

Response to LDC Queries on GDP Fellowship

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

The 2 year DFT scheme was withdrawn for a range of reasons by the Deanery but none were linked to the drivers for this project. This project's aims are far greater than a DFT programme:

1. It provides support for the transition from DFT to performer
2. It supports an up-skilling of individuals by integrating the Fellowship programme with contract reform and developing enhanced services through supervised training.
3. It will provide an opportunity for the development of leadership, teaching and management skills.
4. It will provide increased GDS activity though increased contact volume.
5. The three year programme will encourage Fellows to remain in ABMU HB.

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?

This is a Health Board initiative and although there has been no formal consultation with the Deanery, there have been discussions in relation to retention issues of DFTs and the concept of the programme. It is the intention to involve the Deanery in the appointment process. With the aim of initially using CRP and DF Training practices in the early years of the programme the Health Board will have a degree of existing QA around the potential Fellowship Practices. Once established we would want to expand the programme more widely if there was support to do so.

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?

We cannot ensure that Fellows remain but we hope that following a 3 year supported programme (as has occurred with the GP programme) the individuals are more likely to stay due to the environment created around the Posts. and the opportunity to develop 'roots' locally. We would hope that the existence of such a programme will also be a source of attraction for other young dentists.

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.*'

The aim of the programme is that it will continue after 3 years providing it is seen to achieve its aims. The funding will be linked to the successful delivery of the programme and after three years to the retention of the Fellow. This approach is consistent with other contract changes in recent years. The programme will be continually monitored and will only develop if it is seen to deliver on the aims.

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?

The HB understands this is a concern to the Fellowship Practices. As such, the details of this will be explored with the LDC as the SLA is finalised and as a contract between the Fellow and Fellowship Practice is developed. It is anticipated that the situation would be no different to existing 'associate' agreements currently in place within practices.

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

We understand that DFs do not want to stay for a range of reasons but it seems that a lack of 'roots' and the move to an 'unprotected' performer from DFT are key issues. This programme aims to overcome these barriers by providing a more protected transitional period for three years whilst also providing educational opportunities for the individual. The programme as indicated in the proposals will have continually monitoring with reports back to the HB and LDC to ensure its aims are being delivered.

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.

The aim is to make working in ABMU an attractive option for DFs after DFT and if successful will develop a cohort of individuals who have established roots in the area and have had the opportunity to develop enhanced skills in a supportive environment – this is unlike any other HB and so we would hope that individuals will want to remain.

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.

In practice this is what will happen if as anticipated as we extend the eligibility to apply as a Fellowship Practice in cohorts after year 1. The HB will continue outside this project to improve access through a number of new and existing schemes and this will include awarding additional contract volume in areas of high need.