



Dear Colleague

**1. NHS (GENERAL DENTAL SERVICES)  
(SCOTLAND) AMENDMENT REGULATIONS 2017**  
**2. AMENDMENT NO 136 TO THE STATEMENT OF  
DENTAL REMUNERATION**

**Summary**

1. This letter advises NHS Boards, Practitioner Services and NHS Education for Scotland (NES) of the introduction of the NHS (General Dental Services) (Scotland) Amendment Regulations 2017. It also advises of the publication of an amendment (Amendment No 136) to the Statement of Dental Remuneration (SDR).

**Background**

**NHS (General Dental Services) (Scotland) Amendment  
Regulations 2017**

2. The NHS (General Dental Services) (Scotland) Amendment Regulations 2017 amend the NHS (General Dental Services) (Scotland) Regulations 2010 (“the 2010 Regulations” to:

2.1 clarify the circumstances in which dentists applying to join sub-part A of the first part of a NHS Board’s dental list (as “contractors”) require to have satisfactorily completed mandatory training provided by NHS Education for Scotland (NES) and the test of knowledge set by NES, and impose similar requirements on certain dentists applying to join the second part of a dental list (as “assistants”);

19 October 2017

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**Addresses**

For action

Chief Executives, NHS Boards

Director, Practitioner Services

For information

Chief Executive,  
NHS National Services Scotland

Chief Executive,  
NHS Education for Scotland

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**Enquiries to:**

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2.2 insert deadlines by which estimates for prior approval and payment claims for treatment provided under general dental services must be submitted electronically;

2.3 allow for certain forms or information to be provided by means of electronic communication, while requiring other forms or information to continue to be provided in paper form

2.4 replace clinical audit activities with a broader range of “quality improvement activities”;

2.5 make other minor changes.

3. Further information about the main amendments to the 2010 Regulations are contained in the Memorandum to this letter.

4. A copy of the NHS (General Dental Services) (Scotland) Amendment Regulations 2017, which bring the above amendments into effect, can be viewed at:

<http://www.legislation.gov.uk/ssi/2017/289/contents/made>.

### **Amendment No 136 to the Statement of Dental Remuneration**

5. Amendment No 136 to the Statement of Dental Remuneration is attached to the Memorandum to this letter.

### **Action**

6. NHS Boards, Practitioner Services and NES are asked to note the information about the amendments to the 2010 Regulations and the changes to Determination XI of the SDR contained in the Memorandum to this letter.

7. NHS Boards and NES are asked to particularly note:

7.1 the changes to mandatory training for those dentists applying to join a dental list as contractors (paragraphs 4 to 11 and Annex A to the Memorandum to this letter refer);

7.2 the introduction of mandatory training for those applying to join a dental list as assistants (paragraphs 4 to 11 and Annex A to the Memorandum to this letter refers), and

7.3 the replacement of clinical audit activities with a broader range of quality improvement activities (paragraphs 17 to 19 of the Memorandum to this letter refers);

7.4 that form GP217 has been updated (which can be identified by the revision date 10/17) and renamed the Clinical Audit/Quality Improvement Allowance claim form (paragraph 20 of the Memorandum to this letter refers).

8. NHS Boards are asked to:

8.1 note that there will be no local discretion as to which dentists are required to undertake mandatory training;

8.2 **urgently** issue the Memorandum to this letter to all dentists and dental bodies corporate on their dental lists.

Yours sincerely

MARGIE TAYLOR  
Chief Dental Officer

**DENTISTS/DENTAL BODIES CORPORATE  
NATIONAL HEALTH SERVICE  
GENERAL DENTAL SERVICES**

- 1. NHS (GENERAL DENTAL SERVICES) (SCOTLAND) AMENDMENT REGULATIONS 2017**
- 2. AMENDMENT NO 136 TO THE STATEMENT OF DENTAL REMUNERATION**

**Summary**

1. This Memorandum advises dentists and dental bodies corporate of the introduction of the NHS (General Dental Services) (Scotland) Amendment Regulations 2017. It also advises of the publication of an amendment, Amendment No 136, to the Statement of Dental Remuneration.

