Department of Health

Modernising Careers for Salaried Dentists in Primary Care

December 2004

Creating the Future

Modernising Careers for Salaried Dentists in Primary Care

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Timing	Respond by 31 March 2005
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Creating the Future

Modernising Careers for Salaried Dentists in Primary Care

Introduction

1. Salaried primary care dentists work as community dentists, salaried Personal Dental Service dentists, Dental Access Centre dentists, and salaried general dental practitioners in the NHS. These NHS dentists, employed in the main by Primary Care Trusts (PCTs), represent about ten per cent of the primary dental care workforce.

2. The salaried primary dental care services have developed over a number of decades, predominantly in response to the need for services which could complement the independent contractor General Dental Service (GDS). Salaried dentists are thus a very important part of primary care dentistry, providing generalist and specialist care largely for vulnerable groups, and carrying out dental public health programmes for PCTs. They often provide the most specialised care outside the hospital setting, to many who might not otherwise receive NHS dental care.

3. The "safety net" role undertaken by salaried dentists has led some to see salaried dentists as lacking in status and recognition. At the same time their roles, careers and grading systems have remained largely untouched by the changes enjoyed by other staff groups in the NHS, failing to keep up with the needs of the NHS and the legitimate aspirations of salaried dentists.

4. All stakeholders therefore recognised the need to review the role of salaried primary dental care services and in that context ensure that salaried dentists receive proper recognition.

5. The Department of Health, supported by a patient representative, dentists, the British Dental Association and employers has undertaken this review within the context of PCT commissioning and the fundamental reform of NHS dentistry set out in the Health and Social Care Act 2003. The resulting proposals focus predominantly on the education, roles and career pathways for salaried dentists, clinical leadership and principles supporting the pay and grading of salaried dentists.

What are the problems?

6. Many dentists have developed a rewarding career as a salaried dentist in primary care. They have enjoyed the flexibility and security offered by salaried employment. They have valued the perceived opportunity to offer high quality care that comes with freedom from fee for item payment, and to do so with vulnerable groups of patients often requiring specialised care.

7. But this is not the experience of all. The roles of salaried dentists have historically been defined in relation to what the GDS does or does not provide in a particular geographical area. Salaried dentists have often found themselves filling gaps in services locally, effectively because of deficiencies in the way that the GDS operates. This has led at times to a lack of status and recognition for salaried dentists.

8. For many the price of this role has been career stagnation, with few options for career and professional development.

9. Some have sought to avoid this by entering management, as Clinical Directors or Assistant Clinical Directors. This has led to service leadership of variable quality, often at the additional cost of depriving clinicians of the chance to further develop their clinical careers.

10. Others have sought to avoid the risk of stagnation by training to become specialists. But the opportunities for post-qualification professional development for salaried dentists is sporadic, and unmanaged. And where some have successfully developed specialist skills, they are not properly recognised for their contribution in remuneration, and sometimes in the flexibility to fully use their skills for patients.

11. Many existing salaried services are too small on their own to provide the career development opportunities desired by dentists.

12. Some salaried dentists complain of low pay, comparing themselves unfavourably with their colleagues in general dental practice. Performance based increments in the current salary structure have not effectively rewarded excellence in clinical care, and have failed to act as motivators.

13. Local attempts to overcome these pay and career problems, coupled with poor grade definitions, means that the use of clinical grades is inconsistent, exacerbating concerns about the fairness of salaried dentists' pay.

14. Behind all these issues is a key underlying problem. Many salaried dentists feel there is no clear direction for the service in which they work, adding to the lack of status experienced by salaried dentists.

Creating the future – a new vision

15. The dentistry provisions of the Health and Social Care Act 2003, which come into effect on 1 October 2005, will create an opportunity for all dentists to break out of the strait-jacket imposed by dental systems largely designed in 1948. A new contractual basis will enable a wider and different contribution from independent contractors, so that their work is no longer driven by a treatment-orientated fee-scale. The barriers created by the old GDS regulations need no longer stand in the way of a preventively- and population-focused standard of practice, supported by a good evidence base.

