



Chief dental officer, **BARRY COCKCROFT**, looks at the level of clinical engagement in the dental reform process...

ALTHOUGH summer is normally the period when things seem to go quiet, it does not seem to be the case this year in the world of dentistry. It has been a particularly busy summer, and nowhere has it been busier than in

the contract reform process.

The practices that joined the process in the second wave are all now live and working, with the salaried services pilots joining later in the year. The programme has been holding a series of meetings with both new and existing pilots.

The feedback on the overall approach has been really positive, and the fact that the pilots have pointed out areas where we need to do further work demonstrates the worth of the piloting process.

The level of clinical engagement is one of the strong points of the programme. We hold regular meetings around the country with pilot practices and I have been to several of them myself.

One of the key learning points from the pilots has been that the software supporting the pathway has been very detailed, and this has led to some clinicians, particularly in the early months of piloting, feeling that the pathway was the decision maker rather than, as intended, decision support. The pathway cannot override clinical judgement and it would, of course, be inappropriate, professionally, if it did. The pathway suggests actions, but it is for clinicians to decide whether, in their clinical

judgement, this is appropriate for the patient in the chair.

We tested the perception that the pathway had been rather over specified through the software in our recent meetings with the pilots, and found this resonated with many clinicians.

This is informing our approach going forward, both in how we update the IT and how we present the pathway approach. I am glad to say both new and existing participants in the process do now seem to feel much more empowered to make suggestions for change, and that is really good. We've learnt valuable lessons about how tightly specified the IT should be and about, reassuringly, pilots' views on the fundamental appropriateness of a preventive-based approach.

In August, the Department of Health published Dental contract reform programme – early findings and opportunity to give feedback, which provides an update on the programme of contract reform and invites feedback from stakeholders. This is available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/229629/2901017_NHS_

[DentalContractReform_acc.pdf](#).

Comments have been flowing in. This isn't a consultation document on the final reform proposals, but is an opportunity for everyone to have their say on the work to reform the contract so far, whether they are directly engaged with the piloting process or not.

In other areas, we have been working hard within Health Education England, looking at the number of dentists we need to train for the future, given the continuing improvements in oral health. We are also looking to do some work around the potential for growing the contribution that dental care professionals (DCPs) can make to delivering improved care and improved outcomes for patients.

Both the preventative approach we are trialling in the pilots, where we are looking at care on a more long-term basis, and the decision taken by the GDC about direct access in March, suggest that skill mix will increase over the coming years, with DCPs playing a greater role in the future. But, this sort of change does not happen overnight, and I expect this to be a gradual process – evolution rather than revolution. ■



FRANCES LOW, director of governance at the General Dental Council, details the composition of the new body that will lead the Council...

THE composition of a new 12-member body for the General Dental Council (GDC) was announced on August 6 2013.

The regulation of healthcare professionals in the UK has been undergoing major change, and government expectations about

regulation, as outlined in Enabling Excellence: Autonomy and Accountability for Health and Social Care Staff, have resulted in significant changes to the way the GDC, as the regulator of dental professionals in the UK, operates.

Furthermore, the Law Commissions have consulted on a set of proposals which, if enacted, will provide significant opportunities for the GDC to become more responsive and accountable to patients, the public and other stakeholders.

It is proposed that we, along with other healthcare regulators, should have greater autonomy to make rules to deliver our statutory functions. This will improve our ability to respond to public protection concerns.

In preparation for regulatory changes, we and the Government have reviewed our governance arrangements to ensure our decision making is as speedy and effective as it can be. This includes the newly appointed, smaller Council of 12, as confirmed in August. We will continue to prepare for any further changes to the constitution of our Council, which might result from the Law Commissions' proposals from 2016 onwards.

The new Council has an equal number of dental professional (six) and lay members (six), and at least one member who lives or works wholly or mainly in

each of England, Scotland, Wales and Northern Ireland.