**NHS (General Dental Services) (Scotland) Amendment Regulations 2017**

2. The NHS (General Dental Services) (Scotland) Amendment Regulations 2017 amend the NHS (General Dental Services) (Scotland) Regulations 2010 (“the 2010 Regulations”) to:

- 2.1 clarify the circumstances in which dentists applying to join sub-part A of the first part of a dental list (as “contractors”) require to have satisfactorily completed mandatory training provided by NHS Education for Scotland (NES) and the test of knowledge set by NES, and impose similar requirements on certain dentists applying to join the second part of a dental list (as “assistants”);
- 2.2 insert deadlines by which estimates for prior approval and payment claims for treatment provided under general dental services must be submitted electronically;
- 2.3 allow for certain forms or information to be provided by means of electronic communication, while requiring other forms or information to continue to be provided in paper form;
- 2.4 replace clinical audit activities with a broader range of “quality improvement activities”;
- 2.5 make other minor changes.

3. A copy of the NHS (General Dental Services) (Scotland) Amendment Regulations 2017, which bring the above amendments into effect, can be viewed at:

<http://www.legislation.gov.uk/ssi/2017/289/contents/made>.

## Background

### Mandatory Training

4. The Memorandum to NHS: PCA(D)(2016)3 advised of an amendment to Part 1A of Schedule 2 to the 2010 Regulations to require dentists applying to join the dental list as contractors for the first time, or after an absence of less than 5 years, to provide a certificate confirming that they have completed mandatory training and the test of knowledge. A similar requirement was introduced for those returning to work after an absence of 5 years or more to provide a certificate which confirmed that they had completed return to work training.

5. A new Regulation 5A (mandatory training) is being inserted into the 2010 Regulations to clarify which dentists require to undertake mandatory training and complete the test of knowledge when applying to join the dental list, and to introduce similar mandatory training requirements for those applying to list as assistants.

6. From 26 October 2017 dentists who fall within the following categories will require to satisfactorily complete Part 1 and Part 2 of mandatory training provided by NES and the test of knowledge set by NES when applying to join a dental list (new regulation 5A of the 2010 Regulations refers):

6.1 applying to list as a contractor and:

- not previously been listed as a contractor;
- not listed as an assistant and assisted with the provision of general dental services (GDS) throughout the previous 12 months;
- not currently undertaking Dental Core Training;
- will not commencing Dental Core Training or Specialty Training within 2 months (new definitions of “Dental Core Training” and “Specialty Training” are being inserted into paragraph 2(1) (interpretation) of the 2010 Regulations);
- previously listed as a contractor and is applying to be re-listed as a contractor after an absence of 12 months or more, i.e. not been list as a contractor for 12 months or more.

6.2 applying to list as an assistant and:

- not previously been listed as an assistant;
- not listed as a contractor and provided GDS throughout the previous 12 months;
- not commencing vocational training within 2 months;
- previously listed as an assistant and is applying to be re-listed as an assistant after an absence of 12 months or more, i.e. not being listed as an assistant for 12 months or more.

7. Dentists who are currently included on an equivalent list in England, Wales or Northern Ireland who apply to join a dental list in Scotland either as a contractor or assistant require to satisfactorily complete Part 2 of mandatory training only and the test of knowledge.

8. A dentists who is listed as an assistant who applies to join the list as a contractors on or after 26 October 2017 will not require to undertake mandatory training if they have been listed as an assistant for 12 months before their application to move between lists **and** assisted with the provision of GDS through the whole of that 12 month period.

9. Part IA of Schedule 2 is being amended to clarify which dentists require to provide a certificate from NES)confirming satisfactory completion of mandatory training and the test of knowledge. Part II of Schedule 2 is being amended to insert equivalent requirements for those applying to join the second part of the list.

