

“The human condition does not much like change. ‘Why can’t it be like it was?’ is a frequently heard plea in many areas of life. Well, put quite bluntly, it can’t be like it was”

A period of adjustment

When, as a schoolboy, I first voiced the idea of being a dentist I received what I imagine was the usual amount of adolescent flak from my peers with which others making the same choice were also faced. It would be interesting to know if such teenage teasing still goes on, but I guess it does.

One of the thoughts commonly expressed in those far away days was that dentistry was an odd profession in so far as dentists were seen to be working to put themselves out of a job. It was said mainly in jest and with a nod towards what was developing as a new direction for the profession, that of prevention. The jovial aspect of the attitude was based, as with so much of British humour, on irony. It seemed hardly feasible with the amount of disease there was around that any such result was likely to be possible in the foreseeable future and certainly not immanently. The profession itself took an earnestly held but broadly similar view of its prospects. Dentists gave wry smiles when questioned on the matter. There had always been plenty of disease to treat and the source certainly did not look like drying up even with their very best of efforts.

Well, many a true word is spoken in jest. The advent of fluoride toothpaste, changes in diet, swings in lifestyle and improvements in detection and treatment of disease have brought us into an entirely new situation. Far from being a slightly humorous prospect on a distant horizon we are now faced with a state of affairs in which our collective efforts, by which I mean dentists, other dental team members, the dental industry, researchers and so on have brought about transformations. These now mean that we too have to face up to the prospect of also making major changes to the ways in which we manage ourselves and our prospects.

The system of remuneration under the NHS general dental services will change completely at the end of this month for ever. Undeniably, there has been general agreement for some time that alterations were needed. Whether the system that is to be implemented is the correct change is another matter, hotly discussed

currently in many places, not least of which has been the House of Commons itself during which debate the Editorial from the previous issue of this journal was indeed quoted. However, the reason behind the need for change has undoubtedly been the shifting balance of oral disease prevalence in the UK as a whole. As a third-party payer, the government is forcing the change by using financial means and the result is that we are having to make very difficult decisions as to how best to run our businesses in the future, whether for the immediate period, the much discussed next three years while the money to PCTs is ring-fenced, or beyond.

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Things are quite simply different, they have moved on and whether we like it not (and very clearly and vociferously many GPs do not like the offer on the table) we will have to move on too. We know it’s the truth and we only have to look around us to see evidence of that. How often now is the cry for evidence-based practice – what more evidence do we need? What more truth is required to convince us? The torrent of change is upon us but if we are to survive we have to think of it not as unstoppable but as a force whose energy stream we have to harness; to ride the wave and not be consumed by it. We are about to enter a period of adjustment which almost certainly will not be easy but may eventually be of great advantage.

If the present government, as the providers of funds to pay the bills, is responsible for the short term chaos and disorder the seeds of the need for change were planted a long time ago, as long ago perhaps as when my school chums sought to tease me. Now there is a salutary lesson.

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