LETTER

An open letter to members

These are testing times. And they're far from over. We're used to receiving ultimatums saying: 'if you don't...' and 'what if...'

Contracts, regulators, funding, we faced so many challenges, but nothing quite compares to we've seen during this pandemic. Ask yourself then, what if there wasn't a group of dentists fighting for the profession, putting your needs and those of patients' first? What if the BDA wasn't here to doggedly demand what's right in the face of unprecedented adversity?

The government may put dentists low down the list of its priorities, but we haven't and we won't.

History will judge our civil servants, politicians and scientists on the wisdom of their choices they made to guide the country through this crisis. There are no black and white answers. But we are content to be judged by our members on the basis of our response.

We set out to provide you with information as fast as it appeared, bringing together practical advice to reflect the latest guidance [will link to blog here]

But our job isn't merely to report events but to make change happen. So we've lobbied, we've negotiated, and we've secured results.

It is work you can see in the shape of financial mitigation packages for NHS contract holders across the four UK nations. It's translated into a degree of certainty for owners, and protections for associates.

We don't pretend it's perfect. This isn't where any of us expected to be in 2020. And the work goes on, as we strive to get a safety net in place for every practice and every practitioner.

From the off we've relied on our members. It seems a lifetime ago, but back in February you told us of growing problems accessing supplies of facemasks. We raised the alarm, and secured action. What's taken place since then will be remembered as a defining moment for this profession and this country. Routine treatment is no longer an option, parliament is suspended, and families are in lockdown.

Through it all this profession has cried out for leadership, and when it hasn't been forthcoming from our overseers, we've not been afraid to make ourselves clear.

We didn't take it lightly when we advised our members to move to emergency-only treatment. Ultimately it reflected the realities they were confronting daily, facing down a public health emergency without adequate protection.

This is a unique moment for this profession. Whether working on the high street, in hospitals, in clinics or classrooms it has touched every one of us.

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We are living in a very different world. Your regular workplace may now be shuttered. You may find yourself awaiting redeployment to an emergency hub or working shoulder to shoulder with medics on the front line. But wherever you are, we will be here for you in the weeks and months ahead.

We appreciate the hard choices being made by dentists and their teams. And we are doing everything in our power to deliver for you on the issues that matter.

Our guiding priority remains the safety of our members and their patients, and ensuring that their practices and this service can have bright future.

So sincere thanks to all our members. Your support means the BDA exists to fight for the profession. For the foreseeable future we're apart, but together, we're stronger.

**M. Armstrong,
Chair, British Dental Association**

LETTER

No quick solution

Sir, Thank you for raising the worrying shortage of specialists in paediatric dentistry in your article 'Where are all the Specialists'.¹

The shortage has been endemic in our specialty for many years. A freedom of information request to the General Dental Council by one of our members confirmed your analysis and revealed that the numbers of paediatric specialists has been static since 2001 while the numbers of oral surgeons and orthodontists has trebled.

Regrettably, there is no obvious quick solution to the shortage of paediatric specialists. Years of chronic shortages can only be turned around with robust management based on local need. Each Deanery should be supporting the training of dentists in specialties where there is a shortfall.

Normally, the route forward is through oral health needs assessments completed by Specialists in Dental Public Health. However, this is not infallible. As chair of the Managed Clinical Network in paediatric dentistry in Greater Manchester, I asked one of our Consultants in Dental Public Health to complete an oral health needs assessment. This confirmed that more specialists in paediatric dentistry should be trained. Unfortunately, the shortage of consultants in paediatric dentistry has meant that that we do not have enough trainers and so cannot increase our training numbers, a classic vicious circle. We urgently need more consultants who can support both clinical leadership and training roles.

It takes time to nurture a specialist, a minimum of three years. If your area needs more of any kind of specialist, my advice is to encourage the Chair of the relevant MCN to get an OH needs assessment carried out to get things moving. Unless we start somewhere, our patients are not going to get the care they need and deserve.

C. Stevens CBE, BSPD, via email

Reference

1. Westgarth D. Where are all the specialists? *BDJ In Pract* 2020; **33**: 12-16.