### Return to Work

10. The requirement for those returning to work after an absence of 5 years or more to provide a certificate that they have completed return to work training is being removed from the 2010 Regulations, although this training will continue to be available. **Those returning after an absence of 5 years or more will require under the 2010 Regulations to satisfactorily complete mandatory training and a test of knowledge.**

11. Further information about these changes, which come into force on 26 October 2017, is provided in Annex A to this Memorandum.

### **Electronic Submission of Prior Approval and Payment Claims**

12. As part of the strategic vision for eDentistry target dates were set for the electronic submission of prior approval requests and payment claims. The Memorandum to NHS: PCA(D)(2017)1 provided the implementation dates for each claim type. Paragraph 20 (remuneration) and 29 (completion of estimate) of Schedule 1 of the 2010 Regulations are being amended to require that prior approval requests and payment claims must be submitted electronically from the following dates:

- 1 January 2018 - all payment claim forms, with the exception of claims for orthodontic treatment,
- 1 October 2018 - all requests for prior approval, with the exception of orthodontic prior approval requests;
- 1 January 2019 - all orthodontic payment claim forms and requests for prior approval.

13 If a contractor has not made any arrangements to comply with these deadlines they should **immediately** contact Practitioner Services.

### **Electronic Communications**

14. We have also taken this opportunity to make a number of amendments to the 2010 Regulations to allow certain forms or information required by the Regulations to be provided by means of electronic communication. Further information about the forms or information which can be provided by electronic means, which have different coming into force dates, are provided in Annex B to this Memorandum.

15 Where no specific provision has been made in the 2010 Regulations to allow for particular forms or information to be provided electronically these will require to continue to be provided in paper form.

16. Contractors should note in particular that the plan for treatment and form of acceptance (GP17(DC) can originate in electronic form but must be given to the patient in paper form when registering them under a continuing care arrangement (paragraph 4 of Schedule 1 refers) or capitation arrangement (paragraph 5 of Schedule refers). Similarly the plan for treatment and form of acceptance (GP17(DCO) can originate in electronic form by

must be given to the patient in paper form when accepting them for orthodontic treatment (paragraph 14 of Schedule 1 refers).

## **Clinical Audit/Quality Improvement**

17. Paragraph 6 of the Memorandum to NHS: PCA(D)(2017)4 advised of amendments to Determination XI of the SDR to replace the requirement to undertake clinical audit activities with a requirement to undertake a broader scope of quality improvement activities and advised that further information would be issued about this change.

18. The requirement to undertaken clinical audit activities is contained in paragraph 40 of Schedule 1 to the 2010 Regulations, i.e. is a terms of service requirement. With effect from 26 October 2017 all references to clinical audit in the 2010 Regulations are being replaced with references to quality improvement and the current definition of clinical audit activities in paragraph 40(4)(a) will be replaced with a new definition of quality improvement activities, as follows:

“involves the systematic, critical and reflective analysis of the quality of dental care provided by the dentist, and of any changes made by the dentist to bring about improvement in quality of care, patient experience, patient safety and clinical effectiveness, (including the processes used by that dentist for diagnosis, intervention and treatment and use of resources)”.

19. The change to quality improvement will allow a wider range of activities to be undertaken such as:

- Clinical audit;
- Patient safety review;
- Peer review;
- Practice-based research;
- Enhanced significant event analysis.

20. Any activities approved by NES or NHS Boards before 26 October will continue as clinical audit. Form GP217 has been updated (which can be identified by the revision date 10/17) and renamed the Clinical Audit/Quality Improvement Allowance claim form. Two new boxes have been added to the GP217 for the contractor to indicate whether the claim is for a project approved before 26 October 2017 or for a quality improvement project approved on or after 26 October.

## **Amendment No 136 to the Statement of Dental Remuneration (SDR)**

21. As noted at paragraph 17 above Determination XI of the SDR is being amended to replace the requirement to undertake clinical audit activities with a requirement to undertake quality improvement activities. Further amendments are being made to the SDR as a result of this change and the attached Amendment No 136 to the SDR makes these changes, which come into effect on 26 October 2017.