16. At the same time, PCTs take on budgetary and commissioning responsibility for designing and securing the totality of NHS dentistry provision, both generalist and specialist. In discharging these responsibilities, PCTs will need to have regard for the dental health needs of the whole population – for people seeking regular ongoing dental care, for those wanting only episodic care, for housebound people, for people with a dental phobia, for people with learning disabilities, and so on. PCTs will be able, and will need, to make informed choices about the range, quantity and quality of dental services needed by their populations including making important choices about their preferred providers of specific services. This gives them the opportunity to re-think how best to use the dental resources available to them[1], and gives dentists – both independent contractor and salaried – the opportunity to make a wider contribution than systems previously allowed.

17. This new environment may well lead to a greater integration of primary care dental services over time. The traditional demarcations between the roles of independent contractors and salaried dentists will no longer have to exist. Salaried dentists may provide general care dentistry, and an independent contractor may develop services for patients with special care needs. Dentists will therefore increasingly be able to move between employment sectors – or work in both – to facilitate their personal development and job satisfaction. This portability is likely to be supported by a new consistency of standards across primary care dentistry. A dentist's employment status should become subsidiary to the role being performed, rather than driving it, as at present.

18. At the same time, the move to a primary care led service is likely to lead to specialist services increasingly being provided outside hospital, with many specialists working in primary care settings. Opportunities will therefore arise both for salaried dentists to develop specialist interests and for others to seek formal recognition of their higher degree of specialisation through the General Dental Council (GDC) Specialist Lists.

19. Dentists and their wider dental teams are likely to work differently, and within larger group practices – except where logistically impractical, in which case local networks may be developed to provide professional support and promote service integration.

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1 Subject to the three-year base contract guarantee given to GDS dentists.

20. These developments will mean that dentists – both salaried and self-employed – should be better able to provide NHS services that are ever more responsive to the needs of patients in terms of access, choice and quality, to nationally consistent standards.

Principles of reform

21. Proposals for reform should address the needs of patients and the NHS and the legitimate concerns of salaried dentists. They should make the most of the opportunities created by reform in the wider primary care dentistry by:

- developing a clear service role for all those working as salaried dentists which meets the needs of PCTs providing primary care dental services;
- providing a clear and flexible career structure which meets the needs of patients and the NHS and the aspirations of salaried dentists;
- improving opportunities for further training and career development and enabling salaried dentists to take up these opportunities;
- encouraging and rewarding the clinical skills and contribution required to provide the full range of NHS services to consistently high standards;
- improving the quality of working life for salaried dentists;
- improving the leadership and management of services and staff.

22. The proposals set out below seek to achieve these aims, and in doing so to ensure working as a salaried dentist will become a more attractive career option.

Proposals for Reform

23. The following proposals are made in order to meet the problems identified and make the most of current opportunities.

Proposal One It will continue to be important that PCTs have the ability to recruit and employ dental staff and that dentists have a salaried career option.

PCTs currently employ salaried dentists in a number of general and specialist roles in the Community Dental Service, Dental Access Centres, Personal Dental Service pilots and as salaried General Dental Practitioners. Looking to the primary dental care service of the future, an option for salaried employment will continue to be important for PCTs, for dentists and for the NHS.

To make the most of this option for all, and see the vision for primary care dental services become a reality, clear career pathways need to be developed for salaried primary care generalists[2], dentists with special interests[3] and specialists[4]. These new career pathways need to offer greater opportunities for salaried dentists to pursue the career of their choice within the needs of the NHS, with the associated development, recognition and reward required.

The proposed career pathways are outlined below and in Diagram 1.

Salaried primary care generalists

Proposal Two Career pathways for salaried primary care generalists should be designed to distinctively acknowledge, develop and reward their crucial role.

