

Mr Peter May
Permanent Secretary, Department of Health

Cc: Phil Rodgers, Director of Workforce Policy; Caroline Lappin, Chief Dental Officer; Brid Hendron, Postgraduate Dental Dean, NIMDTA

SENT BY EMAIL

16 August 2023

Re. Dental Core Training (DCT) & Specialty training (StR) pay

Dear Peter

As the Associations which represent and negotiate on behalf of Hospital dentists, we write to elevate the issue of unfair and inappropriate pay for hospital dentists in training, and the considerable adverse impact the current position is having in Northern Ireland.

A situation which is grossly unfair and predicated on a flawed underpinning that does not exist anywhere else in the UK is now having a severe impact on recruitment and retention, and is at the heart of a worsening trend of high DCT vacancies.

The issue of DCT pay has been raised with your Department previously, but without receiving any satisfaction in how the issue has been understood, or dealt with. Indeed, we now know from an FOI request that discussions were taking place within your Department back in 2018, where on 1 February 2018 an email from Liz Hynes to Andrew Dawson and Marc Bailie, cc'ing Simon Reid, CDO referred to DCT pay as, *'an ongoing issue for a number of years, and I have raised on a number of occasions, but it has yet to be resolved'*.

In an attached paper to HR Directors' Forum entitled 'Disparity in pay for Dental Core Trainees from May 2014, a range of options were presented. Option 3, Transfer to StR (DCT) pay scale equivalent to StR (CT) was then deemed 'the most appropriate way forward'. However, amending pay in recognition of what COPDEND considers to be common core training competencies, and to reflect what is a national recruitment process has still not occurred.

The status quo arrangement where Dental Core Trainees in Northern Ireland are being paid at Foundation Year 2 level and not on core training pay scales is a wholly unsatisfactory situation that is now wreaking havoc on the ability to recruit to trainee posts here, but also to retain DCTs.

BDA DCT and StR Survey, May 2022¹

¹ BDA Dental Core and Specialty Training Survey, May 2022 n=65 respondents comprised of those who have completed dental core training (DCT) & speciality training (StR) posts, or currently in a DCT post

In April 2022, BDA surveyed existing and previous trainees in an attempt to understand more fully what impact the existing pay policy is having on those who undertake dental core training and speciality training posts in Northern Ireland.

The findings illustrate the damaging impact unfair pay is having on morale, and the historic lack of awareness that such a significant pay differential exists with other UK nations. Reflections from trainees are deeply sobering:

- 71% of DCT respondents took a pay cut when moving from DFT/VT to a DCT post in Northern Ireland, of which 74% were not aware of the pay cut before they took the DCT post in NI
- 52% of respondents rated their morale as 'low' or 'very low' during their NI training post, 30% as 'neither high nor low', and only 18% felt their morale was 'high/very high'
- Pay contributed highly towards low morale, with many finding it demoralising having to take a pay-cut for the next step in their career. Many also felt that the training posts required a high level of responsibility, work and skill and the pay given did not reflect this
- Many felt underappreciated knowing that they were doing the same job as peers in other UK nations for significantly lower pay
- The majority of respondents did not feel valued for the work they did during their NI training post; 62% would not recommend DCT/StR in NI to others going through national recruitment in future years
- Pay disparity in NI deters people from applying, leaving posts vacant which adds to the workload of the current trainees which many feel is unfair, given the already difficult work circumstances
- In some situations, locums are hired to fill vacant positions and offered a higher pay than trainees, which trainees feel is unfair and devaluing

Feedback event

An in-person feedback event dedicated to hearing from Hospital dental trainees and their attitudes towards pay and workplace conditions was co-hosted by BMA/BDA and took place in the School of Dentistry on 5th July.

Unsurprisingly, unfair pay, specifically the status quo arrangement where Dental Core Trainees in Northern Ireland are being paid at Foundation Year 2 level, and not on core training pay scales emerged as the overwhelming issue of concern.

Other feedback given included:

- Trainees referred to 13 current vacancies (out of 22 DCT places), with pay being a key factor for leaving the role after appointment²
- The impact on morale of receiving considerably lower pay than in the rest of the UK
- Shortage of DCTs having a knock-on impact on rotas, with on-call sessions not being covered and staff shortages in the Ulster Hospital. This situation presents patient safety concerns

² Nb. As of 23rd January, NIMDTA had confirmed there were 9 confirmed DCT vacancies of 22 places. Up to date figures have been requested

