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General FAQs: salaried dentists contract

Why change the contract?

The contract introduces a new pay and career structure for salaried primary care dentists to modernise careers for this staff group and improve patient care. It builds on the recommendations outlined in 'Creating the Future – Modernising Careers for Salaried Dentists in Primary Care', produced by the Department of Health in 2006, and aligns salaried dentists terms and conditions with those of other clinical groups.

How does it differ from what we had before?

The new terms and conditions include a new single pay spine to replace the existing four-grade structure. There is also mandatory annual appraisal and job planning to support a new competency framework, and a 37 ½ hour working week to align salaried dentists with other clinical groups.

The new terms and conditions include a new single pay spine to replace the existing four-grade structure. There is also mandatory annual appraisal and job planning to support a new competency framework, and a 37 ½ hour working week to align salaried dentists with other clinical groups.

What does the new contract aim to do?

It aims to support career development for salaried dentists and deliver high quality patient care. The contract aims to ensure that skills are used more efficiently, encourage higher levels of competency and improve the quality of clinical leadership. It also aligns their terms and conditions with those of other clinical groups, with a single pay spine and a 37 ½ hour week.

How will you measure its impact?

The revised contract will support a relatively small but key group of dental practitioners who are often working in particularly challenging healthcare settings and dealing with vulnerable groups. The new contract aims to support recruitment and retention with structured career development, whilst giving more clarity on roles and competencies. Ultimately it aims to ensure that we continue to attract people to these important salaried dental posts to provide continuity of high quality patient care.

When will the changes be introduced?

The key dates for implementation are:

- from January 2008, trusts start to prepare to implement the new contract
- by 1 April 2008, it is anticipated that existing staff will have moved to the new contract by this date but it is expected that trusts will move staff to the new contract as soon as they can. Any increase in pay as a result of staff moving to the new contract will be backdated to 1 June 2007
- on or after 4 February 2008, any new staff will start on the new contract

Who does the contract cover?

The contract covers all dentists working in salaried primary dental care services in England who are on national terms and conditions.

How will you ensure that the process is equitable for everyone?

We have produced clear guidance for employers and staff to ensure that the new process is fair and transparent. The guidance covers the annual appraisal and job planning process, and the evidence required to show that the individual has the competencies for the role. This has been developed by NHS Employers and the British Dental Association who are the professional association and trade union for dentists in the UK.

Appeals Process

Will there be guidance from the DH regarding the appeals process?

Schedule 6 of the terms and conditions provides guidance.

Indicative Training Allowance

What does "indicative" mean?

The indicative training budget is an amount available to the service as part of their budget. Currently this is £750 per head per annum.

This budget should be used by managers to support the training and development needs of dentists identified and agreed during the appraisal and job planning process. This budget can be used flexibly as outlined in paragraph 44 and 45 of the Summary Agreement.

Is the allowance exclusively for dental training? Or can it be used for PCT statutory and mandatory training?

The budget is "for training linked to the new appraisal and job planning process" (Summary Agreement, paragraph 44), and thus should not be used for statutory and mandatory training.

What about part time staff? Is the allowance pro-rated to whole time equivalent?

No. The indicative training budget of £750 is per dentist, including part time dentists.

Is this allowance subject to PCT's own local rules on use of training & development monies?

This is a matter for local determination. The presumption would be that it would be, as long as these local rules comply with the requirement that the monies be used "for training linked to the new appraisal and job planning process" (Summary Agreement, paragraph 44).

CPD allowance: the £750 is an annual allowance or over the 5 year cycle? Is the allowance pro rata for people who work across boundaries? For example we have dentists who work for more than one trust?

(a) The £750 indicative training allowance is an annual allowance

(b) Where a dentist works across boundaries, the PCTs should work together to ensure that the individual has an appropriate PDP which is adequately resourced.

Personal development may not be equally spread across each year and therefore employers and employees should use the indicative allowance flexibly in order to support the individuals PDP.

