Evidence to the Review Body on Doctors’ and Dentists’ Remuneration
Special remit on contract reform for consultants and for doctors and dentists in training

Introduction

The British Dental Association (BDA) is the UK-wide representative organisation for dentists in the UK. The BDA has approximately 19,000 members, representing dentists across primary and secondary care, in training and career-grade posts.

The BDA normally feeds in its views on secondary care contractual matters via the British Medical Association. However, given the significance of the DDRB’s special remit on contract reform, the BDA is submitting this short memorandum of evidence on behalf of dentists. Given the limited nature of the evidence we are submitting, we have not attempted to address the DDRB’s specific questions, rather have offered more general comments.

The BDA supported the BMA’s decision to stall talks on contracts for consultants (in England and Northern Ireland) and doctors and dentists in training (across the UK) in October 2014. The BDA believes that the UK Government and its negotiating partners were making unacceptable demands that lacked an evidence base.

The BDA is concerned about the remit given to the DDRB by the UK Government, and subsequently by other administrations. We believe that it goes beyond what would normally be expected of the Review Body and indeed we would question the appropriateness of the whole process. It is therefore with some reluctance that the BDA is engaging with the DDRB on this matter. It is our suggestion that the Government is manipulating this process to take forward its own political agenda without taking into account the concerns of the medical and dental professions.

We also find the involvement of the devolved administrations in the process somewhat confused. We are disappointed that the Welsh Assembly Government has issued a special remit to the DDRB without first engaging in direct talks, and the very late intervention of the Scottish Government in the process is unfortunate.

Whilst the DDRB’s special remit is restricted to consultants and doctors and dentists in training, it must be remembered that this process has potentially significant implications for other groups of doctors and dentists. If the DDRB is considering making recommendations or observations that impact on other groups, we would argue that it should ask for further evidence on their behalf. In particular, the focus of the remit on seven-day working is highly likely to impact on specialty doctors and dentists. We note that the remit suggests that the ‘Government would also wish to consider the extent to which they [DDRB observations] would read-across to other medical staff groups such as
speciality doctors and associate specialists’, but we do not think that is good enough for our members in these grades. They should be given the opportunity to have their say if they are to be impacted.

Consultant negotiations in England and Northern Ireland

Seven-day working
A significant focus of the special remit in respect of consultant negotiations is the seven-day working agenda. The BDA remains unclear precisely what the UK Government wishes to achieve in this respect, in particular whether it wants to see a full (or fuller) range of services available across the weekend, or whether it wants to ensure the provision of improved high-quality emergency cover arrangements. If the former, the BDA remains unconvinced that this is financially or logistically viable, given the constraints faced across the NHS in terms of money and staff resources. We do not believe that credible evidence has been established about the pay implications of implementing seven-day working, and how this will impact on consultants (and other dentists) on an individual basis.

We remain deeply concerned that there is a lack of clear thinking about what is desired or required of an extended NHS service. There is no apparent idea about what is meant, nor a plan for implementation of what would be almost unprecedented service delivery change. The NHS needs to know the definition of a seven-day service, which services are included, and which should be a priority for implementation.

It is vital that there is clinical engagement if seven-day services are to be designed effectively. The BDA believes that work is already underway at local level to ensure extended services where this is clinically desirable. In respect of dentistry specifically, it is unlikely that there are many dental specialties where an extension of services is a high priority.

Service design must also not undermine professionalism and the research and educational activities which underpin high quality patient care. The BDA has made this same point in the context of the development within dentistry of the Dentists with Enhanced Skills agenda. Any redesign needs to recognise the importance of sustaining the academic teaching and training agenda.

Terms and conditions
The BDA welcomed the commitment in the heads of terms (for the stalled consultant contract negotiation) to the continuation of a national contract. However, we shared the BMA’s concern that proposals put forward by NHS Employers would have localised significant parts of the contract, for example pay and Clinical Excellence Awards (CEAs). The BDA would not want to see local flexibility to the extent that we see inequality for consultants and patients. The BDA is very much supportive of the retention national contracts with consistent standards.

The BDA believes that it is remains appropriate that consultants receive reward over and above their basic pay to incentivise innovation and high performance. Any replacement CEAs scheme must be underpinned by a national structure with adequate protection of funding. This is one of the areas in this special remit where there are potentially significant implications for extended staff groups – in this case, consultant doctors and dentists employed in the university sector. Any localisation of awards systems would be likely to have a detrimental impact on clinical academics in particular.
**Contractual safeguards**

The BMA was demonstrating flexibility during negotiations in being open to consider changes to the current pay progression system for consultants. However, we believe that the BMA was entirely right to stress that any new system should not have to rely on employers’ financial constraints, but on a fair assessment of merit. This must be a principle to underpin any future contractual framework.

