EXECUTIVE SUMMARY

Whilst it is recognised that the greater part of primary dental care is provided by the independent contractor, it is important to understand and accurately reflect the difference in the services provided by salaried dentists and those provided by “high street” dentists.

The salaried dental service has an important, multi-facet role in providing treatment to a diverse range of patients, in healthcare improvement, in education and teaching and in research. These roles will continue to develop and in the future will meet the changing needs of the population of Scotland. Salaried dentists will help to deliver oral healthcare services in a fully integrated health and social care environment and will strengthen those links.

This policy document describes the role of the current service and looks ahead to the future role of a new service that will integrate the salaried general dental services and community dental services.

The document outlines the Scottish Salaried Dentists Committee’s position statements and makes recommendations on specific areas including patient care, workforce, funding, representation, education and training and quality.

INTRODUCTION AND CONTEXT

BDA POLICIES - SCOTLAND

The key policy document that underpins the work of the BDA in Scotland over the four years 2011-2014 is the BDA Scottish Parliament Election Manifesto 2011. The main objective is to continue to improve the oral health of the people of Scotland, more especially those vulnerable groups for whom health inequalities still exist. Among the main priorities, there should be more focus on the quality of patient care; the NHS dental services in Scotland should be properly funded and there must be continued investment in the dental workforce. Supporting and developing the manifesto priorities is the BDA’s Policy on Primary Care Dental Services in Scotland.

The Scottish Salaried Dentists Committee (SSDC) policy document links with BDA Scotland’s policy on Outreach Training, which is most frequently delivered through the primary care salaried dental services.

Local planning and delivery of healthcare services, including dental services, is the focus of BDA Scotland’s policy on Community Health Partnerships (CHPs) with its recommendations, among other things, on the role of CHPs in the development of oral health improvement programmes and in determining local dental workforce needs. The BDA’s policy on CHPs will be equally relevant to the development of Health and Social Care Partnerships which are planned by the Scottish Government in taking forward the integration of adult and health and social care services.

The development of the SSDC policy document is in line with these over-arching BDA policies for Scotland, as well as the BDA UK-wide policies on Oral Healthcare for Homeless People (http://www.bda.org/dentists/policy-campaigns/research/patient-care/homeless.aspx) and 2020 Vision – Oral Healthcare for Older People (http://www.bda.org/dentists/policy-campaigns/research/patient-care/older-people.aspx) is also done in the broader political context of the Scottish Government’s health and social care strategies, including the healthcare quality agenda and the integration of health and social care, both of which align with policy objectives already mooted by the BDA.
The policy statements are also developed against the background of the Scottish Government’s commitment to modernisation of the primary care salaried dental service and the integration of the community and salaried general dental services is supported by the SSDC. The modernisation programme, including a review of terms and conditions and pay, is long overdue and SSDC believes that urgent progress must be made so that dentists working in the service are appropriately recognised for the valuable work that they do, especially for the most vulnerable members of the population.

Lastly, the most recent change affecting dentists working in the community dental service is the transfer of the Scottish Prison Dental services to NHS Boards, a move that will have a direct impact on the role and responsibilities of individuals providing the care.

CURRENT ROLE OF THE SALARIED DENTAL SERVICE

Whilst it is recognised that the greater part of primary dental care is provided by the independent contractor, it is important to understand and accurately reflect the difference in the services provided by salaried dentists and those provided by “high street” dentists.

As the salaried dental service (SDS) has evolved, patients who historically would have been seen under the Community Dental Service (CDS) are, in many areas, now being managed within the constraints and restrictions of the general dental services (GDS) under the Statement of Dental Remuneration (SDR). The SDR was not designed to cope with the complexity of services provided by the salaried GDS. The SDR needs to reflect the challenges faced by the service when caring for patients that might not be treated by non-salaried practitioners. For example patients who want dental treatment following a period of neglect, persistently chaotic attenders, patients who, because of anxiety issues and phobias, require sedation or treatment under general anaesthesia, special needs patients, medically compromised patients and those who require home visits.