Can the budget be rolled over into subsequent years?

The purpose of the training allowance is to ensure the appraisal and job planning elements introduced by the new contract are properly resourced. Any individual's development plan may need to be resourced over a number of years and not necessarily requiring the same level of funding each year. Employers and employees should work together to ensure that the budget for training is used in such a way to support these principles.

Job planning and appraisal

Who should undertake the appraisal of Clinical Directors and Band C specialists?

A Clinical Director should be appraised by their line manager and Medical Director (or equivalent). Where specialist clinical input is required, it may be necessary to look outside the PCT. Clinical Directors may wish to consider collaborative arrangements with their neighbouring PCTs.

Specialists should be appraised by both a specialist (or consultant) from within the same speciality and also the Clinical Director. Again it may be necessary to look outside the PCT for an appropriate specialist.

If possible it is recommended that both halves of the appraisal occur concurrently with both 'appraisers' present throughout.

Should appraisal cover the competencies for their role or where they plan to be?

It should include the competencies required for their role, and also any required in order to complete specific objectives within their job plan. Appraisal is a two fold process which requires a stage for looking back and a stage for looking forward as per paragraph 42 of the summary agreement. During the 'looking back' stage both parties will have an opportunity to review the objectives set at the previous appraisal and carry out a job plan review. During the 'looking forward' stage an opportunity is available to develop a new job plan (including objectives) and personal development plan for the coming year.

I have 15 dentists on the top of the scale. Do I have to appraise them all in June?

All staff at the top of the scale should have their pay review date set for January 2009 i.e. one year from the date of AL DOS 1/2008.

As per paragraph 55 of the Summary Agreement, these staff will require a full appraisal before the end of March 2008 covering their old terms and conditions, the assimilation review and 2008/09 objective setting. Their full appraisal on the new terms and conditions will be held in January 2009.

How do you define what is required for a Band B dentist? Additional qualifications are usually required for higher grade dentists.

For each job description, it is necessary to produce a person specification. The core of that specification should be based on the competencies required that are contained within the summary agreement, but there is nothing in the agreement which prevents a PCT adding additional requirements to the person specification. Therefore if a PCT wishes to specify that a postgraduate qualification is required for a band B role it may do so, it should just make sure it is consistent across different posts and does not leave itself open to a challenge on the basis of discrimination.

Roles and competencies

Do competency profiles have to be completed prior to assimilation?

No. For the purpose of assimilation competency profiles do not need to be completed. The competencies applicable to each band are laid out on pages 75 to 87 of the terms and conditions. Competencies considered as essential for the post should be identified as soon as possible after assimilation and at least in time to inform the appraisal, job planning and objective setting processes.

Has any guidance been issued about incorporating management competencies into a specialist competency framework? (For example, where a Clinical Director is a specialist as well as manager.)

No. In such circumstances, the Clinical Director/Specialist must agree with their manager a set of competencies applicable to the role identified. Consideration needs to be given to the relative balance between the leadership and managerial aspects and the degree of use of the specialist competencies. Consideration also needs to be given to the complexity of the service and the degree of support for the managerial function that is available to the Clinical Director. These factors should determine the competencies to be included in the competency profile and used at annual appraisal and job planning.

Is there a relevant website or documentation regarding Clinical Competencies for Specialist Dentists? Locally we're having real difficulties in finding easy to read (and understand) details particularly of Paediatric Competencies. We have found details of the curriculum and specialist training pathways etc but nothing that we feel able to use to inform the appraisal system.

You should contact the Royal College of Surgeons regional speciality advisor in orthodontics for further advice. Contact details of regional speciality advisers can be found on the Faculty of Dental Surgery website at <http://www.rcseng.ac.uk/fds/training/regions.html> or by contacting The Faculty of Dental Surgery, The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, LONDON WC2A 3PE. Tel: 020 7869 6810, Fax: 020 7869 6816, e-mail: fds@rcseng.ac.uk

Does having a voluntary role give grounds for a dentist to have an extra point on the salary scale? E.g. as the local BDA representative and the JNC chairperson, i.e.: to move from the top of band B to the bottom of band C?