## **Enquiries**

22. Any enquires arising from this Memorandum should be taken up with your NHS Board.

## MANDATORY TRAINING

### Part 1 and Part 2 Training

1. New definitions of Part 1 and Part 2 training are being inserted into paragraph 2(1) (interpretation) of the 2010 Regulations, as follows:

““Part 1 training” means a course of training provided by NHS Education for Scotland which includes training on radiology, managing medical emergencies including basic life support, infection prevention and control, consent, record keeping and best practice guidance”

““Part 2 training” means a course of training provided by NHS Education for Scotland which includes training on content, the content and appliance of these Regulations and other relevant rules and law, the Statement of Dental Remuneration, infection prevention and control, record keeping and best practice guidance”.

### Test of Knowledge

2. Dentists will require to satisfactorily complete the test of knowledge set by NES within 6 weeks of satisfactorily completing mandatory training (new regulation 5A(8) of the 2010 Regulations refers). A new definition of test of knowledge is inserted into regulation 2(1) (interpretation) of the 2010 Regulations, as follows:

““test of knowledge” means an assessment set by NHS Education for Scotland, which includes questions on any of the topics specified in schedule A1”.

3. A new Schedule A1 is being inserted into the 2010 Regulations which lists the topics on which questions may be asked in the test of knowledge:

1. Radiology.
2. Managing medical emergencies including basic life support.
3. Consent.
4. The content and application of the 2010 Regulations and other relevant rules and law.
5. The Statement of Dental Remuneration.
6. Infection prevention and control.
7. Record keeping.
8. Managing and working within a dental practice.
9. Ethical obligations.
10. Health and Safety.
11. Prescribing.
12. Quality improvement.

### Certificate

4. NES will issue the dentist with a certificate following satisfactory completion of mandatory training and the test of knowledge which must be submitted to the NHS Board with the dentist’s application to join the dental list. This certificate must have been issued by NES no more than 12 months before the application (amendment to Part IA of Schedule 2 and new Part II of Schedule 2 refer).



## ELECTRONIC COMMUNICATIONS

1. There are references throughout the 2010 Regulations to the provision of information, including forms. Unless specifically stated, currently this information has to be provided in writing, i.e. in paper form. A number of changes are being made to the 2010 Regulations to specifically allow certain information to be provided by means of electronic communication, e.g. in electronic form by email. The following are the main changes.

### Regulation 2(1) (interpretation)

2. There are references in the 2010 Regulations to information being provided on a form provided by the Health Board “or a form to like effect”. To allow certain forms to be created, stored or provided, electronically, a new definition of “form to like effect, is being inserted in regulation 2(1) on **1 January 2018** as follows:

“form to like effect” includes where information that would otherwise be provided in a form supplied by the Health Board is compiled in electronic form (except where otherwise stated)”.

### Regulation 27 (prior approval – patterns of treatment)

3. The Scottish Dental Practice Board (SDPB) may write to a dentist where his/her pattern of treatment differs substantially from the local or national pattern. Regulation 27 is being amended on **1 January 2019** to allow for any communication between the SDPB and a dentist to be either in paper form or electronic.

4. Following communication with a dentist the SDPB may require the dentist to obtain prior approval before providing certain, or all, treatment. A new paragraph (2A) is being inserted in regulation 27 to allow the SDPB to give any such direction either in paper form or electronically.

### Regulation 31 (service of notices etc)

5. Regulation 31 sets down how notices or documents required by the 2010 Regulations are sent and when these are taken to have been received. Regulation 31 is being amended on **1 January 2018** so that it applies only to postal submission.

6. A new regulation 31A is being inserted on **1 January 2018** which provides that where a notice or document is sent by electronic communication it will be taken to have been received 24 hours after it was sent unless the contrary is proved.

7. Schedule 1 (terms of service) is amended as follows:

### Paragraph 14(3) (treatment on referral)

7.1 A contractor can only accept a patient who self-refers for orthodontic treatment with the prior approval of the SDPB. This request for prior approval can be made either in paper form or electronically from **1 January 2019**.

