

March 2003 could go down as one of the most momentous months in the history of dentistry in the UK.

A new order

At the beginning of March, the Government published its Health & Social Care Bill and created the framework to sweep away the old, bankrupt system of NHS primary dental care in England and Wales. From April 2005, the centralised regime of one-size-fits-all, 1948 dentistry will be replaced by local contracts, determined by oral health needs, commissioned from a range of providers. The field sites, now developing from the *Options for Change* report, will test new working arrangements that will be enshrined in law.

At the end of March, the Office of Fair Trading (OFT) published its long-awaited report into the super-complaint by the Consumers' Association into the perceived failure of private dentistry. The Report's conclusion, of 'not guilty, but could do better', was much influenced by the evidence submitted by the BDA. The private dental market was young, OFT said, and needed to improve to ensure that customers received the best care. Private dentistry has thus escaped the draconian solutions that OFT has applied to other markets, partly because of the work already undertaken by the BDA on good practice and quality care.

In the midst of these major developments, an offer from Whitehall proposed a three-year pay and expenses deal in primary dentistry, for both independent and salaried dentists. In March, the two BDA committees with negotiating responsibility met to consider the offer. Voting on different aspects of the offer, the General Dental Practice Committee overwhelmingly rejected this, while the Committee for Community & Public Health Dentistry emphatically accepted the deal.

Why does this add up to such a profound change? On the surface, several weeks on, nothing much is different. Dentists continue to treat record numbers of people, providing more NHS services than almost any other clinical specialty. More private care is sought than ever before. Access to NHS care remains a problem; as does stress and overwork in the profession. But after March 2003 there is no going back. The dental clauses in the Health Bill are written, the OFT report is published, the committees have decided. The way ahead for dentistry both in the NHS and the private sector has been mapped

and the clock is ticking. The new world is just two years away.

Who sees this? The BDA is fortunate to have representatives who know how much is at stake, and its current committee chairs (though several are new in post) have long experience of working effectively at the most senior levels of government and regulation. Moreover, the BDA leadership has an overwhelming mandate for change from the profession. Yet there are some members of the profession who rail against such actions. To them, every change is a step for the worse; every dialogue with government is a capitulation; every agreement will be followed by treachery against the profession. They care deeply about dentistry and they are sincere in what they see as the profession's betrayal. And they are wrong.

The work that the British Dental Association has done over the past two years has put dentistry into the strongest position it has been for many years. The BDA has relevance and it has influence. It draws its support and intelligence from all parts of the profession, and uses this to lobby advisers and policy makers both outside and inside government. When it comes to professional representation, authority and effectiveness, the BDA is the only show in town. Why? Because the BDA has been the vanguard of modernisation, showing what innovation and imagination can produce. Its own NHS primary care policy has shaped the course of Government reforms; as its submission to OFT shaped that report into the private sector.

Dentists are rightly proud of their profession and its tradition. But our BDA predecessors, in creating this tradition, did not do this by suspicion, timidity and fearfulness; but by boldness, imagination and passion. If March 2003 does prove to be the first ray of a new order in dentistry, a modernised NHS service within an expanded private sector, it will be, in large part, due to the BDA. Of course, there are many dangers and pitfalls ahead. But can you imagine what might have happened without the BDA?

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