

Letters to the editor

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Future of dentistry

The next three letters are in response to Mark Bishop's opinion piece – The patient-dentist relationship and the future of dentistry – published in the BDJ in December 2018.

Agreeing with every single point

Sir, Mark Bishop is to be congratulated on putting into words in such a clear, concise and precise manner, what so many of us, especially of the older generation and retired, have been aware of and frustrated by for so long now - the 'black hole' he describes dentistry disappearing/already disappeared into.

As I read his paper¹ I found myself agreeing with absolutely every single point he raised and discussed. It would be difficult to better the solutions he offers to bring about the immediate changes required if the dental profession is to be saved from the abyss into which it is so rapidly descending.

If dentistry in the UK is to have a future and regain some of the reputation it deserves and be released from the shackles of the now totally discredited General Dental Council, the BDA must take very serious cognisance of his proposals and act immediately to help bring about the changes suggested and that the profession now so desperately needs and deserves.

J. Hardy, Farnham, UK, by email

References

1. Bishop M A. The patient-dentist relationship and the future of dentistry. *Br Dent J* 2018; **225**: 1059–1062.
DOI: 10.1038/s41415-019-0048-6

I beg to differ

Sir, I read Mark Bishop's paper¹ with interest and a degree of dismay. He bravely tackled two big issues: the NHS dental contract(s) and the GDC. I share his concerns but I cannot agree with his conclusions. As a practitioner of more than 38 years and an expert witness, I feel I have something to add.

The NHS

The concept that dentists as a profession are being singled out and victimised is incorrect and unhelpful. The simple observed fact is that if you work in a job where the government holds the purse strings then you will be asked to do more for less each time there is a pay review.

Speak with any policewoman, fireman, teacher or hospital employee and you will know that dentists are not unique or alone in this. I don't believe that there has been a single year in my practising career (1980 to date) when the government has awarded dentists a pay rise above inflation, so that means that each year has seen a pay cut in real terms. The advent of dental corporates and the tendering of contracts have merely served to accelerate the race to the bottom in our profession.

Moreover, the costs of operating a practice are not related to the RPI (Retail Price Index). Changes in practice and new regulations have to be incorporated at extra cost but without extra funding.

Doctors (GPs in particular) have a huge hold on the government and an excellent (if unjustified) reputation with the public as selfless philanthropic professionals who always put their patients first, whereas dentists have never shaken off the old 1970s reputation of being under-challenged and overpaid.

The fact that our surgeries now conform to minor operating theatre standards is lost on our patients and they still presume that the NHS pays for our surgeries, materials and staff.

Governments work by section, where individual departments are charged with saving money. It's rarely achieved but what often happens is a budget is removed from one department and lands at another. I call it compartment syndrome.

It happened when I was in the Royal Air Force when families were no longer entitled to treatment. It saved the MoD millions and no doubt someone got a knighthood for it, but it merely passed the costs to the NHS dental

contract. This is what is happening with child dental health now. Cuts to the NHS contract mean that the children end up in hospital having GA extractions (hardly good for their health or our overall NHS budget).

The GDC

There are many weaknesses within the current system and we have an extraordinarily high proportion of disciplinary proceedings in our profession, compared to any other similar profession. This, in itself, should indicate that something is clearly wrong.

My own feeling is that the GDC should concentrate much more at the 'front end' by showing dentists what is expected, rather than using the big stick of disciplinary proceedings once something has gone wrong and a patient has been harmed. Prevention rather than restorative treatment makes sense.

The one thing I am certain of is that if any dentist finds themselves in front of the FTP (Fitness to Practise) committee, they will receive the most scrupulous, unbiased and fair consideration from the process and from the committee members.

I agree that some complaints should not reach this stage and that the whole, prolonged procedure is stressful for registrants but I am quite sure that no registrant is punished unfairly as a result of being before a committee.

The most common form of sanction is to impose conditions of practice. This could amount to working under supervision, limitation of scope and/or re-training. This is a form of sanction that is entirely appropriate and proportionate. It protects patients but does not prevent the registrant from practising. Erasure may have been the main focus of the paper but it is rare, and in my experience, always justified.

A profession must be prepared to deal with those who undermine its values. We must accept that a small number of our profession do not uphold the values of the profession and these people must be removed.