Paragraph 15 (inability of contractor to complete care and treatment under a continuing care arrangement or a capitation arrangement or treatment on referral)

7.2 A contractor is required to notify the SDPB in writing where they cannot complete any care and treatment which they have started under a continuing care arrangement, capitation arrangement or treatment on referral. From **1 January 2018** this notification can be made in paper form or electronically.

Paragraph 16 (care and treatment summaries)

7.3 A contractor is required to provide, where requested by a patient, a care and treatment summary. From **1 January 2018** this can be provided either in paper form or electronically.

Paragraph 18(3) (occasional treatment)

7.4 A contractor is required to notify the SDPB in writing where they cannot complete a course of occasional treatment which they have started. From **1 January 2018** this notification can be made in paper form or electronically.

Paragraph 19(4) (referral for occasional treatment)

7.5 A contractor requires to obtain the prior approval of the SDPB where an occasional patient only requires a filling or root filling of permanent or retained deciduous teeth. This request for prior approval can be made either in paper form or electronically from **1 January 2018**;

Paragraph 27(3)(i) (records)

7.6 A contractor is required to keep a complete, accurate and up to date patient record, including details of treatment provided, any practice record forms and all radiographs, photographs and study models.

A contractor is required to produce these records when requested as part of a practice visit by a dental officer or any authorised officer of the Agency, e.g. Practitioner Services, or the NHS Board. From **1 January 2018** the dental officer or authorised officer will be able to request that the records be produced in electronic form where it is possible to do so.

A contractor may also be required to send these records to the SDPB, a dental officer or authorised officer of the Agency, e.g. Practitioner Services, or the NHS Board. From **1 January 2018** the records can, where appropriate, be sent to the SDPB, dental officer or authorised officer electronically.

**Paragraph 29(3)(a) (Completion of estimate)**

7.7 A contractor is required when submitting a request for prior approval electronically to secure the completion of a practice record form (GP17PR) by the patient or their parent, guardian or carer. From **1 October 2018** the GP17PR may originate in electronic form if the practice adopts e-signature technology, i.e. an e-signature pad.

Where an e-signature pad is not used the patient must complete a paper GP17PR supplied by the NHS Board, which can then be scanned and retained electronically. Any electronic version must be able to be produced in paper form, or sent electronically, if requested.

## STATEMENT OF DENTAL REMUNERATION

**Pursuant to Regulation 22(3) of the National Health Service (General Dental Services) (Scotland) Regulations 2010, as amended, Scottish Ministers have amended on 26 October 2017 the Statement of Dental Remuneration.**

Amendment No 136

1. The amendment shall take effect from the date set out below:
  - (i) The amendments to Determination VII, IX, XI, XIV and, XV shall take effect from 26 October 2017.
2. This amendment shall not affect any rights or liabilities acquired or incurred under or by virtue of any provisions of the Statement of Dental Remuneration amended or replaced by this amendment.
3. In Determination VII (Continuing Professional Development Allowances) in the definition of “CPD” in paragraph 1(1) for “clinical audit activities” there shall be substituted “quality improvement activities”.
4. In Determination IX (Commitment Payments) in the definition of “GDS-related activities” in paragraph 1(1) for “clinical audit” there shall be substituted “quality improvement”.
5. In Determination XI (Quality Improvement Allowances) in the definition of “approved project” in paragraph 1(1) for “clinical audit activities” there shall be substituted “quality improvement activities”.
6. In Determination XIV (Practice Allowances) in the definitions of “average gross earnings” and “gross earnings” in paragraph 1(1) for “Clinical audit allowance” there shall be substituted “Quality improvement allowance”.
7. In Determination XV (Reimbursement of Practice Expenses) in the definitions of “average gross earnings” and “gross earnings” in paragraph 1(1) for “Clinical audit allowance” there shall be substituted “Quality improvement allowance”.