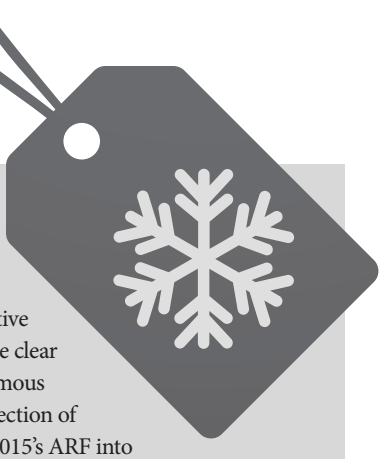
ARF FREEZE A CHOICE, NOT A NECESSITY



The British Dental Association (BDA) has slammed the GDC's decision to keep professional fees at an historic high of £890.

The regulator's Council voted unanimously to keep the annual retention fee (ARF) unchanged, following a consultation that drew 907 responses. Council members were asked to choose between the status quo and a small reduction in the fee level to £840, an alternative which the BDA branded a 'fig leaf' cut.

BDA Chair Mick Armstrong said: 'The GDC seems determined to cling to its status as the most expensive and least effective health regulator in Britain. Certainly neither of the fee options that were on the table today ever threatened to take its crown away.

'Starting to bring registrants' fees in line with comparable professions could have sent the clearest possible signal that lessons have finally been learned. Instead what we saw was a regulator so wedded to past mistakes that it even dispensed with fig leaf cuts.

'The GDC's whole approach to fees is borne of choice not necessity. It is supporting a strategy and a mentality that will see the regulator continuing to operate well beyond its legal remit. We needed to see evidence that the GDC was prepared to focus on its day job, and reengage positively with the profession. Today proves we have a regulator incapable of delivering on needed change, and just why we have a responsibility to challenge its failed leadership and failed governance whenever we see it.'

The Faculty of General Dental Practice UK (FGDP(UK)) has also expressed its disappointment at the General Dental Council (GDC)'s decision to retain the 2015 annual retention fee (ARF) in 2016.

FGDP(UK) Dean, Mick Horton, said: 'The FGDP and other representative bodies were clear and unanimous in their rejection of retaining 2015's ARF into 2016, and we are disappointed that the GDC appears still not to be listening to the concerns of dentists and dental care professionals.

'Dentists provide safe, good quality care and present a low risk to patients, but unfortunately have a poorly-performing regulator, which appears to be focussed unnecessarily on growing its reserves, rather than giving its Fitness to Practise processes the radical overhaul they need. The GDC has a specific remit as a regulator, and by acting outside this remit it is attempting to justify its unnecessarily high fees.'

ACCESSING THE **MISSING 30%** OF ENGLISH CHILDREN WHO DON'T SEE A DENTIST

Making sure that the thousands of children every year who don't see a dentist get access to dental care should be a priority for the Government's Mandate to NHS England (NHSE) says British Society of Paediatric Dentistry (BSPD) President Dr Robin Mills, responding to the Department of Health's consultation on the priorities for the years ahead.

A new mandate to NHS England from the Government is due to be published shortly and interested parties were invited to comment on a consultation document. Dr Mills says the general thrust of the document is really good but some opportunities are being missed.

He argues that with improved communication between dentists and opticians and other health professionals such as GPs, children could be better protected. He wants to see dentists and opticians automatically included in the NHS Spine, just as GPs are. The NHS Spine is a secure database which links hospitals and GPs to patients' NHS numbers. Giving dentists a database field within this software would mean they could check a child was linked to a dentist and thus follow up any concerns about the dental status of a child, said Dr Mills.

He added that dentist and opticians share a unique position within the NHS in that they are two groups of health professionals that should have regular recall contact with all children and can diagnose serious conditions not always easily detected elsewhere.

Dentists could be helping to care for and protect children as they have a significant role in safeguarding through identifying dental neglect and other child protection issues.

Dr Mills stated: 'Providing a child with easy access to a dental surgeon is a safeguarding requirement and not doing so is a failure to protect a child.' He also says that in areas where accessing a dental care service for children is difficult, the salaried dental services should be mandated to pick up these 'missing' children.

There is quite rightly a focus in the consultation on the ageing population, says Dr Mills, adding: 'but getting it right for children in oral health is known to have a beneficial effect later in life with low maintenance and low cost outcomes for the NHS.'

The NHS could also be saving money by addressing the shortage of specialist paediatric dentists, he argues. Transformation of 'out-of-hospital' care is a priority for the Department of Health and this is a reasonable objective as hospital care is expensive.

There are exceptions, however and Dr Mills observes that general anaesthetics for extraction of teeth in children can only take place in a hospital setting as this has been shown to be the safest and most appropriate environment. This is costing the NHS £30m annually in England alone.

He continued: 'The shortage of paediatric specialists to carry out treatment planning for this service is not only more likely to lead to more repeat anaesthesia but may leave a legacy of more complex treatment requirements in later life. A substantial reduction in this £30 million could be achieved by more specialist care.'

He suggests that there should be a network of specialist centres for treatment of children and planning of their care under general anaesthesia in the existing District General Hospital infrastructure together with a better distribution of specialists around the country.

BSPD would also like to see a preventive programme introduced in England like the successful Childsmile in Scotland which would ultimately reduce the unacceptable number of children requiring dental treatment under general anaesthesia in England.