

## BAOS Feature

High Street Oral Surgery – The Dilemma

When I first considered creating my own dental practice which focussed only on oral surgery, taking referrals from my colleagues across Belfast and further afield it was greeted with some scepticism. I was a hospital oral surgeon working busy clinics and lists for a salary. It was clear that I had reached my own, professional glass ceiling in the Belfast Dental School. I was a very efficient surgeon with my FDS but I had no experience of the business of building and maintaining a dental practice. My sister-in-law, Libby, was studying for a business degree and undertook a feasibility study and it looked viable on paper. I was well known amongst Belfast dentists. A major concern, voiced by dentists to whom I talked about my plan, was that dentists would not refer patients because they would think I would just take their patients and carry out routine dentistry on them. My major concern was that I would end up with a huge debt and an empty practice. That is not what happened. Looking back on what made my practice successful and encouraged colleagues to set up similar practices in other parts of Northern Ireland.

First and most important ingredient for a practice is a contract of a level and duration which supports the surgical entrepreneur. To set up a practice requires significant loans for equipment and to support the staff cost whilst the activity builds. Banks need to see that the business model is robust and sustainable for the duration of the loan. The surgeon themselves need even more reassurance. It is them who will go bankrupt if the business fails. When I started there was a simple item for service contract with no foreseeable plans to change. We still use a modified item of service system. Provided the referrals were forthcoming, efficiency of practice would more than cover costs. The 32 years of this simple contract supported the creation of oral surgery practices treating thousands of patients per year. Fees generated could always better, but it was a matter of using what was available to make the practice financially viable.

In Northern Ireland we have negotiated an on-going contract which supports a level of activity which will maintain the specialist practices as their loss would put an enormous strain on the secondary care sector.

In the absence of a similar primary care oral surgery sector, England has tried to create Tier 2 providers with short term contracts offered to the lowest bidder. These bidders are often corporates and they sometimes forced out the few practices who had been providing oral surgery care under item for service. Very counter-productive. A long-term plan with specialist led and provided care on the High Street is efficient financially and convenient for patients. So why has England not followed the proven Northern Ireland example. Even our revised contract is using the commissioning document as the basis of the enhanced contract and hopefully a substantive contract in the near future.

Understanding the importance of an appropriate contract, I was involved in my role in the British Dental Association and as the most senior of the primary care oral surgery specialists in Northern Ireland (NI) in designing a new pilot agreement. The contract was designed to address the reduction in primary care oral surgery activity resulting from the new General Dental Contract. Understandably the NI Department of Health reviewed the impact of this Pilot Oral Surgery Contract. They wanted to make sure it was delivering. If the first and most important requirement for primary care oral surgery practice is a contract of appropriate duration and remuneration are rare, the remaining ingredients are available in abundance all across the UK. There are very few secondary care providers who are not overwhelmed by oral surgery referrals. Even here in Northern Ireland, with efficient practices working at full capacity, our hospitals struggle to meet demand. Finally, working in Oral Surgery remains a great way to earn a living and build a career in primary care, in secondary care or working across both areas. Practical and fun. Challenging, and even sometimes challenging to the n<sup>th</sup> degree, but equally interesting. When I look back at what I have done, I could not have chosen a better way to earn a living. Fantastic.



Martin Curran

BAOS Council Member

## Spotlight

### BAOS Administration Team

I'm sure you may have at some point spoken with one of the three members of BAOS admin staff, Sophie, Rita and Shelley, here to improve the experience for all BAOS Members.

We all work part time and our backgrounds are mainly in charity work, and other Membership organisations. As well as managing the day-to-day functions of BAOS, we organise the logistics of the conferences and other BAOS courses, manage the website and social Media accounts, and manage all Membership administration.

We are always looking for new ways of promoting BAOS Membership to the wider community and encouraging our Members to interact more with us, do you know someone who could benefit from BAOS Membership? We have recently also launched a new membership category for Dental Nurses, why not involve the rest of your practice team?

We are also looking for guest blog posts – if you have a topic you'd like to write a post about, we'd love to hear from you! Blog posts are varied and cover topics from Dental Volunteering to dealing with a family member's Dementia; perhaps you have an interesting topic or experience that you would like to share with your BAOS peers?

Find us on Social Media – Twitter and Facebook, follow us for all the latest info and guidance.



Sophie Fraser

Senior Administrator



Rita Capaldi

Senior Administrator



Shelley Raiden

Administration Assistant

## Hot Topics in Oral Surgery

### Reopening of the Associate Specialist grade:

The BMA's SASC and with BDA cross representation from the CCHDS- (who represent hospital dental services) have been lobbying for the reopening of the Associate Specialist grade to aid recruitment, retention and recognition for SAS Doctors /Dentists. Re-opening of this grade will help in promoting career advancement and allow for improved working satisfaction.

This has gained momentum with the Royal Colleges of Anaesthetists, Ophthalmologists and Emergency Medicine voicing their support and the Secretary of State for Health and Social Services (Matt Hancock) making 'a commitment in principle' to reopen the AS grade<sup>1</sup>. (Pg. 3)

Over 20 Trusts in the UK have already reintroduced "Trust" Associate Specialist posts (including all the Trusts in the South West of England). Though many are based on the national Terms and conditions of service of the 2008 contract, requirements and appointment processes will vary from Trust to Trust. Some may involve an individual regrading; others may stipulate the need for a business case requirement as well as an individual demonstrating they are working at the level of an Associate Specialist.

This is an opportunity for the senior Speciality Dentists working in hospital to be recognised and rewarded for the care that they deliver and those more junior colleagues can plan and develop a career pathway leading to Associate Specialist.

Negotiations are currently due to begin in quarter 3 of this year. NHS Employers are discussing thinking of having a completely new contract which is currently being termed "senior SAS grade".

For updates, it is suggested that those interested approach their local SAS Committee and SAS Tutor for advice and Local Negotiating Committee chair /BMA representative.

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Pippa Blacklock  
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