- Pay disparity with core training in rest of UK, but also with other aspects of dentistry, including GDS a big issue
- The lack of transparency around DCT pay and pay scales within the application process, and the considerable differential when applying for training posts in NI, and how trainees have been ‘caught out’ -something which it was acknowledged BDA has been working actively to address
- Fewer progression opportunities here with inadequate numbers of speciality trainee positions to progress to after DCT training
- Maxillofacial locums are paid at £75/hour -easy to see why someone would forgo a DCT role at much lower pay to be paid at much higher locum rates
- In practice, the majority of dental trainees do not receive any banding supplements above basic pay. Any suggestion that pay is comparable with other contracts that are ‘front-loaded’ is mistaken
- Ultimately, dental trainees don’t feel adequately valued or recognised due to pay
- Pay was attributed by trainees as being the main factor behind the high number of DCT vacancies this year

Pay differential

DoH has previously tried to dismiss this issue by claiming the core issue hinges on pay parity, and that no such requirement exists because Health is devolved. Of course, the primary issue is that pay scales do not fairly or adequately reflect the core training competencies which are determined by COPDEND, an approach which is at odds with every other part of the UK.

However, it would be short-sighted not to acknowledge the large differential in basic pay that has emerged between Northern Ireland and our neighbouring jurisdictions, as outlined in the table below collated by BDA. Such a considerable pay differential is acting as a major disincentive for anyone coming to Northern Ireland for core training.

Moreover, the introduction of provision to access Nodal point 5 in England means that trainees here are being left further behind their English counterparts. In addition to the fundamental pre-existing issues around pay points which we raise above, and if combined with the current inability of DoH to implement the recommended DDRB pay uplift of 6% plus £1250 for trainees, the present situation becomes wholly intolerable.

	England	Northern Ireland	Scotland	Wales
DCT 1	£40,257	£33,133	£40,509	£36,009
DCT 2	£40,257	£35,298	£41,029	£38,218
DCT 3	£51,017	£37,466	£43,272	£40,429

Long-term consequences

Of course trainees should expect no less than to be paid fairly. This issue is already having a detrimental impact on filling rotas and on service delivery; it is leaving a damaging legacy that will continue well into the future.

In short, trainee is such that Northern Ireland is regarded by dentists across the UK as being an unattractive and uncompetitive place to undergo core training. DCT is also losing out to other fields of practice, there is gross unfairness compared with locum rates and this does not bode well for our future pipeline of Hospital consultants.

We understand these trends are unsurprisingly being repeated by the low uptake for DCT posts in Northern Ireland for this year's intake.

Towards a resolution

Regardless of how we got here, our focus must be on putting in place a resolution that fixes this issue. The evidence is overwhelmingly in favour of an urgent adjustment to trainee pay.

We ask the Department to afford us as the representatives of dental trainees, plus to the trainees themselves the appropriate respect by properly considering the issues at stake and being open to working with us towards paying core training at core training rates. We would request that any response does not take the approach of simply dismissing out of hand any case to answer. Clearly, pay has become particularly problematic and requires a solution that can obtain buy-in from the profession.

We believe fresh professional input should be sought from CDO and the Postgraduate Dental Dean, NIMDTA towards finding a fair resolution to DCT pay that would bring Northern Ireland into line with the approach applied in the rest of the UK, and to fully explore the previous DoH proposal of transferring trainees to the StR pay scale, and to identify appropriate progression through core, and into specialty training.

Finally, we ask the Department to be cognisant of the Review Body's remarks in the latest DDRB Report, and indeed act upon its own observations³ to resolve this issue:

35. We are particularly concerned about a number of issues of retention and motivation that affect the trainee workforce...it is very important that those at the start of their careers, who are the most internationally mobile members of our remit group, are incentivised to remain in the UK. As well as this, given that doctors and dentists in training comprise the pipeline of future consultants, SAS doctors and dentists and GMPs, incentivising them to remain in training, rather than taking on non-training work or working as a locum or bank staff member, is important for safeguarding the future of all parts of our remit group.

39. Therefore, our second recommendation is that pay points for doctors and dentists in training should be uplifted by 6 per cent plus £1,250.

³ [Review Body on Doctors' and Dentists' Remuneration – 51st Report 2025 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

3.33 DoH also said that they were concerned that differences in pay and contracts between Northern Ireland and the rest of the UK were leading to those entering training in Northern Ireland potentially facing a significant drop in pay, which was making training there less attractive.

This is an easy fix for the Department. It concerns a very small cohort, with meagre sums of money at stake. We urge your officials to take a forward-looking view to this issue that comprehensively acknowledges the impacts for what they are, but seeks to put in place an acceptable fix. Dentists in core and specialty training deserve to have their important contributions for population oral health - and their vast potential fully recognised, and therefore their concerns must be fully acted upon, not glossed over.

We look forward to hearing from you at your soonest convenience regarding a resolution to the DCT/StR pay issue.

Co-signed:



Dr Fiona Griffin

Chair, BMA NI Junior Doctors Committee



Darren Johnston

Chair, BDA NI Hospital Dental Services Forum



Eddie Crouch

Chair, BDA Principal Executive Committee