Morgannwg
Local Dental Committee

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Report on Consultation with LDC members and official Co-opted Members on Proposed GDP Fellowship Scheme

Background

The LDC was asked to comment on the consultation document on the Proposed GDP Fellowship Scheme. The Health Board sought support from the LDC for the principles of the programme and an indication to become involved in its development from May 2018. The consultation document was emailed to LDC elected members and official co-opted members on 2nd May 2018 with a request that comments be returned by Wednesday 9th May 2018. The covering email also stated that if a response had not been received by this deadline it would be assumed that the colleague was in favour of the principles of the scheme and that they would wish the LDC to be involved in its further development. It further stated that the subject would be included as an agenda item for the LDC meeting of 12th June 2018.

Result of the Consultation

10 (30%) specific responses were received and among these there was a general acceptance of the principles of the scheme and that they would wish the LDC to be involved in further development. As mentioned earlier it is assumed that non-responders agreed with the principles of the scheme and wanted the LDC to be further involved in its development. There were however some concerns raised. These concerns have been anonymised and are produced verbatim in Appendix 1 which follows. Appendix 2 is a brief summary of Appendix 1 and contains some questions which the LDC considers need to be answered during the early discussions relating to the scheme

Roger Pratley

Appendix 1

Comments Received

Response 1

Looks and sounds great only sad that it is only open to contract reform practices

Response 2

I think it's a good scheme and solves a variety of issues as many DF practices would like to keep DF s as associates but can't due to limits of contracted activity.

It would also support developing DES positions within primary care settings potentially.

I understand that many DFs in DTU often fall into DCT pathway because they feel they would not get support in Practice and this is a shame to lose potential Practice owners of the future to secondary care posts.

One year DF and then taking on large UDA associate posts is not realistic for many newly qualified dentists and so a supported salaried post I think would be attractive and help develop our general dental practitioners of the future.

I think they would be better placed in Practice to understand the contract constraints and dynamics of working in practice environment also would not want to reduce the patient mix for the DFs as it moves to 1 year scheme.

A blended part Practice part DTU could work however but not sure how attractive that would be to a DF ?

Response 3

I think the idea of a GDP fellowship programme is a great idea to help retain performers in ABMU. I am fully supportive of this.

Response 4

Thank you for the information it sounds very interesting and something I would be delighted to take part in. However, it appears yet again that the same practices in ABMU will get this as it stipulates .....

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.

.....this doesn't appear fair but that seems to be the way everything is going at the moment!

Response 5

I think it's a good proposal, I agree the new national recruitment means less DFT's are from the area and stay in the area so a longitudinal plan can only help.

I think a well thought through arrangement for the 2 sessions out of practice is needed and query whether this is enough to give them a "tier 2" or Welsh equivalent status given how little experience they now get, however I think any experience is good and given the number of trainees trying to get back into core training I think this offers a good alternative.

I would also query how this will work when the 2yr DF program didn't?

My other concern is what happens after the 3 years as the funding will stop but presumably if they want to stay in the practice long term then the only way would be to tender for more UDAs if they are available at that point or go back to the beginning?

Response 6

Agree it is a reasonable idea in principal, anything to up-skill and provide more contract activity in AMBU is a good thing, but there are other ways to achieve this.

My overall feeling is if there is sufficient funding after year 3 to provide ongoing contract then why not simply put recurring £150k contract out to tender every year? This alone will create the job opportunities to recruit/retain dentists in ABMU without the extra work/funding required for the fellowship. It would also mean there would be no discrimination against practices that are not part of a pilot are not Foundation training practices.

I'll feedback (in red) in order of points within the proposal:

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. Surely retention is an issue due to lack of additional funding, there is no scope to keep trainees on like prior to 2006. By simply awarding a £150k contract every year within ABMU, this would create the opportunities for foundation dentists to stay in ABMU on completion of their training.

2. Up-skilling individuals by integrating the Fellowship programme with contract reform and developing enhanced services through supervised training. I'm all for developing dentists with enhanced skills but to ease burden on hospital referral ABMU will need to fund additional contracts to provide this service. Has additional funding for this service been taken into account? If ABMU health board were willing to develop contracts for DES I'm sure they'd find that within the current workforce there would be candidates that have done sufficient post graduate training, or willing to fund their own post grad training if they knew there were contracts available at the end of it. The stumbling block is ultimately the finances involved. If I remember rightly the endodontic enhanced skills contract was poorly funded to the point it was not attractive to those with the skill to provide it.

3. Short and long-term positive impact on NHS specialist WLs. As per point 2. This will only occur if additional contract are put in place. This needs to be considered if as part of this proposal and not separate to it. Who do we see as being the best candidates to provide these services in future? A dentist that has done Df and 3 year GDP fellowship or a GDP with potentially several years full-time hospital experience, MSc, MClinDent etc? In summary the level of funding for DES and the level of training required needs to be considered.

7. Increased GDS activity though increased contact volume. This could be provided more efficiently by simply awarding the recurring contract via a fair tender process.

Recruitment 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.

Not sure how they feel this timescale will work. The foundation dentists in our practice have not been informed of the scheme and are currently applying for DCT. If this scheme is going to start in Sept then frankly it means there is little time for consultation.....as always!

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.

Is this the only way that we can gain sufficient quality assurance? It doesn't seem fair that practices not involved in the pilots or DF training are being overlooked. By awarding to contract reform practices in year 1 it means there is a 50% chance they will be approved, which potentially results in allocation of recurring contract after 3 years.