No. The additional skills and competencies to be demonstrated in order to be considered for an extended competency point should be based on the competencies from the next band. For further details, see paragraph 10.16 – 10.21 of the terms and conditions.

Should all clinical competencies be included for each band? What competences fit what job?

The competencies applicable to each band are laid out on pages 75 to 87 of the terms and conditions. Competencies considered as essential for the post should be identified as soon as possible after assimilation and at least in time to inform the appraisal, job planning and object setting processes.

Service Complexity

Who decides service complexity – commissioners or providers?

This is the responsibility of the employer of the Clinical Director.

Does service complexity have any bearing on specialist roles?

No.

Will a newly-recruited Band C Specialist be capped at point 16 or can they progress to point 18? We are a Standard complexity dental service and we are planning to recruit a Specialist in Paediatric Dentistry, Band C. Please will you let me know the maximum salary for the specialist - will it be capped at point 16 like it is for myself (due to Standard complexity) or will it progress to point 18?

As per paragraph 18 of the summary agreement, a specialist dentist is remunerated under band C of the salary scale. Progression through this band should follow the guidance in paragraph 24 of the summary agreement.

The issue of complexity relates only to band C managerial dentists and therefore any specialist may progress to point 18.

Terms and conditions: General

Is there going to be a model contract?

We are currently working to produce one.

Is it compulsory for Trusts to implement the new terms and conditions for salaried dentists?

Yes, it is compulsory for all dentists on national terms and conditions - or local contracts - which shadow national terms and conditions. See paragraph 6 of the Summary Agreement and paragraph 22 of the AL (DOS) 1/2008.

Should a salaried dentist due to start in February 08 be put on the new contract (when the job was advertised under the old contract i.e. the old terms and conditions)?

All dentists commencing employment from 4 February 2008 should be contracted under the new pay and terms and conditions.

What should dentists be paid for working unsocial hours, eg: evenings, Saturday, Sundays and Bank Holiday working under the new terms and conditions?

This falls outside the agreement and therefore is subject to local agreement. Sections 4.3 to 4.5 of the terms and conditions do not specify the hours of work.

What happens if a staff member is on long term sick or maternity leave when their pay progression is due?

Refer to paragraph 10.4 of the terms and conditions.

Does this contract apply to salaried emergency dentists? Our current contractual arrangements for these staff include enhancements for working 'unsocial hours' - the revised Terms & Conditions appear to make no provision for this.

Yes – the new contract applies to all dentists working in the SPDCS, including ones providing emergency care. The new terms and conditions do not include specific provisions around unsocial hours and any enhancements are therefore for local determination.

What counts as continuous service in the new contract?

I would like some clarification on point 2.1 (third bullet point) in the new Terms and Conditions of Service which states:

Previous employment with other NHS employing organisations does not count as continuous service for the purposes of the Employment Rights Acts 1996

This does not appear to be consistent with other contracts of employment, e.g. Agenda for Change. Can you confirm that this would mean that where a Dentist moves from another Trust, they would not be entitled to a statutory redundancy payment until they had accrued two years service with their new employer?

I have also noticed that this statement in section 2.1 does appear to contradict section 16.4 on redundancy which states that 'continuous service means full-time or part-time employment with the present or any previous NHS employer'

Point 2.1 refers to the calculation of 'continuous employment' in respect of the Employment Rights Act 1996 while in paragraph 16.4 it refers to the calculation of 'continuous employment' in respect of an occupational redundancy benefit.

Can you advise me on Schedule 2 - commencement of employment, in the salaried primary care T&Cs?

To clarify, the bullet points in 2.1 of the terms and conditions relate to the information described below:

For bullet 1: This will be the date at which the individual moved to the new terms and conditions. PCTs need to agree a transfer date locally with their dentists however this should have been completed by 1 April 2008 as per AL DOS 1/2008.

