced child examination fee (fixes the front door whilst the rest of the building crumbles). 'It's not Scotland' was said more than once as a commentary on the short-term measures.

And then there was the amalgam crisis, the EU was banning amalgam and because of our unique post Brexit position, this ban was to apply in NI. Through lobbying, appearances in front of the Windsor Framework Committee and media campaigning we secured a long-term exemption keeping amalgam in our toolkit for now.

It's not modern, it's not pretty but it is the backbone of HS dentistry and non-amalgams in posterior teeth are the private subsidy upon which many hybrid practices rely on to stay open. It was a strange victory we fought to hold on to an outdated material, when all the modern technology and research is directed towards non-amalgam restorative materials, but it was no exaggeration to say that removal of amalgam would have broken NHS dentistry in Northern Ireland and in fighting to save it I believe we did genuinely save NHS dentistry.

The fact that removal of one material has the ability to completely topple the NHS dental system, shows how completely precarious it is, and has reinforced the need for urgent reform and adequate investment in dentistry.

And so to the future.... in December, the Health Minister launched his Three Year Plan and we were encouraged to see a published commitment that by '*April 2027, we will have developed an action plan and programme of work for the reform of General Dental Services.*'

Soon after the reconstitution of our committee in January, we had a series of meetings, the first was with the Health Minister on Thursday 18th February. This was a continuation of a process which started with our appearance in front of the Health Committee last June. As a result of the severity of the issues we raised with the HC and multiple complaints from constituents, the Department was called to appear in September.

In September, the Health Committee was not satisfied with Department of Health iterative plans for our service explanation, nor their progress with contract reform and therefore asked for regular updates from the department in relation to contract reform and engagement with the profession. This watching brief has been incredibly valuable.

In the Ministerial meeting on the 18th February we raised GDS payment reform, addressing the true cost to provide care at practice level, the additional cost from the imminent National Insurance and National Living wage increased and the flawed approach to expenses as laid out in our case for reforming GDS. We emphasised that the goodwill has run out, evidenced by registration and activity figures which show that the move away from HS dentistry is well underway. We advised that meaningful action by the Department was imperative to address significant financial pressures and restore faith in the future.

The Minister pointed to a forthcoming Cost-of-Service review, which he said will be followed by negotiations. He also referred to short-term support measures for GDS in 25/26 which his officials say will help to stabilise and maintain Health Service dentistry. The Minister agreed to instruct officials to look at the approach to determining the uplift to expenses which coincides with DDRB. We urged the Minister to ringfence all underspend within the GDS budget ensuring that this is re-invested into dentistry rather than being lost from the service.

The Minister committed to looking into issues relating to the GDS budget. He accepted our ask that a twin-track approach of prioritising financial sustainability of practices alongside maximising patient outcomes should drive forward GDS reform. He appears to understand the importance of building on the measures introduced in 24/25 for the sustainability of this service. We welcomed his support to commission a Cost of Service review

On the same day at the Northern Ireland Assembly, there was a debate in Plenary Session on local emergency Dental access issues, this adjournment debate went well beyond dental access, focusing on inadequate fees being at the heart of the issues experienced by dentists throughout Northern Ireland, the language and approach used by MLA's reflecting all of our messaging.

The short-term proposals from last year are due to expire at the end of March and so on 25th February we met DOH officials to discuss next steps. The Department had some modest proposals on which we provided feedback, and in a solution-focussed approach we came up with some proposals which, with the right enhanced funding might deliver improved population oral health outcomes, while also being sufficiently attractive to stem or maybe even reverse the exodus. We advised that the key to getting more patients registered and treated is removing the risk and financial barriers associated with new patients... high treatment need, longer treatment times, high rate of failed to attend. As of 1st April we have no outcome to report for either the DOH short term proposals or our suggestions.

Reflecting over the past three years I have come to understand that in dental politics, effort and reward are not always linked, and that change in a huge contract such as that for NHS dentistry is neither a linear nor a speedy process, but I have a sense that there is finally some movement and that we are being listened to (on some level at least). I think the NI Assembly's Health Committee scrutinising and keeping a watchful eye on the Department is helping with that.

We are pleased that our calls for a Cost of Service Review have been heard and that this will now happen and that hopefully provide the basis for a new contract, or at least, meaningful contract reform. We have further been assured that by the end of the mandate in May 2027 there will be 'a plan.'

As we know, dentists don't strike, they leave, and when they leave, they don't come back, and I am sad to say that the progress to date might just be too little, too late, to save health service dentistry but I hope for the sake of our patients that it is not.

Thank-you again for having me as your guest



Ciara Gallagher

April 2025