West Sussex Local Dental Commitee

West Sussex Local Dental Committee

Topic: WEST SUSSEX LDC MEETING

Time: December 1, 2021 06:00 PM London

Attendees:

Agi Tarnowski AT
Parul Patel PP
Toby Hancock TH
Jo Clark JC
Mark O'Hara MOH
Emmanuel Lazanakis EL
Matt Botha MB
Ashkhan Pitchforth AP
George Billis GB
Anitha Diwaker AD
Christine Hallworth Miller CHM
Simon Quelch SQ
Kellie Downie KD
Mary Green MG
Sandra Da Silva-Creasey (Secretary)

Guests:

Jill Harding (DENTAID)
Canan Mortimer CM
Mariam Noorani MN
Maggie Burrows MB
Ellie Clinton EC
Neil Wain NW
Oliver Trefgaime OT
Emma Anastasi EA
Sean Khorami SK
Shahla Minai SM
Anupam Kunjur AK

Apologies:

Katrina Broadhill KB
Richard Simons RS
Andrew Hobkirk AH
Jane Harris JH

AGENDA

Minutes of Previous Meeting

Understanding Dental Recruitment and Retention in 2021 ***Emma Anastas (EA)***

Click here for **PDF Presentation**

Aims - Understanding Dental Recruitment and Retention in 2021

Objectives - Share knowledge and experience of strategies in recruitment for dental practice

Advice on Practical steps in reaching and developing a practice workforce, increase awareness of recruitment process when employing staff nationally and internationally.

Understand how all members of the practice team can help with recruitment and retention

GDC Learning Outcome B:

AT - What do you offer to your employees?

EA - I have taken on a lovely chap called Sean who is passionate about Customer Services, and he has a sales background so we try and place people using the skills they are most passionate about.

AT - What is your USP for your dental team?

EA - We don't cover Locum and our focus is on recruitment on short term placements. We offer the ongoing mentoring, Mark for example has a dental nurse that was placed in 2018 and the mentoring continues.

We work at both ends of the spectrum, at times a client comes to us and requests an ad to be placed for them and sometimes it is the person seeking a position that comes to us, and we find a role that suits them.

We encourage incentives that are not related on pay, flexible time for employees to spend more time with their family and Wellness – for example we are partnered with a therapist to support the team.

MOH - Counselling is very popular plus is offered for free.

AT – Can you name 3 things that can be offered to the current team

EA – We offer an open-door policy, understand what their career plan is and involve them in the practice. Finally, the financial element – we pay them well and treat them well.

Recruitment from Overseas *Mark O'hara (MOH)*

PPT Presentation

Most of our new applicants are training abroad due to the costs and then coming back to the country to apply.

Aims - Develop understanding of the process involved in overseas recruitment

Objectives - To discuss recruitment of overseas graduates

To understand pathway to being a NHS performer

Clarify requirements

GDC Learning Outcome B:

GB – Can they work as a private dentist and work as a therapist?

MOH – If you are registered as a dentist, you can work as just a hygienist or as a therapist. In your capacity as a therapist, you must stick to doing the work within that role.

MOH - The NHS require your GDC certificate to get the certificate translated. You also need their evidence of no criminal record translated. Also, if your candidate is an English citizen you have to do a IELTS and this is in addition to checking passports and visas etc.

MOH - One final point is to ensure that when the conditions come back please don't appeal them, most of them take minutes but most times the appeals will be rejected and this will just add on another 4 weeks to the process.

AT – Ellie as an FT what would you like to see in your first practice.

EC – Looking for a good understanding of where I am at. Giving me time and not rushing me as training during Covid has probably made me slower than some. Would like support and UDA time.

? – In my current practice I would like to have autonomy and not have people looking over my shoulder and giving me all the difficult patients. I would say to Ellie that you can challenge getting really hard cases to deal with.

AP – There are a lot of people joining dentistry seem to be coming from affluent backgrounds and don't have the drive. They want to work only 3 days after finishing FD.

EL – 99% of my staff are from overseas without all the onerous hoops they have to jump through now, the situation has been made worse with Brexit.

OCDO Webinar Live - 7pm – 7.30pm

AT – To continue our discussion all these areas are things that can mean someone losing confidence and turning away for example if you get the wrong thing referred to you at an early stage in your development.

EA - As a therapist we are all aiming for a higher salary and this is why more therapists are getting into aesthetics. We are not able to compete with the therapy side of things.