For bullet 2: This will be the date from which the dentist began employment within the salaried service on the previous old terms and conditions, irrespective of who the employing organisation was at the time.

For bullet 3: Start date with current employer, or where applicable the start date with the predecessor organisation that previously held the contract (e.g. where a PCT has merged).

For bullet 4: Start date of employment within the NHS.

Assimilation

Can part time staff increase their hours to retain the same whole time equivalent of 37.5 hours?

Yes. Employers are required to give part time staff the option to either increase their hours proportionately to retain the same WTE, or maintain their hours and thus reduce their WTE. See paragraph 5.12 of the Toolkit.

Protection for a specific period of time on the change in hours from 37 to 37.5; there does not seem to be any reference to it in the contract - is this correct?

Yes. Whilst there is no automatic right for full time staff to maintain their hours at 37 per week and thus reduce their WTE, they may request this of their employer. Those who have childcare responsibilities and who qualify may make such a request through the Flexible working and work-life balance.

Is the change in hours from 37 to 37.5 effective from 1 June 2007 or when they move across in April? I take it would be the latter but we have a lot of part time dentists and it may impact on their pay if we are pro rata using 37.5 hours rather than 37?

The change of hours should not be backdated to 1 June 2007 for full or part-time staff and the date of introduction should be agreed locally. Ideally this contract should be implemented on or before the 1st April 2008. For further information on the assimilation of part-time staff please see paragraph 5.12 of the Toolkit

Some Band A dentists are doing a lot more than is required within their post. Will the Clinical Director be able to move a dentist from Band A to Band B in such an instance?

The assimilation process is based solely on the dentists existing band and point. It is not possible to move staff into a higher grade band at the point of assimilation as a simple re-grading exercise. A post at the higher grade must first be identified and agreed and advertised or filled using appropriate recruitment procedures.

Higher level work could be considered against the criteria set out for achieving the extended competency relevant for Bands A and B. Further information is available in paragraphs 10.16-10.21 of the terms and conditions.

Are staff who mirror the national contract EXCEPT they already have their statutory days incorporated into their annual leave converted on either a 2-days-for-3 or a 2-days-for-2 basis?

As per paragraph 1 of the Summary Agreement, the new contract replaces the previously agreed national contract and should not impact locally agreed contract variations, as any change to these local variations will be a matter for local negotiation.

Annual leave entitlements when local contract is more generous? I have a query over annual leave entitlement as under the new contract this will be 27/32 days. Our Trust allows dentists 33 days annual leave so the new contract will introduce a reduction. Is there any phased in approach or protection of annual leave for those that get more than this allocation?

As per paragraph 1 of the Summary Agreement, the new contract replaces the previously agreed national contract and should not impact locally agreed contract variations, as any change to these local variations will be a matter for local negotiation.

Can we put dentists on local or 'mixed' contracts onto the new contract (or at least offer it)? We are looking to set the new contract up for our dentists. Most are on the national terms and conditions so no difficulty with them. However we have some on local contracts and some on some 'hybrids' that have elements of the national terms and conditions within them. The problem is some are on enhanced pay scales that don't match any of the existing pay points. We would aim to assimilate to point 6 which would be lower than they're current pay level. If we assimilate to higher points they won't reach the competencies for these points.

As per paragraph 1 of the Summary Agreement, any dentist on a contract that is not the previously agreed national contract or has any form of variation from the previous national contract is deemed as a local contract. In such instances, the Trust and dentist are required to agree any changes locally. There is nothing to prevent the Trust from offering the dentist the new national contract as it stands but this does not have to be taken up and is a matter for local agreement.

What would be the penalties to the PCT for not assimilating the salaried dentists by 1st April 2008?

The new contract, including the implementation timescale, was agreed following negotiations between the British Dental Association and NHS Employers acting on behalf of the employing bodies of salaried primary care dentists, taking account of the practicalities of implementation. The Department of Health has approved the implementation of the new contract. The Department's Advance Letter (DOS) 1/2008 says, at paragraph 2:

"It is anticipated that by 1st April 2008 existing salaried primary care dentists employed on the previously agreed national contract will have moved to the new terms and conditions.