Salaried dentists employed by the NHS to provide primary care for a range of patient groups (primary care generalists) are and will continue to be important contributors to the overall primary dental care service. New, flexible and managed career pathways should be developed which acknowledge the contribution of primary care generalists and which are stimulating and rewarding for these dentists.

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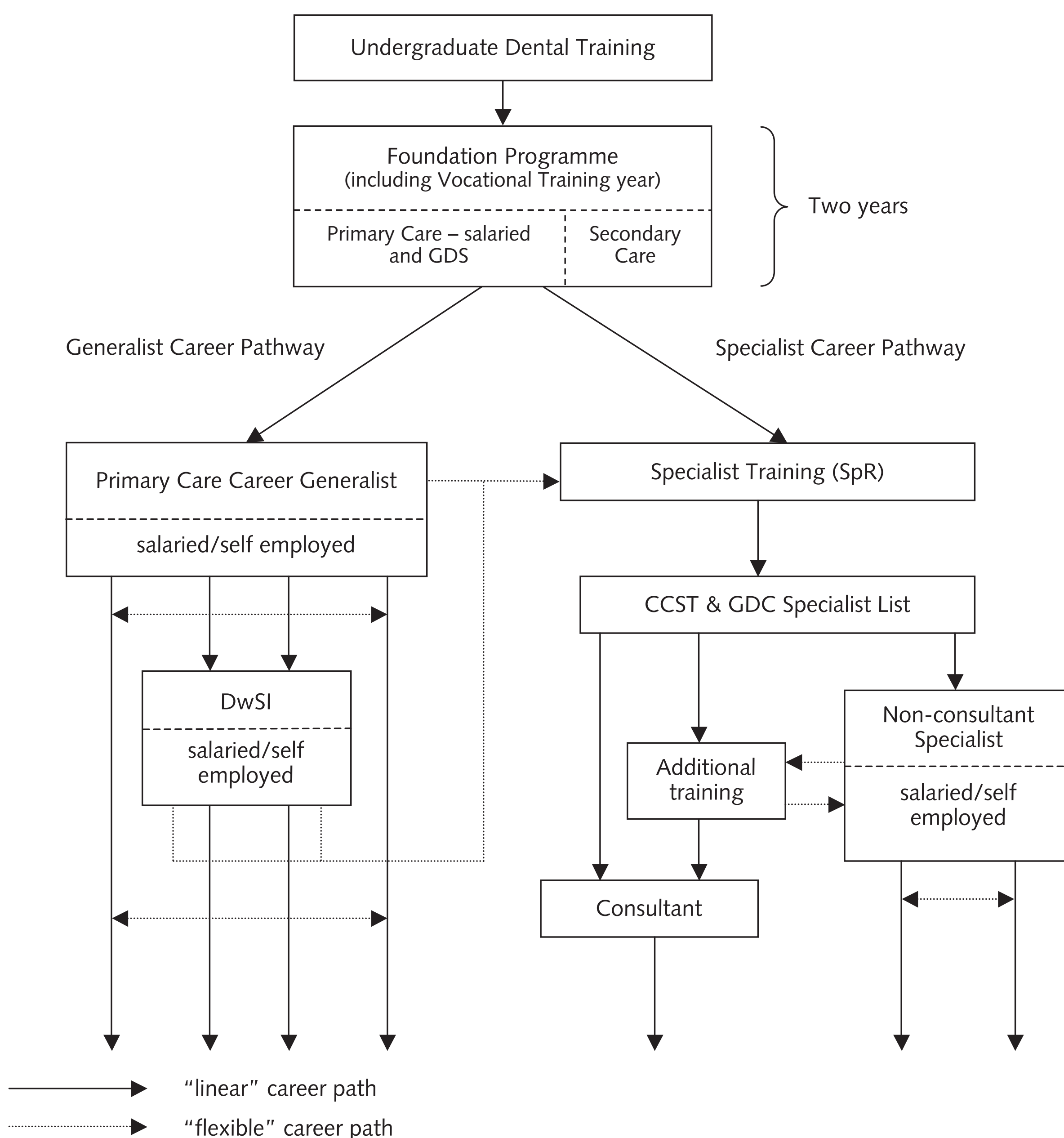
2 salaried primary care dentists providing the full range of assessment and clinical treatment.

