

British Dental Association Benevolent Fund

Advisory Council Meeting

11am, Saturday 4 February 2023
Held virtually via Zoom

CHARITY FOR ALL
DENTISTS

Meeting Notes

Attendees were; current Trustees, Vice-Presidents, previous Trustees, Charity supporters, BDA PEC and members, and 'branch reps' as well as individuals from refugee organisations (Refuaid, Ward, Restart Refugee Support) and the Refugee Doctors and Dentists Liaison Group.

11 people gave their apologies.

At least 160 people were individually invited (including Trustees) from the BDA, LDCs, branch reps, supporters/ previous Advisory Council attendees plus more general invitations sent out via Benevolent Fund newsletter (Mailchimp) and BDA membership newsletter, plus social media, and a news piece on the website.

Comments and key concerns

Applications

- The numbers of possible applicants are unknown. However, we are clear that it is fewer than the total number of potential dental students/ dentists.
- There were comments about economic migrants and how the BDABF needed to ensure that the 'right' people were given help. Do not want to be seen acting inappropriately as is a charity (not to support people "trying it on").
- Awareness raising for future applicants. Identifying refugees and asylum seekers is a challenge: the Home Office won't help. The RDDLG gets a news item in the BDI now and again which will be seen. There's also a website: <https://www.dentistsoftheworld.co.uk>.
- Terms refugee and asylum seekers have some negative connotations.
- Should have case studies of Asylum seekers/Refugees that have been through the process successfully and are now contributing successfully to the system.

Funding/ resources

- Some fundraisers (individuals/ branches/ LDCs) might view the BDABF as not needing continued support because "they" have so much money to spend "they" are looking for new ways to spend it.
- Does BDABF have sufficient funds to resource the issue i.e., worries about the floodgates being opened. Potential issues with the numbers plus types of 'expensive' solutions due to the length of time it takes someone to be registered in the UK and costs of exams etc.
- Consider using (part or full funding) third party (specialist) agencies to provide the direct support. Concern about wasting money in third party costs rather than in direct support. The Ben Fund would have costs to provide support any way, but they would be within our control.

Registration and working in the UK – process

- There are issues with getting access to the ORE exams which were on hold during covid and had limited number of places.
- Could we work with the GDC to ask them to offer up additional ORE exam places and/or prioritise refugees – similar to the GMC?
- The GDC only accept one language qualification but the GMC and NMC accepted two and this could help people move onto the next stage.
- Hygienist route towards registration is being closed by the GDC.
- How are other European countries dealing with the same issues?
- Working in a hospital, possibly as a nurse or hygienist as a temporary measure. To stay within the field, part of the community.
- Working under supervision as not registered.
- More remote areas have golden hellos, difficult to recruit dentists to these areas, benefits to society for these positions to be filled and economically valuable to refugee/asylum seeker.
- High failure rate at the practical exam point, and that more support could be provided to ensure applicants get through this in the first sitting.
- Issues with becoming an NHS dentist. Is there a way they could avoid the expense of PLVE: private practice doesn't require a Performer's Number, nor is it needed for hospital dentistry.
- Graduating as a dentist again would be so much better than the GDC trying to recognise an overseas qualification. A MaxFac surgeon waiting for registration in the UK and working as a Dental Nurse is extremely frustrating. Some change career altogether but feel useless anywhere else. MaxFac surgeons are the sort of dentists we're talking about here.
- Certificates of qualifications or lack of.

Other support – collaborative working

- Refuaid suggested that rather than duplicate work, funding from the BDABF could be offered for living costs, help with childcare and travel whilst people were studying, travelling and taking exams as well as for equipment such as laptops.
- There was a discussion about whether paid for placements could be offered to support in-working training or mentoring.
- Dental Mentors offered pro-bono mentoring for refugee dentists.
- Wanted to ensure there wasn't duplication of the work. Need for joined up working to ensure no wasting of time and resources.
- Currently 80-85 refugee/asylum seeker dentists have taken up free BDA membership. Local BDA meetings have social and clinical benefits. Becomes part of the community.
- Specialist groups e.g. BSP, wealthy group which may be able to share the financial burden, imagine some dentists will be specialist level and may not be aware of these organisations in the UK.
- We would also need to provide moral/ wellbeing/ soft support for Asylum seekers/Refugees.
- In UCLAN there is a 2-year BDS(I) [International] course in conjunction with My Dentist, starting around the UK's 4th year. There is a very high calibre of dentist attending this.
- One of the Ben Fund Trustees could attend the RDDLG.