Employing bodies should therefore use their best endeavours to assimilate staff by 1st April 2008, both to meet the recommended timescale for implementation and in the interests of good employee relationships.

PCTs will also wish to remind themselves that the only element of the contract which is backdated is the salary component. It is mandatory that this is backdated to 1st June 2007. However, employers will only realise the other benefits of the contract, including the increased working hours and the appraisal and job planning processes, once they have implemented the contract for all their staff."

Is the change in hours from 37 to 37.5 to be effected from 1st June or just from the point of assimilation (in our case March)? We are aiming to assimilate our staff onto these contracts as at 1st March 2008 and our payroll department are collating the info for this to happen. I understand that the pay will be back dated from 1st June 2007.

The change of hours should not be backdated to 1 June 2007 for full or part-time staff and the date of introduction should be agreed locally. Ideally this contract should be implemented on or before the 1st April 2008.

For further information on the assimilation of part-time staff please see paragraph 5.12 of the Toolkit

Should back pay be calculated for full time staff pro rata to the new contracted hours back to last June i.e. 37/37.5? There does not seem to be a definitive statement on this in the agreement or in the toolkit and it was not raised as far as I recall in the Manchester event. The worked examples in the tool kit seem to treat this point differently.

Please see the answer to the previous question.

Is the accelerated progression applicable if assimilation does not deliver a 2% uplift only applicable to ACD's and CD's? I.e. is this applicable to all dentists transferring onto the revised pay scales - we do have a number of dentists for whom the assimilation will not deliver a 2% uplift.

The minimum 2% uplift has been calculated and is included in the assimilation table for all bands (i.e. bands A and B), apart from Band C Managerial dentists (Clinical Directors).

The minimum 2% uplift only needs to be calculated for Band C Managerial dentists (Clinical Directors) due to the removal of previous allowances (teaching hospital/multi area).

Do dentists who work "sessionally" have to be assimilated onto the new salaried dentists' contract or can they retain their existing terms and conditions? If they stay as sessional dentists, what would the new sessional rate of pay be? We could not find that information.

Existing sessional dentists should be replaced by part-time contracts. In future, dentists who work regular part-time hours should be employed on a part-time contract and paid at the appropriate point on the appropriate band for the post.

Where a dentist undertakes ad-hoc work (i.e. not suitable to hold a part-time contract) then they should be paid an hourly rate if they are on a national contract. If they are not, it is a PCT decision.

What band should a dentist on the old LA31 grade be assimilated into, and where I can obtain further details about this?

The old LA31 pay code related to sessional dentists. It is intended under the new agreement that sessional dentists be moved onto part-time contracts so as to benefit from the appraisal and career development aspects of the new terms and conditions.

As the circumstances in which sessional dentists have been used vary considerably, no specific assimilation guidance has been produced.

PCTs should review the roles and competencies involved in the job that the sessional dentist is undertaking. They should then identify a suitable band and pay point in the new salary scale to reflect the experience and competencies of the dentist and move them to a part-time contract accordingly.

In circumstances where the value of the post is less than the current pay the dentists receives, then the principles of pay protection would apply.

Why is pay protection to be applied to Vocational Dentists when ours have had a pay rise, is this correct? The guidance letter says they are to be put on pay protection, suggesting that their pay will go down.

The new SPDCS contract came into effect from the 4th February 2008 and therefore pay protection will only apply to any vocational dentists employed prior to this date (see AL DOS 1/2008 paragraph 21).

For those employed prior to 4th February 2008, the implementation of the DDRB award for 2007 was staged with the first increase being the 1st April 2007 and the second being 1st November 2007 (see AL DOS 4/2007). Any vocational dentist currently in employment as at 1st November 2007 would have received the second stage of the 2007 DDRB award in November 2007.