Will all practices in ABMU be given the opportunity to see the application this year so they have the opportunity to prepare moving forward?

If it is potentially DF practices going forward with this scheme has consideration been given to the fact they may not have capacity to provide DF training and GDP fellowship?

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.

What is the detail of this? Paid per UDA? Target?

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.

Why should the provider reimburse the health board for SL/PL budget and professional indemnity? The practice will not be able to claw this back from the fellow. Wouldn't it be fairer if the indemnity was added to salary and paid by the fellow? That way if they left training the indemnity has only been paid for the time they are part of the programme. I understand any unallocated study leave and certainly any outstanding contract activity.

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.

The overall commitment from the educational supervisor needs to be established. I'm sure this will be highlighted as part of the application?

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.

Already behind schedule. I'm aware that the two foundation dentists in our practice have not been contacted about this scheme.

Response 7

Overall a structure to aid training and development this seems a good thing.
In relation to the attached I have a few points to highlight.

- Would a practice having access to this possibly stop doing DF training? Hence taking a place away from the pool of df practices. If this is specified not to happen and need to keep on DF training then this would also be a challenge to the fairness.
- There is no UDA value applied only a contract amount, surely this should be at the same UDA amount as tenders as the scheme rolls into contract value at end.
- As rolls into contract at end why is it not available to all practices who can meet quality assurance criteria(or any other criteria) as in effect this is a competitive process, this seems very restrictive in choice in the phase in over the 3 years, i.e there is a bias here to pilots year 1 and pilots/DF practices year 2
- As funding becomes contract at end are the same conditions as per the tenders being applied?
- Is there funding available for this long term as goes into contract will be rolling on liability
- As the application is not seen by others at this point those heading into the application in future years are at a disadvantage as cannot see what criteria to work towards, possible application could be seen by all even if only applies to restricted entrants?
- Will the contracts be spread out so that if someone is awarded contract they are out of the running for year 2 /3 etc
- Our 2 DF trainees have not been made aware of the application, who has it therefore gone out to?
- If spare monies why not tender in usual way, generally this may bring further employment/ capacity

Response 8

Think this looks a scheme worthy of full support from the LDC and involvement in development going forward.

Response 9

I would like to express some reservations as follows:

Clawback

In a scenario where a clawback is threatened for the year in which a fellowship fails, the criteria for clawback needs to be clearly defined.

A number of scenarios spring to mind such as sickness, pregnancy, family considerations requiring a move, incompetence or an unsuitable candidate. How would the LHB deal with the fellow and the committed fellowship practice in these circumstances ?
It may be the case that clawback is only relevant if the practice unreasonably and unilaterally breaks the fellowship contract.

Scheme in General.

In my opinion the deskilling of qualified dentists occurs during extended DF training and extending the training further before the candidates have experienced life' on the coal face' on their own, will not produce the type of specialist that we have at present in secondary care.
The paper makes the point about this project being designed to reduce waiting lists. One fellow per year will have no effect on waiting list times.

Alternative strategy

I still think that the LHB really should find out more at the annual practice meetings what existing, committed GDP's would like to 'major' on if they were given some financial support. These GDP's are not going to clear off to Australia as soon as they've earned their stripes as they are committed to their practices.

Response 10

I think the principles of the scheme are commendable and worth taking forward with LDC support. We do need to consider and ensure however that the possible risks to the practice are minimised or even eradicated. Too much risk could well discourage practices from taking part. In addition something needs to be put in place to ensure that the Fellow remains in the area on completion, otherwise the aims of the proposal will not be achieved.

I am also concerned that separate selection of DFT completions and contract reform practices might result in incompatibility which might further result in non completion of a programme and all the subsequent consequences.

Appendix 2
Brief Summary of Appendix 1
and
Initial Questions for Consideration

1) Why should the proposed scheme work when the 2 year DF scheme didn't?

2) The proposal says that the Deanery has been consulted yet the proposal states that there will be ongoing and continuous monitoring of the programme through the usual contract assessment methods and engagement through regular educational reviews with the Fellow and ES. Annual reports will be produced to PCSDU Board. Does this mean that the Deanery will not be involved in the quality assurance of the programme nor with overseeing the educational aspect including recruitment of the ES and the practice appointment? If this is the case will all this be overseen by a Royal College?

3) Does the scheme address the problems outlined in the proposal, such as:

   a) How will it ensure that Fellows will remain in ABMU or even Wales following satisfactory completion of the scheme and how will the scheme improve the situation?

   b) How will the scheme ensure that hospital waiting lists will be reduced, particularly when in Year 3 there will be 1 more performer in ABMU, 2 more after year 4 etc? There is no guarantee in the proposal that funding will continue after this, nor is there a guarantee that extra funding will remain with the practice year on year. The proposal states *' 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 the HB'*.

   c) How will it remove the risk to the practice of potential Fellows not completing their training? Furthermore what protection will the practice have in situations of maternity and long-term sick leave?

   d) How will it correct the fact that on completion of DF training practitioners may not want to stay in the area? There is anecdotal evidence that once dentists have satisfactory completion of DFT they do not want to stay in the area even though positions may be available

   e) How will it improve recruitment of associates in future. Colleagues report that recruitment is difficult at all times and there appears to be nothing in the scheme that apparently would improve that situation.

4) It has been suggested that using the money every year to competitively tender to existing practices would reward practices for their commitment to the area and achieve much better use of resources. In broad terms, one practice would benefit in year 1, two in year 2 and three in year 3. This would be much more efficient in improving access ABMU wide.