Reporting methods need to be improved so that centrally processed information accurately reflects the diversity of the patients being treated by the salaried service and takes into account the extra skills and time required to treat them.

Safety net

The SDS provides a service to patients whose needs are more aligned to problems of accessing treatment through the non-salaried GDS. The SDS will continue to play a key role in providing treatment to general population groups where access to “high street” dental services remains or becomes an issue.

Special care dentistry

The SDS provides a service to patients who require special care dentistry. Special care dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of these factors. It pertains to adolescents and adults.¹

Services for vulnerable groups

Salaried dentists provide oral care and treatment to homeless people, those in care homes and other patients who are excluded from the community.

¹ Definition of Special Care Dentistry set out by the Specialist Advisory Committee for Special Care Dentistry, The Faculty of Dental Surgery, The Royal College of Surgeons of England
Health promotion and improvement

Salaried dentists work with consultants in public health to deliver population based oral health promotion activities with particular emphasis on children and vulnerable groups through the Scottish Childsmile programme. Salaried dentists play a key role in delivering health improvement for children and the elderly in supported care.

Specialist services

Along with the non-salaried general dental practitioners, salaried dentists are the gatekeepers to primary care dental services, with a recognised care pathway for referral on to the CDS for specialist services.

The SDS provides support for paediatric dentists and specialists by providing the following services:

- Treatment under general anaesthesia - hospital based, Consultant Anaesthetist
- Paediatric and special care patients
- Sedation services – hospital and community based, include inhalation, intravenous sedation and trans-mucosal and oral sedation
- Behavioural management
- Paedodontics and other specialties, for example, surgical and restorative dentistry

Emergency care

The SDS has a remit to deliver daytime unscheduled care for those patients who are not registered.

Epidemiology

Salaried dentists, within their current role, support the National Dental Inspection Programme run by Public Health. They play a key role in local surveys, such as measuring the quality and extent of services provided to substance, drug and alcohol abusers.

Education and Training Roles

The salaried dental service is a key provider of student outreach training. It operates undergraduate clinics in all four dental schools in Scotland.

Salaried dentists provide training to vocational dental practitioners on VDP1 and VDP2 courses.

Salaried dentists also provide specialist training programmes and are involved in collaborate research as part of the Primary Care Research Network.

FUTURE ROLE OF THE SERVICE

The salaried dental service has an important, multi-facet role in providing treatment to a diverse range of patients, in healthcare improvement, in education and teaching and in research. These roles will continue to develop and in the future will meet the changing needs of the population of Scotland. Salaried dentists will help to deliver oral healthcare services in a fully integrated health and social care environment and will strengthen those links.

This will include:
- An ageing population with increasing numbers of patients suffering from age-related conditions such as dementia
- Medically compromised patients
- Childsmile in schools
- Looked after children

The responsibility for delivering the National Dental Inspection Programme should remain within the salaried dental service until such time as it is piloted otherwise.

---

**REPRESENTATION AND RECOGNITION**

- The Policy and Professional Services Directorate of the British Dental Association (BDA) will:
  - continue to represent BDA members employed by NHS Boards who provide primary dental services “the Service”), by negotiating the best arrangements on all aspects of terms and conditions of service through the Scottish Joint Negotiating Forum (SJNF)
  - continue to support BDA members employed in the Service who may be in dispute or difficulty with their employer
  - support BDA members by giving advice and guidance on all aspects of their employment
  - ensure that the BDA continues to be recognised as the trade union representing dentists employed by the Service
  - ensure that accredited representatives within the Service receive appropriate training and ongoing support
  - attend regular meetings of accredited representatives in Scotland to receive updates from attendees on local issues and to provide updates and advice on issues raised

- The Scottish Salaried Dentists Committee (SSDC) will:
  - provide members to the SJNF
  - make representations to the Scottish Government, NHS National Services Scotland, Special Health Boards, Members of the Scottish Parliament and other relevant parties
  - establish and develop links with the other organisations to support its representational role, such as the British Medical Association, defence organisations and dental care professional groups who share common interests

