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Meeting between LDC Officials and LHB on Tuesday, 31st August 2018 to discuss LDC Concerns about the proposed GDP Fellowship

Present: Mark Harris and Roger Pratley representing Morgannwg LDC and Karl Bishop, Lindsay Davies and Kim Dunn representing LHB.

The meeting was organised to discuss the LDC decision at the LDC Meeting of 17th July to communicate with the PCSDU of ABMUHB their concerns that the continuation of the development of the GDP Fellowship despite the LDC reservations that this was the best way of investing GDS money at the present time. In addition to this the LDC had expressed considerable doubt on whether the aims of the consultation paper have been addressed and it appears that all its reservations have been ignored without further detailed discussion. As a result of this the LDC requested that the project should not be developed further until we were able to fully discuss and consider the alternatives to the Fellowship to address the aims of the consultation document.

The points of discussion were as follows:

The short timescale of the exercise

LHB apologised for this and conceded that the time from developing the consultation document to potentially putting the scheme into operation was not ideal but that in order to accommodate potential practices and completing FDs trying to organise jobs then it had to move on and target completion of the process in line with these things.

The fact that not all practices were being invited to enter the process

Again, the LHB acknowledged that this should not have been the case. They were trying to follow CDO's desire to link development of the Fellowship with Contract Reform but conceded that opening up for all with relevant ranking of desirable characteristics in selection process would have been more appropriate, and all practices would be invited in any future requests for Expressions of Interest.

LDC feels it would be better to use the money to encourage practices to keep existing FDs and is concerned about risks to practices

Recruitment and retention of young dentists in the area is a concern and was outlined in the consultation document. It was agreed that this was an issue but retention and recruitment problems were initially related to the undergraduate selection process at the dental school and then the selection process at DFT. The proposed scheme would allow a more controlled and supervised transition from DFT to associate without the out and out pressure to perform. Neither the Fellowship route nor the retention of DFT as associate is guaranteed to work in retaining long term. Retaining DFs in practices as associates is appropriate use of funding and will not be ignored in future budget allocations. This year however it is far too late to move the money into that since FDs are either finalising their jobs or already have placements and there would have to be a whole new competitive tender process.

In terms of risks to practices the LDC would be involved in development of SLA and all future monitoring of the process.

Source of Funds

The funding is from the agreed WG GDS allocation of £1.6 million discussed in Liaison Group and at LDC Meeting of 27 November 2017. The use of this money had been approved by WG and following consultation at Liaison Group it was to be used in accordance with the detail of the LDC report on the Liaison Group Meeting of 10 October 2017 and subsequent meetings of LDC representatives with HB officials. Not all projects had been completely funded at this time but all proposed allocations were

progressing. The report to the LDC meeting can be found at http://www.morgannwgldc.org.uk/wp-content/uploads/2017/12/ltem-7.1-LDCLHB-Liaison-Group-10-October-2017.pdf.

The funds are not from clawback.

Changes to initial Fellowship proposal and funding guarantee

The initial Fellowship proposal was for one fellow in first year and further fellows in each of the subsequent two years so that in year 3 there would be three fellows. This was changed following consultation to a pilot single project for three years because it was not possible to guarantee ongoing funding for the initial proposal and it was thought that the pilot could be more properly assessed as a single entity.

Proposed Structure and Recruitment

Expressions of interest invited from practices in contract reform and from FDs interested in doing the fellowship. This had already been done and 5 practices had expressed interest together with 4 FDs. The successful FD would work at the successful practice for 4 days and have one day at PTRC working on the MSc in Clinical Endodontics programme. Any subsequent FD recruits, if the pilot is successful, may work in a different speciality. It was stressed that this is not specialist training but further developing of an interest in the specialty.

The proposal has been discussed with the CDO who is keen that it should go ahead and be related to contract reform. Interest has also been shown by other Welsh Health Boards.

The LDC will be involved in all stages, including recruitment and ongoing monitoring of the programme.

Recognition of the Fellowship

It is not a qualification as such but successful completion would enhance a CV. At the end of the 3 years programme the fellow should have completed the MSc in Clinical Endodontics of the University of South Wales and attained Tier 2 practitioner level.

The quality assurance and quality management of the programme.

Because the practice will be a training practice then the QA and QM are governed by the Deanery, as a contract reform practice it is by the LHB and the MSc programme is by the University of South Wales.

Will the stated aims of the project be met?

As mentioned previously it is difficult to guarantee the retention of any young dentist in a particular place because the law doesn't allow it. A smooth transition from DFT into practice will aid this since putting down roots in an area could well contribute to this. The Fellowship programme and retention in practice would both go some way to achieve this but possibly the more protected approach would be more successful, although nothing can be guaranteed.

The proposed endodontic emphasis initially would certainly help the endodontic waiting list (currently 4 years) since all the supervised treatment by the fellow at PTRC would be on patients taken from the endodontic waiting list.

Conclusion and Outcome

The LDC representatives withdrew from the meeting and considered the discussion as follows

- They were conscious that any delay in deciding what the LDC would support could prevent a current interested FD being appointed. This could also be the case if they further consulted with the LDC at this stage.
- 2. The alternative of putting the same contract out to tender in order to retain a current FD could not be achieved in the time available.
- 3. They were happy with the support and QA in place and with the commitment of the LHB to involve the LDC in all stages of further development and monitoring.
- 4. They decided to confirm the continued support of the LDC toward the project and verbally informed the LHB of this.