Regulation in dentistry: An opportunity for change

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Introduction

In March, the previously unthinkable order came for the profession to don tools on account of COVID-19. This novel pandemic has posed questions of the profession that most of us would never have previously considered. It has also brought about a new way of working with increased levels of PPE and social distancing becoming the 'new normal'.

This has been accompanied by a great deal of anxiety, as to what the future of our profession holds both in the short and long term. It has also brought to the fore and highlighted issues which we faced prior to the pandemic such as low levels of motivation within the workforce, increased litigation within dentistry and a feeling that there was over regulation from organisations such as the GDC.

In this article, I will argue that the COVID-19 pandemic and the prospect of a new NHS contract offers a chance for the profession to redefine its relationship with regulators, such as the GDC and CQC, and for us to be able to contribute in a meaningful way to the inevitable change which is to come. I believe that this will increase levels of confidence within the profession but also make us feel a greater sense of value – something which many feel has been eroded due to recent events which I shall discuss in more detail in due course.

Regulation within dentistry and the social contract

The idea of a social contract within dentistry is not a novel concept and has been discussed in depth in the past by

Despite this premise, the GDC has increasingly distanced itself from the profession to the extent that it is felt to be antagonistic to the interests of dental professionals. This is reflected in past criticisms of the GDC's conduct from the Professional Standards Authority,^{3,4} its regulator, and the Parliamentary Health Select Committee.⁵

In addition, there is also a sense of fear within the profession when it comes to the GDC and the prospect of dealing with them following a complaint from a patient. This is accompanied with a general worry about the prospect of litigation within dentistry which is one that I am sure many colleagues share.

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The 2019 Confidence Monitor Survey⁶ reflected this in the participants' response to the question 'How confident are you that the GDC would handle any complaint against you appropriately?' In total 57% of respondents claimed that they would be 'very unconfident' with a further 34% claiming they would be 'unconfident'.

These are damning figures and reflect a deep sense of distrust in our regulator which is something that needs to be addressed. This is not a novel issue and one which I am sure colleagues are aware of. However, despite the well-publicised tension between the profession and the regulator the relationship continues to be fractured to the detriment of both parties. I believe that a more supportive and robust relationship between the two can create the foundation for a more confident profession in the future. It can also help redefine the social contract with our patients so that both the dental profession and the GDC work together synergistically to provide optimal patient care – which is an aim that both share.

A lack of professional autonomy

The COVID-19 pandemic has underscored the fear that we, as dentists, have of our regulator. It has also seen it extended to other bodies which claim leadership positions such as the CQC. This has left us constantly worried that we will be punished unfairly despite our best efforts to ensure that patients' interests are put first. This was evident in the confusion and lack of clarity in how we as dentists should respond to the pandemic. We were often left waiting for guidance, unsure of what to tell our patients, many of whom were in pain for significant periods of time. When eventually the guidance did come, it was often accompanied by a warning that those who failed to obey it would be reported to the GDC or CQC.

I do accept that these were exceptional circumstances and that it takes time to develop evidence-based standards of practice to protect our patients, our colleagues and ourselves. However, what was disappointing was the lack of guidance and communication between the profession and those in leadership positions. This was laid to bare when Boris Johnson announced on the daily news briefing that we were to return to work on 8 June 2020 (in fact he did not announce it personally, it was simply written on the information bar beneath him) which blindsided dentists up and down the country. For a profession already lacking in confidence and one feeling undervalued and underappreciated this was particularly infuriating. It also made us seem unprepared to the public with many practices understandably unable to reopen on 8 June due to a lack of PPE.

It feels that our professional autonomy to act in a way which is best for our patients is being depleted. Furthermore, our compliance with up to date guidance is not requested but is patronisingly demanded of us in a way that suggests a distrust of the profession from those in charge.

A new NHS contract – a chance for a fresh start?

In part the issues that I have discussed thus far have contributed to many dentists feeling a loss of confidence, particularly those working within the NHS. Many feel that this

those such as Holden.^{1,2} The social contract theory states that 'the dental profession is empowered by society's need for the profession's ability to alleviate suffering related to oral disease.'¹ In return for this the public grant high moral status, high income and specific legal protection to the profession.

The social contract is also based on the idea that the profession will regulate itself and show high levels of altruism. This is to maintain the standard of care that we deliver to our patients who are unable themselves to judge the quality of care given by the profession. To this end the GDC was set up to protect the interests of the public and to regulate the dental profession. Furthermore, their role was to act as part of the profession and not at a separate entity.

is down to the pressures that the current NHS contract imposes. This has resulted in increased numbers of dentists leaving or wanting to leave the NHS.

BDA figures show that this has led to a shortage of NHS dentists across the country and left many patients without access to routine dental care.^{7,8} A side effect of this is that it has worsened the healthcare inequalities that exist within the UK, which now show signs of deepening with routine dental treatment limited due to COVID-19.