---

**PAY AND TERMS AND CONDITIONS OF SERVICE (Negotiation)**

SSDC will continue to seek improvements to the pay and terms and conditions of service for all dentists employed in the Service through the SJNF. These include:

- performance appraisal
- management of poorly performing dentists
- working hours
- disciplinary procedures
- remuneration, including pay, allowances, fees and pensions
- extension of NHS commitment payments to dentists employed in the Service
FUNDING

The Scottish Government must recognise the contribution that the SDS has made in helping to improve access to care and reduce oral health inequalities. In order that these improvements are maintained, it is vital that funding for the service is protected. It is also vital that funding be provided and protected for those aspects of the service that are not delivered under the SDR, such as health improvement, research, epidemiology, operating under dental general anaesthesia and joint and shared care with medical specialties.

CAPITAL

SSDC calls on NHS Boards to seek funding from the Scottish Government in order to invest in the continued development of the infrastructure required to deliver salaried dental services, in particular funding required to meet health and safety, disability and other regulatory requirements.

REVENUE

SSDC calls on NHS Boards to:

- provide and maintain sufficient funding to enable access to the full range of services required by the patient groups described under “Current Role of the Salaried Dental Service” on page 2, especially in the current economic environment, since the main provider of care for patients from vulnerable groups is the salaried dental service, without which the needs of these patients would not be met
- ensure that, under the Scottish Government’s proposals to integrate adult health and social care, adequate funding is allocated to dentistry so that the necessary patient care can be delivered as part of the Scottish Government’s Oral Health Improvement Strategy for Priority Groups.
- ensure that income generated through the Statement of Dental Remuneration and patient charges remains within the salaried dental services
- ensure that funding for the delivery of the Scottish Government Childsmile programme is ring-fenced and maintained
- to ensure that funding is in place to support service level agreements with the hospital dental services for the treatment of patients under general anaesthesia

ALLOWANCES

SSDC calls on the Scottish Government to ensure that salaried dentists have access to all appropriate allowances that are available.

PATIENT CARE

We have already noted the special role the salaried services have in relation to patient care.

Safety Net

SSDC believes that, in creating any new posts to the salaried service, these should be assessed to ensure that they are providing a service that supports the non-salaried GDS and not acting in competition.

Special Care Dentistry

SSDC believes
that the CDS should be a lead service for special needs patients and that this lead role is a specialist service.
that, in the treatment of medically compromised patients, there must be support links and shared care with hospital specialities, for example special care dentistry, haematology, oncology, cardiac, organ transplants, diabetes, neurology, progressive conditions. Support links should also be established with GPs, specialist nurses and palliative care providers
that the salaried dental service should enable full access for physically compromised patients, including special equipment such as hoists and transfer boards.
that the Scottish Government must recognise that the General Dental Services Regulations are not wholly compatible with the provision of special care dental services undertaken by salaried dentists. Issues related to the provision of care to patients who suffer from severe mental health problems, anxiety, phobia or learning disabilities must be taken in to account.

Vulnerable Groups

SSDC

supports the provision of patient-centred services with the care of individuals informed by a suitable oral health assessment
supports the completion of local needs assessments by NHS Boards to gauge the extent of unmet need for dental care among homeless people in each area and facilitate the planning of provision
encourages greater integration of the service with local drug & alcohol services
endorses the policy of the BDA regarding prisoners
believes it is vital there is clinical expertise in the locality planning for the provision of oral healthcare to older people in supported care. SSDC encourages health boards to involve Clinical Dental Directors and Consultants in Dental Public Health in the planning and decision-making processes.

Clinical Networks

SSDC supports the development of new and enhancement of established clinical networks that are properly funded and wants the Scottish Government to work together with NHS Boards and Community Health Partnerships (and their successors under the plans to integrate health and social care) to co-ordinate general, community and hospital dental services so that patients benefit from the provision of a stable and joined-up dental care service.

