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Why we must keep on talking

So the BDA is far too close to Government and we keep on talking to the people from the Department of Health. We're seen to be 'in bed with' the Minister.

Listening to what dentists are saying across the country, as I do constantly, worried as they are about what is happening and trying to plan for their futures, I know only too well the frustration that prompts this sort of argument. We all want to be sure our people are on our side, especially at times of great uncertainty.

With our present Government and in the current climate of change, the BDA has a simple but stark choice. We can take our bat home collectively on behalf of our members, we can sit back and we can wait and see what the Department of Health makes of 21st century dentistry, left to its own devices; or we can get in there, explain how dentistry works, bang on about what the prevailing level of uncertainty really means for dentists and their livelihoods, and fight our corner hard in order to win influence over the future. I know which way I'd prefer 'my people' to behave – as long as it was getting results.

So far so good, but if you have to talk to politicians, couldn't you still rough them up a bit, John? The reality is that the confrontational approach simply doesn't deliver the goods. The dental portfolio at the Department of Health has changed hands four times in the last four years. The work involved for the BDA in briefing and encouraging each one of these Ministers to understand and sympathise with our cause has been immense. The idea that this is somehow the soft or easy option for the BDA doesn't stand much scrutiny. Yes, the odd photo opportunity here and there is part of the process and tries the patience of many members, but the real effort going on behind the scenes is in painstakingly explaining our position and giving the Minister the ammunition required to support our case when she gets to the bottom-line – the money. Every single thing comes down to the money. The current Minister, Rosie Winterton, is the most senior of the four Ministers we have dealt with and even she can rarely, if ever, simply say: 'OK! I like that idea, go ahead and spend the money!' The purse-string holder in the Department of Health has to be persuaded. What the BDA has to do in this scenario is to convince the Minister that taking our proposals to the top of the house and winning

the internal battle for the money will not meet with abject failure and a wall of negative comment from the profession.

For the time being, the current approach appears to be producing the kind of results we want. We have won additional funding; it's not enough, but it's a start. We've got a review of the CDS. For the GDS, we've now got a similar deal to the primary care medics with our practice turnover guaranteed for three years from April 2005. We've also got a guarantee that everyone who currently has a GDS contract will get one under the new arrangements. We have secured an appeals mechanism for those who feel aggrieved with the contract that has been offered. Slowly – and yes, we too would like it to be much faster – the building blocks are edging into place. The next big issue for us is how performance and output will be measured under the new regime; how will they count what they're getting in return for the money? In my view there couldn't be a more irresponsible time to pack up and go home. Instead we've got to keep talking, cajoling, explaining and keeping up the pressure. This is the approach the chairs of the BDA's Representative Body, General Dental Practice Committee and the Central Committee for Community and Public Health Dentistry have agreed on, for now.

That's not to say we've ruled out a harder line for later on, if that's what is needed; in fact, just the opposite. Indulging in a series of entertaining but irrelevant spats and skirmishes at this early stage, would make any future ratcheting up of pressure more difficult, if not impossible.

Ask any business consultant or coach worth their salt and they'll tell you the basis of a successful outcome to a process is when both parties understand and sympathise with each other and spend their time working towards a win-win result rather than wasting time and energy falling out and arguing. We have been offered an opportunity to break away from the disastrous consequences of the last 55 years of the NHS GDS as it is, and I believe that is a chance for which it is worth working very hard.

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