There have been signs that from April 2022 there will be a new NHS contract,⁹ although it is not currently known if this is a certainty or what it will look like. This represents a chance to reinvigorate NHS dentistry and address some of the concerns that the profession has with the current contract. It also allows us to start preparing for future challenges and the changing needs of our patients. For example, preparing for the challenges of an ageing population.

Increasingly, young dentists are turning towards nontraditional pathways as opposed to beginning their career as NHS dentists in general practice. Whether opting for secondary care jobs, via the dental core training route, or, specialising early on in their careers, young dentists are wary of pursuing a career in NHS dentistry. A more enticing NHS contract may also have the effect of reversing, or at least decreasing, this trend resulting in more NHS dentists.

The concern at the moment is that the changes that are to come will have little input from the profession itself. If this is the case it could deepen the divide between the profession and those who lead and make decisions within dentistry.

A changing social contract

Despite these challenges our sole focus, in both private and NHS dentistry, remains on our patients and making sure that we are acting in their best interests to promote their oral and general health – this aspect of our social contract remains unchanged.

However, there are changing demands of the profession by the public. Whilst in the past dental health was defined as the absence of dental disease it is now seen by large cohorts of the population as having ‘perfectly aligned, white teeth.’^{10,11}

Ultimately, our relationship with the public is changing and the way we interact with them along with it, fuelled by factors such as the rise of social media. It is important that our understanding of professionalism within dentistry reflects the times and remains dynamic enough to help us rise to contemporary challenges. This will allow us to maintain the basis of the social contract that we have with our patients.

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This pandemic has also highlighted the impact organisations such as Public Health England, the Office of the Chief Dental Officer, CQC and many others can have on our practicing lives. It is important that we define and set out clearly the role of these organisations and how they relate to us as dentists. This issue was illustrated over the confusion of the CQC’s powers to order private dental practices to shut, a power usually reserved for the Secretary of State, eventually resulting in a legal challenge. The relationship we have with these organisations has the power to impact the social contract and relationship which we have with our patients and therefore must be carefully considered going forwards.

Conclusion

We now face the prospect of dentistry changing dramatically with new working conditions and the prospect of a new NHS contract. This represents a chance to address some of the challenges which we have faced in the past and allow us to start this new chapter on a strong footing. Whilst the decisions regarding the future of dentistry will be ultimately be made by organisations and individuals in leadership positions, it is the allied dental

professionals on the front line who will have to implement them. Therefore, it is vital that we make sure that our voice is heard and that we continue to advocate for the public and our profession.

References

1. Holden A C. Self-regulation in dentistry and the social contract. *Br Dent J* 2016; **221**: 449–451.
2. Holden A C. Dentistry’s social contract and the loss of professionalism. *Aus Dent J* 2017; **62**: 79–83.
3. Professional Standards Authority. A report on the investigation into the General Dental Council’s handling of a whistleblower’s disclosure about the Investigating Committee, 21 December 2015. Available at: <http://www.professionalstandards.org.uk/docs/default-source/publications/special-review-report/investigation-report---general-dental-council.pdf> (accessed online June 2020).
4. Professional Standards Authority for Health and Social Care. Annual Report and Accounts and Performance Review Report 2014/2015: Volume II. Available at: <http://www.professionalstandards.org.uk/docs/default-source/publications/performance-reviews/performance-review-report-2014-2015.pdf?sfvrsn=10> (accessed online June 2020).
5. Health Select Committee, Oral evidence: 2015 accountability hearing with the General Dental Council, HC 1110, Wednesday 11 March 2015. Available at: <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/2015-accountability-hearing-with-the-general-dental-council/oral/18558.html> (accessed online June 2020).
6. Practice Plan. Dentistry Confidence Monitor Survey. Available at: <https://www.nhsdentistryinsights.co.uk/#page-block-9fal8k84guk> (accessed online June 2020).
7. British Dental Association. Evidence to the Review Body on Doctors’ and Dentists’ Remuneration for 2019–2020. Available at: https://bda.org/about-the-bda/campaigns/Documents/ddrb/DDRB_evidence_2019-20_British_Dental_Association_FINAL.pdf (accessed online June 2020).
8. NHS Digital. Adult Dental Health Survey 2009. Accessible at: <https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/adult-dental-health-survey> (accessed online June 2020).
9. Hurley S. Why re-invent the wheel if you’ve run out of road? *Br Dent J* 2020; **228**: 755–756.
10. Holden A C L. Consumed by prestige: the mouth, consumerism and the dental profession. *Med Health Care Philos* 2020; **23**: 261–268.
11. Nations M K, Nuto Sde A. ‘Tooth worms’, poverty tattoos and dental care conflicts in Northeast Brazil. *Soc Sci Med* 2002; **54**: 229–244.

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