3 salaried primary care generalists who provide additional services, but who have not undergone the training required to be on a GDC Specialist List.

4 salaried primary care dentists who have undergone the training required to be on a GDC Specialist List.

Diagram 1 – Proposed Career Pathways in Dentistry



Proposal Three **Salaried generalists wishing to develop themselves as Dentists with Special Interest (DwSI) should be supported through a clear framework of development and reward within the generalist career pathway.**

The need for dentists with special interests has already been accepted[5]. Where there is a service need for such special interest services, salaried dentists in these roles need to be supported in both development and reward in a way that is commensurate to their contribution to ensure patients, the NHS and dentists benefit alike.

5 *Implementing a Scheme for Dentists with Special Interests (DwSI)*, Department of Health, May 2004.

Proposal Four **A new single pay spine should be developed for all salaried primary care generalists, including those with a special interest.**

The use of current grades for dental officers and senior dental officers working in Community Dental Services, salaried Personal Dental Services and Dental Access Centres, and salaried GDPs, creates artificial barriers between services and restricts career development.

A new single pay spine should be created for all salaried generalists including those with special interests, with progress through the scale based on a combination of competence, contribution and experience. This seeks to support career and role development, and establish appropriate reward for salaried roles. It would replace the current four pay scales.

Salaried specialists based in primary care

Proposal Five **Future career pathways for salaried primary care-based specialists should be designed to acknowledge, develop and properly reward these important clinicians.**

Salaried primary care-based specialists[6] are now and will increasingly form a vital part of the specialist dental workforce. Such specialist training and service roles undertaken in a salaried primary care environment should equate to those in hospitals, with greater training provision made in the primary care setting.

Proposal Six **Those adopting a career as a salaried primary care-based specialist should be rewarded comparably with hospital-based colleagues by utilising existing medical and dental specialist grades.**

Suitable pay systems already exist for hospital-based training and service grades, and these should be utilised for salaried primary care-based specialists. Thus salaried specialists in training should be remunerated on the specialist registrar scale; those in an NHS consultant post will be rewarded according to the new consultant contract; and staff in non-consultant service posts[7] should benefit from any new pay system developed for associate specialists through *Choice and Opportunity*[8], the review of Non-Consultant Career Grades.

In all cases the aim should be to ensure parity with their equivalents in the hospital-based services.

6 Consultants and non-consultant specialists and training grades in specialities formally recognised as such by the General Dental Council.

7 Such as salaried dentists on a GDC Specialist List but not holding a consultant post.

8 *Choice and Opportunity – Modernising Medical Careers for Non-Consultant Career Grade Doctors*, Department of Health, July 2003.

Career development and career flexibility

Proposal Seven Career development should be facilitated by the implementation of personal annual appraisal and Personal Development Plans linked to General Dental Council re-certification[9] for all salaried generalists and specialists.

Effective appraisal and personal development planning establishes an agreement between the dentist and the employer which is essential to meeting the needs of patients, the NHS and each dentist.

This has become an integral part of lifelong learning and effective clinical governance throughout the NHS, and it is time that this good practice became common practice for salaried dentists. PCTs and postgraduate dental deans should work together to instigate meaningful appraisal and PDPs for all salaried dentists linked to dentists' professional and career needs and the needs of the NHS, and to re-certification and in future any revalidation scheme introduced by the General Dental Council.

Proposal Eight A two year common core Foundation Programme should be developed for all dentists after graduation.

