Dudley Local Dental Committee

Chairman	**Secretary**
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Minutes of the AGM of Dudley Local Dental Committee held on Monday 25th February 2019, at the Queens, Belbroughton.

Present

Sue Stevens (Chair),David Cooper (Secretary), Annette Southall (Treasurer), Ari Kapnisis (Vice Chair), HS Bamrah, Balbir Bhandal, Jennifer Cooke, Neel Patel, Sheena Patel, Nav Pillay, Stephen Rees, Anjum Sheikh and Joanne Thompson.

Chair's Annual Report

A written version of this verbal report is attached to these minutes.

Election of Officers

Before the Committee elected new Officers for the next two-year period, Sue Stevens stood down as Chair. She had been Chair for the past twelve years. Her considerable contributions to the Committee were noted and heartfelt thanks given for her leadership over what had been troubled years for the profession.

Chair —— Balbir Bhandal was nominated and elected unopposed.

Vice-Chair ——- Ari Kapnisis was nominated and elected unopposed.

Before the election of Secretary, David Cooper declared his intention to stand down and make way for a younger candidate who was a practitioner in Dudley.

Secretary ——- Anjum Shaikh was nominated and elected unopposed.

Before the election of Treasurer, Annette Southall also declared her intention to stand down.

Treasurer —— Nav Pillay and HS Bamrah were nominated and after a show of hands, Nav Pillay was elected.

The meeting continued with BB in the Chair.

Minutes

These had been circulated and were accepted by the meeting after the correction of one typo.

LDC Officials' Day Report

SS and DC had attended this event in London at the end of November.
Perhaps the most significant debate had been regarding the offer that BSA could begin to to collect levies on an individual LDC basis again.
A mandate had been given for LDCs to move this further. The process would come at a cost of around £500 per LDC but would not be entered into unless safeguards were in place. It was hoped that it could also be that individual LDC performers' lists could be produced but this was looking less likely. Discussions were continuing and more information would be forthcoming.

There were proposals to update the model LDC constitution and the BDA were to publish a new draft constitution shortly.

LDC Chairs/AT Meeting

A report of the last meeting held in November had been circulated. The next meeting was scheduled for tomorrow, but the agenda had only been sent out this morning.

West Midlands LDCs Meeting

A written report of this recent meeting will be circulated and posted on the website tomorrow.

There is a new interview panel for potential and existing Foundation Trainers. The panel will be half dentists and half lay.
The conditions for LDC attendance at PAG meetings had changed. Dentists being investigated now had to approve the presence of an LDC observer. The AT had cited GDPR as the reason for this change. Regional LDCs had agreed a draft letter that would be sent to all practitioners under investigation urging them to ask for an LDC observer to be present. This presence is important in order to ensure that due process is followed and that there is 'fair play'.

Any Other Business

AS presented the LDC accounts.

Levy income was down, but this was due to the reduction in the amounts being deducted from contracts from 0.2% to 0.12%.
This rate was due to be reviewed and will need to be monitored as there will be a year on year deficit at current levels. The Committee was financially secure at the moment however.

Date of Next Meeting

Monday May 13th

Dudley LDC Chair's annual report 2019

I have just read through my report from last year, and apart from reminding the committee which meetings and events I had attended on their behalf, it was fairly pessimistic in outlook. And again I've attended conference, officials' day, WMLDC and meetings with NHSE area team.

By nature, I am a Tigger, not an Eeyore (look it up if you need!). However, I see no reason to think I was wrong last year, and no improvements are forecast. Having chaired this LDC for nearly 12 years, I see a huge decline in morale and prospects for many dentists, particularly those with greatest commitment to the NHS.

For providers there are huge issues with clawback, recruitment and retention, and CQC inspections, as well as a hardening attitude from our local area team with many more breach notices being issued. Performers face pressure to reach sometimes difficult targets, often without great support. The debacle of orthodontic procurement may well leave many patients unable to access necessary treatment, whilst those currently providing services lose their contracts.
Despite protracted negotiations and years of pilots, we still seem to be a long way from a reformed contract that is fit for the purpose it is supposed to achieve.

