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## Individual decisions with continued support

In 2002 the Government published its Options for Change vision for the future of dentistry in England and Wales. This vision, with its commitment to preventive care and getting dentists off the treadmill, was generally welcomed by the profession in principle. Now, with under six months before the introduction of the biggest shake-up in NHS dentistry for over 50 years, this vision is lost – or at least that’s how it feels for those of us who have been watching developments closely over the last three years.

Remember, this was not a contract to be negotiated with the profession. We were never in a similar situation as our General Medical Practitioner colleagues who negotiated their contract *before* the legislation came along. For dentists, the legislation came first and the framework was set. Our job since the publication of the Health and Social Care Act became law in 2003 has been to highlight the views of the profession as we press for a new contract which is acceptable and meets the needs of dentists and our patients.

One of our greatest and most recent concerns has been over the potential outlawing of children and exempt only contracts. We told the Department of Health very clearly that to go down this road would in effect denude whole areas of the country of NHS cover. The media helped publicise our fears and we now learn that children only and exempt only contracts will be possible, subject to agreement with local primary care trusts. So, we have kept up the pressure and, in this modest though significant case, it seems to have paid off.

But we still, of course, have fundamental concerns over the introduction of a new system that has not been tested, with its untried regime of patient charges and ‘targets’. So, what can the BDA do for our members as we get closer and closer to April 2006?

For those of us working on behalf of the profession during this period of change, the lack of information from the Department of Health has been a constant frustration. Indeed at the time of writing, we still await the information practitioners need to work out contract values and the number of units of dental activity they will be required to provide. We have, therefore, worked hard to ensure our members get reliable information as soon as it is available to help plan for the future. In November’s edition of our sister publication, BDA News, we included a special supplement pulling together our analysis of all the information we have to date. This supplement can also be accessed from the BDA website [www.bda.org](http://www.bda.org). We are also running regional workshops to provide advice on a range of issues including legal questions, associates’ contractual arrangements, business planning, working with primary care trusts and local health boards, negotiation skills and how to increase your practice mix. And for those looking at private options, seminars on the practical aspects of converting your practice are planned for early next year. Information about all these services is available on the website or by contacting the BDA’s professional services directorate.

The final decision about how to respond to the new contract rests with the individual dentist. You will have to take your own circumstances into account. But what the BDA can do is to ensure your decision is informed by the latest information and sound, objective advice. Whichever route you decide to take, GDPC and the BDA will continue to support you.

**Lester Ellman**  
Chair, General Dental Practitioners Committee

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