



General Dental Practice Committee

1 May 2026

Report of the General Dental Practice Committee

The General Dental Practice Committee met on Friday, 1 May 2026.

Dental Contract Reform

1. I reported to the GDPC regarding the current status of negotiations with the Department of Health and Social Care focused on fundamental contract reform. The DHSC had presented the GDPC negotiators with a set of proposed models of reform, which would be the subject of a period of public consultation later this year. The current focus of the GDPC was therefore to understand and analyse the costings of these models to understand whether they are practical and financially viable. I noted that our goal of delivering a contract that improves upon the 2006 GDS Contract within the constraints of the current financial envelope that the Government is imposing would be challenging and this was why the BDA was focused on pressing for increased funding. I expressed my desire that any replacement the 2006 UDA Contract would be negotiated, rather than imposed upon dentists.
2. We received a research paper on the various funding mechanisms of dentistry internationally, as had been suggested at a previous LDC Conference. We felt this provided a very helpful international context to inform our approach to reform.

UDA contract changes

3. I provided an update on the current implementation of the interim contract changes following its 1 April implementation. I noted that the GDPC Executive and I had worked to communicate to the BSA the ongoing concerns regarding the new mandated unscheduled care, particularly regarding issues with tracking of unscheduled care delivery via Compass. I stressed that we would look to ensure these ongoing technical issues were resolved as soon as possible.
4. I noted a delay until June of the new care pathways system's integration into the current contract. I assured the Committee that we had received confirmation this new pathway would sit alongside the banded courses of treatment, with dentists able to claim according to what was most appropriate. I acknowledged that several administrative questions of the new mechanism remained unanswered, and we awaited clinical and contractual guidance regarding their implementation.



Private Practice

5. I provided a brief update regarding our ongoing meetings with the Competition and Markets Authority (CMA) throughout their investigation of private dentistry. We had stressed to the CMA the current regulation within the market, emphasising points made in our extensive written evidence to the CMA.
6. Robert Middlefell provided a short update of his recent engagement with the Federation of Small Businesses (FSB). Robert noted his meetings with the FSB's Martin McTeague had proven productive and explained how the FSB suggested a partnership whereby the BDA may provide 'vertical' expertise of dentistry whilst the FSB may provide 'horizontal' representation, as well as lobbying on issues of National Insurance, tax, etc. in its engagement with the Department of Work and Pensions. Members suggested Robert continue to develop this relationship with the FSB.

NHS tie-ins

7. The BDA's Head of Policy & Research, Tom King, updated the Committee on the status of NHS tie-ins, confirming the DHSC intended a multiyear tie-in scheme with a high level of commitment to NHS dentistry for this period. Tom stated it remained unclear as to how this commitment would be recorded, e.g. via activity volumes, hours worked or income proportions.
8. Members commented their concerns regarding the proposal, particularly in disincentivising retention within NHS dentistry to young dentists in the longer term, and suggested debt forgiveness as an incentive to make the proposal more popular amongst graduates. I confirmed to the Committee that we had forwarded this suggestion in discussions with the DHSC.

Violence and abuse

9. We discussed proposals on actions to address the current risks facing dentists. Members expressed desire for a broad joint response across healthcare sectors and shared their personal experiences of violence and abuse in their practices. I asserted the importance of the issue and re-affirmed my intention to seek a clear policy agreement with the NHSE England and DHSC to address violence and abuse.

Reports from the Devolved Nations

10. Peter Crooks, Deputy of the Principal Executive Committee, updated the Committee on the business of the NIDPC. Peter noted the NIDPC were working to raise awareness of the rapid decline of Northern Ireland's population registered with NHS dentists and informed the Committee that supposed new investment from the Northern Irish administration was in fact redistributed via a reduction of activity within the service. Peter confirmed that the NIDPC would look to produce a full review of the devolved administration's cost-of-service review for Summer 2026.
11. Russell Gidney, Chair of the WGDPC, updated the Committee on the development and implementation of the reformed contract introduced by the Welsh Government. Russell noted his frustration regarding the limited view of the contract's mechanisms beyond 'vignettes' provided by the Government. Additionally, the WGDPC had made the BSA aware of ongoing problems



regarding the receiving of claims submitted by practices following the new interim contract's introduction.

The British Dental Guild

12. Mark Haigh of the British Dental Guild stressed the importance of donations to the Guild via LDCs to support the work of the GDPC and noted the vast improvement in donations from LDCs in recent years.

Shiv Pabary

Chair, General Dental Practice Committee
June 2026