Is there any point to LDCs? Yes, I firmly believe there is. It gives us a structure to make representation, and it gives those trying to negotiate on our behalf a legitimacy they would otherwise not have. The BDA do not appear to be achieving much, but things might be a

great deal worse without the very considerable efforts made by our negotiators. So I urge to support your new chair, ask questions, give your views, and encourage them to represent you and to report back.

With regard to the GDC, they are not close to reducing the ARF, but they are aware of the criticism they have received, and are seeking to meet the profession and also to streamline their processes. The FtP process remains expensive and very heavy handed. Upstream management of problems is vital and perhaps an area that we could gain some ground, to the benefit of all.

Most of you are aware that I sit on the FtP panel, and whereas I cannot speak of the entire process, I will give you some insight into an investigation.

When a complaint is received, the GDC will investigate, and if it is within their remit they will take it on. Even if it is a single patient, single tooth. Case examiners (1dental, 1 lay) decide whether it needs to go forward to a Professional Conduct Committee, or can be dealt with by undertakings. At any stage it can also be referred to an Interim Orders Committee for a risk assessment. With only limited information, the IOC make a judgement whether there is a public safety issue. They can apply conditions of practice or a suspension for up to 18 months which is devastating for the dentist.
It will be reviewed every 3-6 months.

The investigation process allows records to be accessed and anything, not necessarily in the initial complaint, can be charged against the dentist. Full engagement is essential otherwise this will be noted at the hearing and possibly charged separately. It is not mandatory to attend the hearing but it does not help the committee if the dentist cannot be questioned. At the hearing, often scheduled for 5 days, there are individual heads of charge for each issue. I have just completed a case with over 400 and evidence for each one was looked at carefully. (That took 4 weeks). The GDC prosecute the case, and witnesses may be called to give evidence under oath. The defence can then cross examine them. The defence then presents their case and witnesses, who will be cross examined by the GDC barrister. The committee- 1 dentist, 1 DCP and 1 lay, can ask questions if they wish and then make a decision based on the presented facts. This is done privately, then a written determination handed down publicly. Some facts may not be proved to their satisfaction, others are likely to be. Contemporaneous record keeping is essential. The number of registrants unrepresented is increasing and it puts the dentist at a significant disadvantage, despite the apparent cost saving.
Finding of facts is only the end of stage1. Submissions are made by both sides whether the facts found equate to misconduct, and if so, whether the dentist's fitness to practice is currently impaired. This is a vital stage to understand. Between the case going to the GDC and the hearing there can be 18 months, rarely less than 12 months. This is the time to reflect, do relevant CPD and reflect again. And repeat if possible. Bring the evidence of this. Testimonials are useful, but it is the dentist's insight that the committee take most account of. If a clinical matter, then audits are essential to show improvement. However with honesty it is very difficult to show remediation. It is possible for someone to have done so much remediation that their FtP is no longer impaired and the case is concluded at that point.
Most are not considered to be fully remediated at that point however (See website for figures), so a sanction is applied. The committee consider sanction from the least punitive upwards, these are reprimand, conditions, suspension or erasure. They have to give written reasons why they make their decision, and this can be challenged at the High Court.

The entire procedure is very stressful because the stakes are high. Most committees are doing their best to be fair but have to work within the rules. I have sat on cases where I can see exactly why the problem has arisen, but it is the charges which are addressed.

The new eCPD stipulates the number of hours required, including in the transition period, but also that it must be quality assured, and this needs to be on the certificate. Otherwise it does not count. Failure to complete the required hours results in erasure. There is the right of appeal, but within the rules there is no discretion at all, so appeal seems pointless. This will not be a harsh committee, just one bound by rather draconian rules. Check your cpd certificates!

Why should I have sought to be part of the process? It exists. The more ordinary dentists are involved rather than academics or specialists, hopefully some common sense prevails within the private discussion. So it feels like an appropriate contribution to make at this stage of my career, but I hope not to see you there!