The BDA supports the BMA’s concerns, expressed during negotiation, that strong contractual safeguards are also required to guarantee rest periods to ensure that consultants are not tired when delivering care. Without adequate safeguards, patient safety could be undermined. The BDA is aware that NHS Employers see Schedule 3, Paragraph 6 of the terms of service as a block to the development of seven-day services. However, notwithstanding that employers can be criticised for not using their existing contractual flexibilities, this protection cannot be given up without some degree of assurance for clinicians.

**Doctors and dentists in training**

**Contract negotiations**

The BDA supports the BMA’s emphasis during contract negotiations on:

- High quality training
- Safe patient care
- A better professional life for doctors and dentists in training.

Given the vulnerability of this group of staff, it is crucial that effective safeguards are in place to ensure that working hours protect patient safety and the welfare of trainees, and that the pay system reflects experience gained throughout the course of training and delivers financial stability. The BMA had understandable concerns that the proposals developed in negotiation, by not fairly rewarding intensity of work, would have a potential impact on certain specialities. The BMA proposed a number of contractual safeguards to deal with excessive working hours. However, NHS Employers refused to incorporate these into a new contract, insisting that they should be issued as guidance only. This did not offer adequate protection for trainees.

The BMA was also willing to negotiate the current model for pay progression. However, they could not reach agreement on changes without appropriate information on training pathways.

**Issues for dental trainees**

The BDA has identified a number of issues of particular concern for dental trainees in the context of the juniors’ negotiation. Whilst some of these are not unique to dentistry and some are quite technical in detail, they are summarised below as background information for the DDRB:

- **Location of training**: Many of the dental specialties have small numbers of trainees and the absolute number of patients is so low as to require significant travel on behalf of the trainee to ensure all aspects of the speciality curricula are covered. Some trainees have been required to work in both London and Leeds (a round trip of approximately 400 miles or 7 hours) and also between Bristol, Oxford and Portsmouth (a circular trip of approximately 280 miles or 5 hours). The value of the training provided in such programmes is of course
invaluable. However, the work schedule for trainees must factor in the sometimes significant travel burden imposed and the restrictions such travel may place upon them vis-à-vis other scheduled time. Continued recognition of the related travel costs is also of course important.

- **Quality Assurance of Training**: In practice the quality management of speciality training is performed by COPDEND rather than the GDC. A concern has been identified of an inherent risk to dental trainees from the separation of professional regulator and arbiter of specialist standards and the quality assurance of the training required to attain such a standard.
- **Use of revalidation tools**: Suggestion was made in negotiations that progress through the trainee grades could be warranted by successful completion of appraisal and revalidation processes. Currently dentistry is not subject to revalidation and as such alternative measures of progress must be sought for dentists. There is a risk that dental specialty training would not necessarily map onto the revalidation process seamlessly enough to be used for progression purposes.
- **Exit exams**: Of the 13 dental specialties a number require the successful competition of a higher degree or membership exam and in some cases an ISFE before specialist registration is conferred. The cost of the membership exam in oral surgery, for example, is £1250. These exams are a pre-requisite for dentists to gain specialist registration.
- **Entry requirement re pay-scales**: Dentists are eligible to enter specialty training after successful completion of two years of broad based dentistry. For the majority this will include foundation training. There is significant evidence that hospital trusts do not recognise the foundation year as a point on the NHS medical pay scale and hence place a dentist with one year's registered practice on the same salary point as a doctor with no registered practice.
- **Pay progression**: There is no current mechanism for monitoring progression from years one to two of core dental training. The suggestion has been made that ARCP examinations could be used by doctors to facilitate progression. Any alternative mechanism for determining progress must afford dentists a comparable opportunity of outcome as ARCPs would to medical colleagues.

**Summary**

Contract negotiations stalled because the evidence was not there to support such fundamental change. The potential impact on NHS sustainability, patient safety and doctors and dentists' welfare could not be known without that evidence. The BDA supports the BMA in calling on the DDRB to make sure that evidence is collected. That would give the best opportunity for negotiated agreements being reached on new contracts for consultants and doctors and dentists in training.

It is unusual for the BDA to submit evidence directly to the DDRB on behalf of secondary care dentists. However, given the significance of this special remit, the Association has done so on this occasion to outline that there are some issues of particular concern to dentist members, but more importantly to demonstrate the united strength of feeling across medicine and dentistry, and to emphasise the BDA’s support for the stance taken by the BMA in relation to these contract negotiations.

**British Dental Association**

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