

<b>MAIN REPORT</b>		ABM University Health Board PCSDU
<b>Target: LDC</b>		<b>Date: 01 05 18</b>
<b>Action Requested: Support for Principles of Programme and Indication of Involvement in its Development.</b>		
<b>Subject</b>	<b>SBAR: GDP (GDS) Fellowship</b>	
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## 1. SITUATION.

Recruitment and retention of dentists to work in the NHS is an increasing problem in Wales and in ABMU HB in particular. In respect to the GDS, this is despite the presence of two Dental Foundation (DF) programmes in ABMU HB which were established partly to encourage new graduates to remain, long term, in NHS practice in the area. There is also a perception that few dentists now see professional leadership roles attractive which is a risk to service development in the future.

This paper outlines a programme agreed by PCSDU Primary Care Forum in April 2018 which aims to provide an environment to encourage DFs to remain in ABMU HB and support their clinical, managerial and leadership development. The proposal is based on the existing GP Fellowship programme, the DF programme and the current contract reform programme in ABMU HB. CDO (Wales) has indicated support for the proposal.

The Health Board seeks support for the LDC in principle for the project and an indication to be involved in its development and subsequent implementation.

## 2. BACKGROUND.

An analysis of dental workforce in Wales (2012) noted that Wales is a net importer of dentists. The report also highlighted that on average during the period 2007-2010, 58% of

Welsh-trained dental graduates entered the Welsh workforce after completing DF training. Of these, 90% undertook DF training in Wales and 10% undertook it elsewhere before returning to work in Wales. However, these observations are based on DF recruitment programmes managed by the Welsh Deanery and are on an all-Wales basis. In 2016, recruitment became part of a National Programme and the records from the longitudinal DF scheme in the Port Talbot Resource Centre (2011 to 2016) do not mirror the all-Wales findings. For example of the 30 dentists completing the ABMU HB longitudinal DF programme in BRC between 2011 and 2016 only 4 remain in ABMU, and only 2 are working in general dental practice: a retention rate of 7% over a 5 year period.

Anecdotal evidence suggests that many dentists are unwilling to make the transition from DF programme to one of a performer and by extrapolation to eventually an NHS provider in ABMU HB. There is recognition that there has been a 'deskilling' of the profession in some procedural areas. In ABMU HB this has been reflected in increasing referrals to NHS specialist services creating in some specialties unsustainable long hospital waiting lists. This is not unique to Wales and in England there is an active programme to encourage the development of dentists with enhanced skills (DES) for 'Tier 2' procedures.

The current reform programme driven by Welsh Government potentially increases some flexibility into the contract which allows Health Boards and performers to move away from the areas of the contract which they feel is not conducive to the service locally. ABMU HB is at the forefront of contract reform and dental service modernisation and is supported by Welsh Government in this approach.

The Health Board is therefore proposing to establish a 3 year GDP (GDS) Fellowship programme post-DF training.

The benefits of such a programme are:

1. To aid retention of GDPs post-DF training in ABMU HB by providing support for the transition from DF to performer
2. Up-skilling individuals by integrating the Fellowship programme with contract reform and developing enhanced services through supervised training.
3. Short and long-term positive impact on NHS specialist WLS.
4. Compliance with PCSDU Strategy objectives.
5. Development of leadership and management skills.
6. Continue to build on the development of BRC as a clinical postgraduate education resource and specialist service unit.
7. Increased GDS activity through increased contact volume.

### 3. ASSESSMENT:

#### a. Recruitment to Programme

It is proposed from September 2018 that a single GDP Fellowship is awarded to an individual completing DF programme in ABMU each year for the next three years and to a successful performer applying to be a Fellowship Practice. Both awards will be by competitive entry and the individual Fellowship will be for a period of 3 years.

To aid quality assurance, in year one of the programme applications to be a Fellowship Practice will be limited to contract reform practices in the first instance. In year two the programme will also be open to accredited ABMU DF Training practices.

Year	No of New Fellowships Awarded	Duration (Years)	Source of Provider	Source of Fellow.
1	1	3	ABMU HB Contract Reform Practices and DTU	DF having successfully completed ABMU HB DF Programme
2	1	3	ABMU HB Contract Reform Practices and DF Training Practices	DF having successfully completed ABMU HB DF Programme
3	1	3	ABMU HB Contract Reform Practices and DF Training Practices	DF having successfully completed DF Programme

#### b. Funding.

The Health Board will provide up to £125K to the Fellowship Practice through enhanced contact volume in year one of the programme rising to maximum of £150K in year 3.

As part of this additional funding the Practice will fund the following:

Year	Approx. Fellow Salary (Band A)	Fellow SL Max Budget/annum	Fellow Professional Indemnity
1	£44K	£800	£250
2	£50K	£800	£1800
3	£53K	£800	£2800

### c. Contract

The successful Fellowship Practice will establish a contract relationship with the successful GDP Fellow. The Fellow will be employed for 10 sessions a week by the Fellowship Practice, funded through the additional contract volume. However, for two session a week the Fellow will be away from the Practice undertaking enhanced training sessions which will have also have a service commitment. The Health Board will fund up to a maximum of £10K pa for this training which will be paid directly to any provider and will be over and above the funding agreed with the Fellowship Practice described previously.

At the successful end of the 3 year programme if the Provider wishes to retain the Fellow as a performer then the increased contract volume would remain with the Practice if agreed by all parties to any contract.

Details will be explored during the development of the SLA with relevant stakeholders the scenario if the Fellowship becomes vacant during the 3 year programme. For example, the Provider may be required to reimburse the Health Board for the Fellow's SL/PL budget and professional indemnity costs for the whole of the year within which the vacancy occurs. The issue of any outstanding contract activity associated with the Fellow and their contract will also be explored by the stakeholders.

### d. Fellowship Outline Programme

Year	No of Sessions/Week in GDS	No of Sessions/Week in Enhanced Service/ Training	Enhanced Training/Service Specialty Options	QI/SC Project
1	8	2	1. Prosthodontics (BRC) 2. Endodontics (BRC) 3. Paeds (CDS) 4. Oral Surgery (SDS) 5. SCD (CDS)	Bronze QIT Cert PGE/Leadership/ Management
2	8	2		
3	6/8	4/2		6. Ed Sup (DTU)

### e. Portfolio and Fellows Progress

The Practice will have a named dentist agreed with the HB on appointment as educational supervisor (ES) for the Fellow for the duration of the programme. The Health Board will identify a training programme lead (TPL) who will have overall responsibility for the programme as well as delivery of the enhanced training/service.

Throughout the 3-year programme the Fellow will collate a reflective portfolio which will bring together, for example, evidence of education, training, performance and personal development. The portfolio will include evidence of WBAs, CPD, appraisal etc. The Fellow will undertake a formal assessment of satisfactory progress annually based on the portfolio and an agreed Personal Development Plan. These reviews will involve the ES, TPL and a member of the UDD clinical team.

There will be ongoing and continuous monitoring of the programme through the usual contract assessment methods and annual reports will be produced to PCSDU Board.

**e. Draft Timeline**

April 2018, expressions of interest to eligible practices and DFs

May 2018, development jointly with LDC, shortlisting criteria and draft SLA.

June 2018, interviews and award of GDP Fellowship and Fellowship Practice.

September 2018, commencement of Programme.

The Health Board is sensitive that DFs will be completing NR for DCT by first week of May and individuals will already be applying for positions outside the DCT programme.

**RECOMMENDATION:**

The Health Board seeks support from the LDC for the principles of this programme and an indication to become involved in its development from May 2018.