To facilitate future career flexibility vocational training should be developed to lead to the creation of a two year Foundation Programme similar to that being offered in medicine. It would ensure all dentists have a "common training currency" allowing them to develop their careers flexibly – both in changing between generalist and specialist roles and between salaried and self-employed status. This common core basic training should thus offer a greater degree of experience of working in salaried dentistry than is currently offered in the one-year vocational training, as well as experience in other areas.

Proposal Nine The scale of requirement for specialist training placements in primary dental care should be assessed by employers.

The clear identification of generalist and specialist roles and the development of a framework for enabling greater career opportunities will for the first time enable a proper assessment of the need for training placements within salaried primary dental care. This should be undertaken to ensure the potential benefits of the proposed new career pathways are realised for the service and salaried dentists.

Service integration and size

Proposal Ten Employers should seek to create greater critical mass in dental services to provide effective peer support, professional and career development and service flexibility.

9 And, in the future, to re-validation.

Clinical services require a critical mass of staff to be able to reduce professional isolation, increase flexibility and address clinical governance issues such as quality and risk management to the benefit of patient and dentist. Where individual teams of salaried dentists lack this requisite critical mass, PCTs should look creatively at means of integrating services.

They should consider achieving this by:

- merging small teams of salaried dentists;
- greater integration of the work of salaried dentists and general practice dentistry;
- greater integration of specialist services, both within dentistry and across professional boundaries within care groups[10].

Achieving this greater integration will also require an appropriately developed Information and Communication Technology (ICT) infrastructure and the optimal use of both PCT owned and other primary dental care estate.

Clinical leadership

Proposal Eleven Leadership roles should be open to all salaried dentists, generalist or specialist, for defined periods, with an ability to return to full-time clinical practice.

Clinical leadership should be undertaken by those with the most appropriate experience and skills, at whatever stage of their careers, and whether from general or specialist dentistry. Leaders should maintain professional credibility through continued clinical practice, and be free to return to substantive clinical roles. Consequently, clinical leaders should be remunerated for their contribution through their substantive generalist or specialist grade.

Proposal Twelve PCTs should provide a greater degree of management support to dental leaders to free them from routine business management tasks and focus their non-clinical time on clinical leadership.

Effective clinical leadership will be critical to the success of the new salaried dental roles. It is therefore important that such leaders are supported in their leadership roles and freed from routine business management tasks to focus on the critical leadership issues. This will require a greater level of effective general management support than is commonly provided to dental clinical leaders currently.

10 For instance in multi-disciplinary teams working with stroke patients, or in paediatric services.

Proposal Thirteen PCTs should seek the benefits of integrating clinical leadership of the SPDCS with that of wider primary dental care services.

Primary dental care services are widely anticipated to integrate over time whilst maintaining their distinctive contributions. For effective integration, leadership of services will have to encompass both salaried services and those delivered through general practice.

The wider dental team

Proposal Fourteen Further work should be undertaken to consider the implications of this review for the wider dental team of Professionals Complementary to Dentistry.

This work should consider the implications of fundamental changes to the roles, responsibilities, careers and leadership of salaried dentists on the wider dental team, looking at the benefits of new roles and new ways of working.

Benefits

24. The aims of the review are to enable the continued development of services to patients, to make a career as a salaried dentist more attractive and to ensure PCTs continue to be able to call on an appropriately trained and motivated dental workforce to provide NHS primary dental care services to their populations.

25. Under these proposals, **dentists** would enjoy more flexible and managed career pathways, with more opportunities for professional and career development. They will benefit from more effective clinical leadership. There should be greater recognition for the role that all salaried dentists play, with a more attractive employment package. Dentists will experience greater equity with colleagues in other areas of primary and secondary care dentistry, with support to ensure a greater quality of working life of the dentist.

26. **Patients** will have access to more appropriate services as salaried dentists develop greater specialist skills, offer more flexible services, and further enhance quality. They will benefit by having a greater choice within NHS dentistry, through greater integration of primary care dentistry and greater flexibility of roles for both salaried and self employed dentists – with PCTs able to provide services according to clinical need, unhindered by traditional demarcations.