CONTINUING PROFESSIONAL DEVELOPMENT, EDUCATION AND TRAINING

SSDC

will support the development of a wider, clearly defined career structure that encourages and supports progression within the Service for all grades of staff and also by
  o developing staff to obtain specialisms whilst they are employed in the salaried service that are relevant to the services being provided, for example special needs
  o encouraging the development of dentists with special interests
believes that dentists working in the service must have educational appraisal and personal development plans (PDPs).
requires employers to provide sufficient funding, resource and time to achieve any General Dental Council (GDC) mandatory requirements for revalidation and for personal development.
believes study leave time should be protected within working hours
believes that GDC proposals for revalidation for members working in the salaried dental service should be based on existing processes for appraisal and PDPs.

supports flexible training and working if this is in the interests of the individual dentist concerned.

will actively seek the establishment of an individual Continuing Professional Development (CPD) allowance to be made available to salaried dentists in Scotland.

believes high quality research should be undertaken within the Service and seeks support from employers in facilitating this activity.

believes there is a need for access to post graduate training on sedation, including access to equipment and trained staff.

believes that the curricula for dentists, dental hygienists and dental therapists should make explicit reference to gaining experience of working with socially excluded groups.

recommends that CPD and postgraduate courses must be offered to equip dentists and dental care professionals (DCPs) with the clinical and communication skills they will need to treat the increasing number of older people.

WORKFORCE

SSDC:

calls upon the Scottish Government to develop robust mechanisms for planning the dental workforce in Scotland, taking account of workforce planning in other parts of the United Kingdom. The Committee can play a crucial role in this process by identifying the make up of the salaried dental service workforce through its links with the Scottish Association of Clinical Dental Directors (SACDD).

supports the principle of service review and believes it has a critical role to play in future service redesign and would wish to play an active part.

supports the further development of the specialty of special care dentistry within the salaried service. This is an important factor in future recruitment, career development and training.

supports BDA policy on the recruitment of overseas and refugee dentists.

NUMBERS

SSDC:

will work with the Scottish Government and NHS Boards to identify the number of dentists and dental care professionals (DCPs) that are required to work within the salaried dental service in Scotland to deliver services to patients, improve oral health, carry out an education and training role and participate in research work.

will press the Scottish Government to be represented on the Data Implementation Group.

urges that the Scottish Government takes account of whole time equivalent numbers as well as headcount in workforce planning.

SKILL MIX

In order to provide high quality care to patients, SSDC:

supports the concept of a multi-disciplinary dental team, led by a dentist.

believes that the Service should be delivered by dentists and dental care professionals who have had appropriate additional training.

recommends that appropriate numbers of each DCP group are trained in Scotland to meet the needs of the Service.
encourages the greater use of appropriately trained DCPs to deliver dental services within the Service in order to maximise use of service resources

MULTI-DISCIPLINARY WORKING

SSDC encourages multi-disciplinary working in dentistry to include wider healthcare professions, patients and carers.

DENTAL EDUCATION

SSDC believes that dentists working in the salaried dental services should be involved in the delivery of dental education at all stages from undergraduate through postgraduate to continuing professional development (CPD) for dentists and DCPs.

SSDC should:

- engage with NHS Education Scotland and the Scottish Government
  - to ensure facilities and other resources are available for undergraduate outreach teaching being undertaken by the salaried dental service
  - to ensure that funding is in place to support DF1 and DF2 posts
  - to support the expansion of DF1 and DF2 posts within the salaried dental service
  - to ensure CPD undertaken by healthcare professionals using salaried dental services resources is properly funded
  - to ensure salaried dentists play a part in the provision of specialist training in dentistry

QUALITY

SSDC:

- actively supports the provision of high quality clinical services.
- will actively support the role of Healthcare Improvement Scotland in improving the quality of oral healthcare
- will engage on any revision to the National Standards for Dental Services
- actively engage with the Scottish Government NHS Quality Strategy Group
- contribute to the development of clinical governance arrangements, including the Scottish Dental Reference Service, practice inspections and outcome measures
- calls for performance reporting mechanisms to be improved, including clinical activity recording, which demonstrate the steps the salaried service is taking to address some of the inequalities in access and the quality of service provided.
- calls for the Scottish Government to take into account the current clinical audit requirements, which are aimed at individual practitioner level within the GDS, and to review how clinical audit might apply more effectively within a managed service.