We have a dentist refusing to accept the new contract. How should we respond, as the FAQs already published make it clear that it is compulsory for Trusts to implement the new contract.

We are implementing the new Salaried Contract in this PCT with effect from 1st April 2008. One of our Dental Officers is refusing to accept the new contract – he says he wasn't consulted. We have explained that his contract will be amended from 1/4/08, and this will be confirmed to him in writing. We have signposted him to all the guidance and documentation and explained the new T&Cs and contract to him at length. If he continues to "refuse" – does this mean that he is essentially resigning?

The new contract which was negotiated with the representatives of the profession and received overwhelming support in a ballot replaces the previously agreed national contract. Where a dentist was employed under the old contract, they will automatically move to the new contract. There is no provision for dentists to remain on the old national contract. If the dentist refuses to move to the new contract, it would be for the PCT to seek HR and legal advice.

Does a VT year count towards service? Should a new dentist start work on point 0 or point 1 of Band A? A new recruit to the salaried service has completed her vocational training.

Terms and Conditions for VTs are covered under Schedule 17.

General terms and conditions apply for vocational trainees however the pay scale is determined by the GDS and PDS Statement of Financial Entitlement.

Any individual completing vocational training and taking up a post in the SPDCS should be placed on assimilation pay point 1 of Band 1 of the salary scale.

Is a dentist who left us for another employer on 1st February 2008 still entitled to back pay from us from 1st June 2007?

She is entitled to back-pay. Employers should honour requests for back pay for staff who have either retired or moved (i.e. to a different PCT or part of the service) and, as good employment practice, should seek to ensure that staff in this position automatically receive outstanding back pay.

If a Band 3 Clinical Director is at the top of the scale they assimilate to point 16. Do they have to wait 2 years from the introduction of the new deal to be awarded point 18 or is there discretion within the PCT to progress to this point sooner? If their employing PCT decided that the dental services should be graded as highly complex then the CD would qualify for pay point 18.

This is a matter for local discretion.

What will it cost PCTs?

The actual financial implications will vary between PCTs and will depend on effective implementation as the new contract offers PCTs significant gains through more effective working patterns and an

improved, more highly skilled workforce. Overall we expect PCTs, patients and salaried dentists to gain from the new arrangements.

Implementation

How will you be supporting implementation?

We are currently talking to employers – who in turn will support staff - about the type of support that they need to implement the new contract, to supplement the detailed guidance that we are already producing. In addition, Primary Care Contracting will be providing hands-on support for employers through events, a helpline, on-going guidance and advisers.

Are you providing any training for employers who will lead on implementation?

Most employers will be introducing the new arrangements in a range of different local settings. Based on experience of implementing other contracts, we believe that the broad guidance covering all the different elements of the contract, will meet most employers' needs. In addition, Primary Care Contracting will be providing hands-on support for employers through events, a helpline, on-going advice and advisers.

In practice

What is the link between pay and demonstrable competencies?

Pay progression will be based on evidence of delivery against five defined competency domains, achieving agreed objectives and completing a satisfactory appraisal. The five competency domains are clinical, communications, management and leadership, teaching and training, and professionalism.

What are 'demonstrable competencies'?

There are five broad competency domains - clinical, communications, management and leadership, professionalism, and teaching and training –which are the same for all three bands with detailed competencies within each domain. For example for Band A general dentists, within the clinical domain, individuals need to demonstrate a range of competencies such as being able to identify common medical emergencies and lead the dental team in managing these.

Full details can be found in the summary agreement.

How will people move from the old contract to the new one?

We need to allow some time to implement the new contract in trusts but we are aiming for all staff to fully move to the new contract within a twelve month period. An individual's first appraisal under the new contract will start to introduce the new process by confirming that the employee is meeting the competencies for the level.

An appraisal timetable is included in the summary agreement.

Where are the competencies for band C specialist dentists defined?

Clinical competencies for specialist dentists are determined by the Royal Colleges