27. At the same time **employers** will benefit from a greater ability to recruit and retain salaried dentists, and an enhanced ability to provide specialist services through salaried staff based in primary care. A greater emphasis on prevention will support their public health responsibilities, whilst maintaining a comprehensive service to meet diverse patient needs. Greater integration between salaried dentists and the independent

contractors will help PCTs provide primary dental care services effectively, at the same time minimising clinical and organisational risk.

Conclusion

28. NHS primary care dentistry is changing. The Health and Social Care Act 2003 will fundamentally change the way dental services are provided. These proposals aim to establish the future direction of travel for a career as a salaried dentist within this changing world. Just as the wider changes will take some years to be fully implemented, many of the proposals here will take time to become a reality.

29. During this time, the need for salaried dentists – both generalists and primary care-based specialists – is likely to become ever more important as PCTs commission and provide NHS dental services to patients. The proposals aim to make sure that salaried employment within the NHS should be seen as an attractive option for dentists throughout their careers.

Next Steps

30. The SPDCS review to date has been undertaken by a small guiding Steering Group and larger advisory Reference Group, with consultation involving wider stakeholders at various times. This document now seeks feedback from all stakeholders to the review proposals. Following feedback a more detailed plan will be developed to take forward the reform of the salaried primary dental care services and the career opportunities of the dentists employed in the NHS.

How to Respond

31. In order to accurately analyse responses to the consultation, we have developed a structured **Response Proforma**. This seeks views about each of the proposals and gives an opportunity to add further general comments.

32. The three-month response time will close on 31 March 2005. Structured **Response Proformas** should be returned by post to:

Mandy Young
Department of Health
Room 330A
Wellington House
133-155 Waterloo Road
London SE1 8UG

or by email to

spdcs@dh.gsi.gov.uk.

33. The structured **Response Proforma** is attached to this document or can be found at www.dh.gov.uk (click on Consultations and then click on Live Consultations) and submitted electronically.

Appendix 1

Steering and Reference Group Membership

The proposals contained in *Creating the Future: Modernising Careers for Salaried Dentists in Primary Care* have been developed by the Department of Health.

The proposals were developed with the support of both a Steering Group and a Reference Group. The smaller Steering Group gave advice on the overall direction of the review, and a larger Reference Group enabled a wider range of clinical and managerial experience to inform the review. Both groups included members from the British Dental Association (BDA), patients groups and NHS management as the three main groups of stakeholders with an interest in these services. Additionally, the Reference Group included a number of dentists from salaried and general practice dentistry. WDC Chief Executives and StHA Dental Leads were also consulted during the stakeholder discussions.

Membership of the Groups was as follows:

Steering Group

Professor Raman Bedi – Chief Dental Officer (England) – Chair

John Langford – Project Lead, Department of Health

Janet Clarke – British Dental Association

Barry Cockcroft – Deputy Chief Dental Officer

Eleanor Grey – Patient Representative

Almas Mithani – Department of Health

Eric Rooney – British Dental Association

Dawn Stephenson – NHS Confederation

Simon Tither – Department of Health

Andy Coombe – Project Facilitator, NHS Partners

Observers:

Hugh Bennett – Welsh Assembly Government

Elaine Cohen – NHS Confederation

Carolyn Jones – NHS Confederation

Martin Jones – British Dental Association

Sue Martin – British Dental Association

Stephen Trilvas – Department of Health

Reference Group

As Steering Group membership, plus

Robin Dickson – Senior Dental Officer, Northumberland

Richard Emms – General Dental Practitioner, North Yorkshire

Deborah Franklin – Consultant, Paediatric Dentistry, Bristol

Beth Hedderly-Brind – Dental Access Centre Dentist, Gloucestershire

Martin Kelly – Dental Access Centre Dentist, Lancashire

Anne Kitchener – Dental Officer, Hertfordshire

Richard Moore – Assistant Clinical Director, Liverpool

Mike Mulcahy – General Dental Practitioner, Worthing

Jane Powell – Clinical Director, Salaried Primary Dental Care Service, Hampshire

Katie Roberts – Senior Dental Officer, Northamptonshire

Rick Roberts – PCT Medical Director, Birmingham

Ruth Southworth – Workforce Development Confederation, Bedfordshire and Hertfordshire

