

TAKING ACTION

Peter Dyer

Chair of the Central Committee for Hospital Dental Services

The BDJ Upfront section includes editorials, letters, news, book reviews and interviews.

Please direct your correspondence to the News Editor, David Westgarth at the BDJ, The Macmillan Building, 4 Crinan Street, London, N1 9XW or by email to BDJNews@nature.com

Press releases or articles may be edited, and should include a colour photograph if possible.

It is not easy to determine what makes a profession but I think that 'belonging' is a key aspect. It starts early – almost with the completion of the UCAS form, the first few days at dental school, meeting new friends who will be colleagues for life, the collective experience of lectures, examinations, qualification, interviews and jobs.

Through these experiences we start to identify with the spirit, ethics and rules, both written and unwritten, which determine our 'membership' of the dental profession. Others, however, will look in and try to change and undermine our fundamental ethos – one way of course, is by 'divide and rule' and the current position reached by the government and our trainees is no surprise.

Efficiency savings can only take one so far. Natural wastage, again will only have a limited impact. Inexorably, contracts were always likely to be the target. The surprise perhaps is which contract is being targeted. The NHS is often cited as being Europe's largest employer; its own statistics suggest it has a workforce of 1.3 million and yet the Department of Health thinks the most appropriate place to seek savings is in a contract for approximately 50,000 trainees. Trainees who are more often than not young, significantly in debt, and only likely to spend a fraction of their career as trainees. Please let me be clear, this is not to suggest that other groups in the NHS should be targeted, simply to highlight the somewhat perverse situation with which trainees have been presented.

Why does this matter to dentists, and dentistry? Is it not one we can

'Together we can fight injustices and this proposed contract is an injustice...'

pass over to the British Medical Association (BMA)? The answers are, surprisingly more than you may realise and not in all good conscience if we take our status as a trade union seriously.

The BDA is our trade union, we are given that unique position and function within dentistry. It is symptomatic of the professional belonging which I referenced earlier. You as dental professionals collectively embody a myriad of reasons for membership but none of those reasons can undo our place as the right, proper and ultimately final defender of member interests.

These trainees are our members and we have a responsibility to them, no matter how small their number, no matter how intractable their problem seems to be. That is why I, as Chair of the Hospital Dentists Committee sought approval from the BDA's Principal Executive Committee to begin the process that may result in hospital trainee dentists taking industrial action.

It is not an action I thought likely when I was elected to the position in the spring. But it is also not one that I think I can shy away from, nor that the BDA can ignore. Our trainees are asking for a contract that dictates and subsequently rewards hours fairly, objectively and safely. I hope that this will not be seen as too much to ask for, or even an inappropriate request. For if it is, then we perhaps we no longer ought to consider ourselves a trade union.

The recent publication of the clinical guidelines for the dental specialties paves the way for a new relationship between primary and secondary care, one which I support. It sensibly makes clear that the

pace of change will vary between areas – with some already having brought colleagues together to improve the patient experience and others watching to see what is happening elsewhere. However, in order to start to deliver these changes we will need to expand the number of places for trainees in our hospital departments and dental schools, to produce the specialists who will provide the service whether that is on the high street or in a hospital setting.

It may well be the case that not all hospital trainees see the need to belong to the BDA. They may reasonably ask 'what's in it for me?', after all we have often allowed the BMA to take the lead on our behalf. Likewise those established in the general dental service or elsewhere will see little here of import to them. But the answer is that it is about us and that is where our power lies. Working as a collective we are stronger and have more bargaining power. We can fight injustices and this proposed contract is an injustice. It is being proposed without proper assurances which will allow for a sensible negotiation to take place and is yet another challenge to our fundamental principles, and one which we must defend and we can only do that together.

Earlier I discussed belonging, well the hospital trainees belong to the BDA and in turn, the BDA belongs to them. I trust that that belonging is reciprocated, that we belong to a trade union where what matters to one member matters to all members. And that we belong to a trade union that is not afraid to do the right thing to protect its members.

DOI: 10.1038/sj.bdj.2015.826