AT – People will be turning into Hygiene as it pays more than Thearapy. The therapists we have from the get-go that have not left. There is a security and they have an added benefit.

AT- Ellie please tell us what you would like from your new practice as an FT?

EC – I am really early on in my foundation year and there is a lot of learning at the moment. In the future what stresses me out is UDA's and the fast pace and really looking for support in working in that faster pace. Trained during Covid and we are a bit slower perhaps than our predecessors. Working with a really good team is crucial. A supportive team is what I will be looking for.

AT – We did not all start off quick and some of us are still Captain Slow, you are not penalised for this. It is interesting that you did not say UDA rate you mentioned time and support rather than UDA's and remuneration, 50/50 split or who is going to cover your lab bills. It is something that becomes more important as you develop your career.

OT - Looking for a degree of autonomy. Trying to get away from having a person leaning over your shoulder. Want to focus on the practice and do good dentistry. All I would say to Ellie is that it does take time and know yourself and your worth and being a FT is only 1 year so you can challenge situations. I was given the high maintenance patients. I am in the first year of Associateship.

AT – Really interesting points and really brave of both of you to feedback to us all.

AP – I would just like to add when I qualified, we were from a generation where our parents were not rich, would see 50 patients per day as an associate, we had to work hard. A lot of people that are being churned out of university are from affluent families. They have not got the drive so when they finish their FT training, they do not want to work full time and are only looking for 3 days per week.

AT – There are generational work life balance difference, however the dentistry has not caught up with this but perhaps if there is a better work/life balance there would be less burn out.

MOH – How many of our year group are still practising dentistry? Not many? Perhaps the NHS model is not sustainable.

EL- Imagine how hard it will be to go back to 100%

AT- As an individual you may want to work the time you want to work but you still want to earn the money, so it is a difficult one. An FT might say I want to go to a private practice but then they don't have that experience.

MOH- You also have the Instagram illusion where you believe what you see online but forget that people don't show you what went wrong.

AT- Wonderful debate – thank you for sharing your views and opinions.

Summary of LDC Activities 2021 (AT)

LDC Activities - LDC AGM PPT Pressentation

AT - Thank you first of all to everyone for their contribution and hard work in the last year

- LDC Membership 2021 – we have 5 vacancies
- Stand out moment as an LDC was vaccinating the dental team – Mark did an amazing amount of work with reaching out and getting that moving
- Provided Fit test and Support, Peer Reviews on referral pathways and ENDO, PAG and PASS. Continued with LDC online meetings, we write to MP's on your behalf, we have a social presence, stakeholders with HEE and also represent you at the SE Liaison meetings with NHS England.
- Year ahead – continue to do what we are doing and expand offer, on how we can support more.
- LDC NHS net thanks to Mark and Parul, secure way of getting in touch with us.

MATTERS Arising:-

- Changes to FP17

TH- The timing is phenomenal – re-writing the FP17 could have been held off and patient contact with emails and mobile phone numbers. You are asked to enter it.

- NHS England Email and LDC Response

AT – NHS sent an email out about a month ago about urgent access and sending a breach notice if you weren't open to their NHS choices and Emmanuel rallied the troops, all the LDC's to write letters

and reply to them. Everyone signed up including all the Southeast. In Brighton every practice was called, and none are taking new patients on. NHS England are saying that

EL – Emergency patients are different from being open to new patients.

MOH – On the form there is no option to untick the urgent care. Patients that are calling are non-urgent care and other practices can't see them, so they are trying to fast track the system.

EL – We go back to 100% like in quarter 4, I would rather have a breach then not reaching your UDA targets.

Treasurer's Report (MB & TH)

MB - We have finalised the accounts, we have spent less than previous years because of Covid. The accounts look very healthy, this year's accounts are good too and we have built up a surplus. We still have a lot of money left to spend on education as we had sponsorship for it.

AT – This is our bi-annual core day. Let's have a plan in January to do a Core Day and having the other LDC's involved was beneficial and there are things we do to keep the costs down. There are areas we can invest at like mentoring, if we have the funds available, we can tick the support box on this. Work together with HEE. There is so much online and there is a need for balance to mix it up for face to face and online.
Peer Reviews goes down well when it is online like this meeting but if we have CPD offers than we must be different.
Let's do a survey to see what people would like.