A member for Wales has not yet been appointed and a further campaign to recruit to this position has been launched. Expressions of interest can be made to Sarah Fearn at [GatenbySanderson \(sarah.fearn@gatenbysanderson.com\)](mailto:gatenbysanderson.com).

Council members will play key roles in the strategic development of the organisation and strategic performance management. They set the strategy and monitor its implementation, which includes the GDC's performance in respect of the expectations of the Professional Standards Authority.

Effective regulation of dental professionals enhances patient safety, improves the quality of dental care and helps ensure public confidence in dental regulation. The GDC aims to regulate in a way that is proportionate, accountable, transparent, consistent, targeted, and responsive to changing demands, risks and priorities.

Bill Moyes was confirmed as the first appointed Chair of the GDC earlier this year, and was involved in the selection of the other Council members.

We had an excellent response, with nearly 300 applicants who went through a robust selection process. The members appointed have impressive

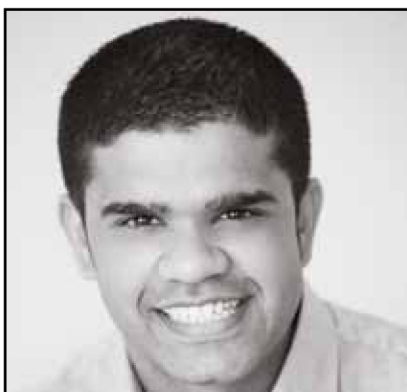
track records and will bring a wide range of skills to the GDC. They include four returning members from the current Council, four dentists, a dental technician, two solicitors, a lay representative with the Northern Ireland Medical Dental Training Agency and a former non-executive director of the Health Protection Agency. Their full biographies will be available on the GDC website, www.gdc-uk.org.

The GDC plays a critical role in protecting patients and maintaining public confidence in dental regulation. The new Council will lead the GDC as it addresses the challenges facing regulation, and will ensure it continues as a leader in healthcare regulation, trusted by the public and with the needs of patients at the heart of its activities.

The current Council stepped down on September 30 2013. Led by Chair, Kevin O'Brien, they have given the organisation invaluable service and contributed significantly to the GDC's recent achievements.

During their time in office, we have introduced direct access, developed the new Standards for the Dental Team and implemented significant changes to our Fitness to Practise procedures.

We now look forward to moving forward and building on this work with the new members. ■



This month, **DR NILESH R PARMAR** considers the importance of a healthy body and a healthy mind...

DENTISTRY. We plan to do it for the rest of our lives, right? We are invincible, aren't we? Well, we aren't. Dentistry is as hard on the body as it is on the mind. We all seem to suffer from neck ache, back ache, bad posture, stress, diabetes, high cholesterol, high blood pressure, low fitness, high fat, increased alcohol intake... the list goes on!

Many of us were great athletes at university, taking part in the hockey, football, and even rugby teams, but life has a way of reducing a man's (and woman's) fitness levels. It all starts to

go downhill in the final year of university. We spend more time consuming caffeine (remember PRO PLUS and kebabs?) than we do exercising. When we move onto a hospital job, healthy eating goes way out of the window; hospital canteens are not renowned for their healthy food. Couple that with long shifts and dinner from a vending machine, and you have a pretty bad start to the day.

In dental practice, things go from bad to worse; long hours, coupled with high fat containing dinners, coupled with the necessary beer after work, all adds to our calorie intake.

Recently, a few dentists have taken it upon themselves to shed the pounds to become healthy again. We are trying to

eat well and train right, with a very active Facebook group going on. We do not want to become dentists with big beer bellies and balding heads. We want to look fit, act fit and be fit. It will take a lot of hard work, discipline and a bit of effort, but I think we have it in us.

After all, dentistry is hard work; in order for us to perform at our peak, we need our bodies to function correctly. As my father once told me, "Healthy body, healthy mind". Only then can we fight off the stresses from the CQC, GDC, HPA and any other acronym you can think of!

So, dentists out there, take some time off, get some motivation, and join a gym; become fit. You've chosen a life in dentistry, you will need it! ■