Margaret Stockham – PCT Chief Executive, Bedford

David Thomas – Post Graduate Dental Dean, Oxford

Adrian Tyas – Director, Primary Care Support Agency, Cornwall

Richard Ward – Dental Public Health Consultant, Suffolk

Appendix 2

About this Consultation – Code of Practice on Consultation

The code of practice on public consultation, developed by the Cabinet Office, identifies criteria to ensure that public consultation exercises are effective and minimise bureaucracy.

Criteria

The six criteria state that all those undertaking written, public consultations should:

1. Consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once during the development of the policy.
2. Be clear about what the proposals are, who may be affected, what questions are being asked and the time-scale for responses.
3. Ensure that the consultation is clear, concise and widely accessible.
4. Give feedback regarding the responses received and how the consultation process influenced the policy.
5. Monitor the department's effectiveness at consultation, including through the use of a designated consultation co-ordinator.
6. Ensure the consultation follows better regulation best practice, including carrying out a Regulatory Impact Assessment if appropriate.

Comments and Complaints

The Department of Health has endeavoured to meet both the letter and the spirit of these commitments in *Creating the Future*. Comments are invited regarding the extent to which the criteria have been adhered to and to suggest ways of further improving the consultation process. Comments or complaints about the consultation process should be addressed to:

Steve Wells
Consultations Coordinator
Department of Health
Skipton House
80 London Road
London SE1 6LH
Email: steve.wells@dh.gsi.gov.uk

Confidentiality

Information submitted in response to the consultation process may need to be passed to officers within the Department of Health and to others responsible for the analysis of the data, and/or published in a summary of responses to this consultation. It will be assumed that respondents are content for this to be done and, if replying by e-mail, that this consent overrides any confidentiality disclaimer that is generated by the respondent's IT system, unless the response specifically includes a request to the contrary in the main text of the submission.

Creating the Future

Modernising Careers for Salaried Dentists in Primary Care

Response Proforma

Closing date: 31 March 2005

This Proforma is available electronically at www.dh.gov.uk

Feedback Questions

The views of all stakeholders are required to ensure the final review proposals meet the needs of the patient, dentist and NHS. The data provided will be only be used for the purposes of the review and will not be published in an attributable form except in the case of responses made on behalf of organisations. Requests for information about the person completing the form are only required to enable an analysis of different stakeholder views.

Thank you for providing your views.

Please respond by 31 March 2005 and return to Mandy Young, Department of Health, Room 330A, Wellington House, 133-155 Waterloo Road, London, SE1 8UG or by email to spdcs@dh.gsi.gov.uk.

Name: ______________________________

Job Title: ______________________________ **(if applicable)**

Organisation: ______________________________ **(if applicable)**

Please indicate if you are responding as an individual or on behalf of your organisation:

Individual ☐ **Organisation** ☐

Please indicate if you are a dentist:

Yes – salaried primary care dentist ☐

Yes – other ☐

Please indicate if you are a patient representative or member of the public: ☐

Please indicate your views against the review proposals. For each proposal, please tick the appropriate box and add further comments in the space provided (please note: this space expands in the electronic version to the length of comments submitted)

Proposal	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

Please add any further comments you have about *Creating the Future.*

Thank you for responding. Please return to

Mandy Young
Department of Health
Room 330A, Wellington House
133-155 Waterloo Road
London, SE1 8UG
or by email to spdcs@dh.gsi.gov.uk by 31 March 2005.

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