Secretary's Report (MOH)

- **Data Protection Policy** Signed
- **Updated Constitution**
- **PO Box Address** Done
- **ICO Registration** Pending

MOH - Vaccinations make sure you are ready by the 1st April. If you have staff that have not been vaccinated, then they need to have had their first one by the 1st February. There is talk that the booster needs to be in place as well. This is anyone patient facing including receptionists.

MN - What do you do with the ones that are not wanting to have a vaccine.

TH – When they are sacked for not having the vaccine they are effectively resigning and therefore do not even qualify for redundancy.

MOH – The reality in social care is that all of them have gone through it before we did and they went from 60% to 90% vaccinated.

EA – If they are admin and can work remotely then this must be offered. We've been hit at such a breaking point with our recruitment, and this is another blow but we are heading towards everyone having to be vaccinated to be employed, how long will it be before retail also enforces it.

PASS (TH) Up-date on cases

TH - A Pass case last month resolved in quite a positive sense, it was an associate who had an issue with departing and we resolved in a positive outcome and she got some money back.

MN – Toby you are representing the Associates, but I think it is right to know both sides of the story.

TH – I did not receive a reply and therefore cannot know the other side of the story.

MN – Next time I will pick up the phone and speak to you in person.

AT – The purpose of PASS is a support function and it is to find a solution that both parties are in agreement with.

AP – Most disagreements are down to money and if PASS was not involved it would go to court to a judge who does not understand the dentistry practice in full.

GDPC Report and Official Day – (TH & AT)

GDPC Report

Channel and RLG (EL)

Official's day was the 26th November and was just a summary of where GDPC was at so far.

We had a fairly interactive panel group which was half made up of NHS commissioners and Directors. The Deputy CEO of England was questioned on various contracts are falling apart and how new negotiations are coming along and due to Covid have virtually come to a standstill. The answer was it was not their remit. Huge shame for those who were looking forward to new contracts.

No Incentives from the NHS.

The difficulty of getting figures out of people is impossible.

Look at the availability of funds and work out what an average annual income for a treasurer or secretary and then divide by 12. Let's propose some figures at an Exec meeting.

AT – In the past when I visited the LDC I used to invoice but now where most is online and I am home I do tend to forget to invoice. Would anyone have any objections to instead of invoicing per work having an honorary system. None recorded.

TH – With regards to the treasury section everyone has a different way of running their accounts.

BDA

TH – BDA Legal team still promoting and Emloyement status was discussed and HMRC have their own status. Don't engage in too many of the practices governed policies as this flags up so you need to disagree to some of them.

CDA are wanting to build a periodontics management of the whole body. They also want to run pilots on blood pressure. Home promotion on health.

AT – They are trying to do a 3d scan of dentures in the hospital so that when they are lost at least they have the scan.

TH – No funding for any initiatives and if it needs external funding then trainees must do it. Promoting sustainability. **SNOMED** – On-going disagreement with the software and the NHS Officer so all at a standstill

IT and Communications (EL, MO & PP)

Click here to see all communication on the website

Newsletters

Reports from committees

Data Security Policy

Test Positive Guidelines

Dental Practice Risk Assessment

Guidelines for Prioritisation of Dentoalveolar Oral Surgery Treatment

BDA Country Council (MG)

The first meeting will be in January and there will be some branches that don't have a representative. We have a local section meeting in Arundel which is on head and neck cancer, diagnosis, and treatment. There will be refreshments etc. and costs £15 for a BDA member, £20 for non-member, £15 for student member and free to health and care professionals.

AOB

GB – Thank you everyone for this meeting and all the advice. Hopefully next time it will be face to face.

AJ – New consultant position advertisement out to cover Chichester and Brighton, please spread the word.

MB – Document will be published soon that will make it much clearer on what can be referred and what can't.

EA – There were people who joined later so sharing the minutes with them will be useful. On Saturday Sustainability in Dentistry will be taking place.

JC – The new combined restorative post in Brighton and Chichester but AJ covered this but also we are under a lot of pressure as you can imagine but there is a lot of additional activities in the last month so if you have a lot of patients waiting you will be getting letters back soon as we have been churning through. Please do send pics of any lumps and bumps as this really does help with triage. As you know that I don't have an MCN Chair anymore in Orthodontics, but everything is back to normal getting through the back log. The outpatients are getting back to normal.

Date and venue of next meetings Virtually on ZOOM (AT) February 2021 – hybrid AGM, TBC