

Surviving lockdown: Through associate eyes

David Westgarth
Editor, *BDJ in Practice*



© Hugh R. Hastings / Getty Images Plus



Shahir
Shamsuddin

Pramod
Subbaraman



When you start to unpick the destruction caused by the pandemic to dentistry in the UK, it's a little bit like unravelling a ball of string. When does it end? Does it ever end? Will it ever end? Some knots are tighter to unpick than others, and others seemingly unravel with ease.

For associates, loss of income was a real possibility. Would they have jobs to return to? What would their working hours look like? What about remuneration? I spoke to **Shahir Shamsuddin** and **Pramod Subbaraman** to find out what it was really like for associates.

Were associates potentially hit the hardest by the cessation of routine dental services?

SS I think we were all hit hard initially when dental treatment stopped. Many of us had

to deal with total or partial loss of income. It was sad to see a few principals who had to close down their practices which resulted in their associates losing their jobs.

Being an associate can mean we are at the mercy of our principals. It's disappointing and shocking that some NHS associates have had to suffer in this sector, especially with the guaranteed income provided by the NHS. Realistically, there should not have been one single associate left without income like our colleagues in the private sector were. Some NHS principals have disregarded this guidance and acted unethically to either profiteer from this situation or to try and limit their own losses rather than doing what was asked of them with the NHS contract money.

PS Private associates were definitely hit the hardest. I am mainly an NHS dentist and have lost all of my private income, but that would be between 5%-10% of my income in most years, so I could not claim to have been hit as hard as others. There are areas of concern regarding payments, but one hopes that they can be resolved as the situation clears further.

SS There are a lot of concerns, particularly those I have seen on social media. There are several stories of NHS associates being mistreated financially – many asking for

clarification on how and what they should have been paid. Some are now having to deal with pay being deducted if they need to take time off for acceptable reasons. This, I believe, is wrong as days off have been accounted for in 'previous income levels.'

It's even more upsetting to hear that in some cases associates have abruptly been told their services are no longer required, some via email or a simple text message. This can be classified as being highly unprofessional not forgetting how distressing it can be for the associates.

I know of colleagues that have had to deal with irate patients because practice owners have levied additional PPE charges or increased their treatment charges. I have even heard of some practices trying to pass these additional PPE costs onto their associates.

It's clear in my view that some principals have not acted morally during this time and mistreated their associates. This, inevitably, is only going to tarnish the profession and increase the divide between principals and associates. At present, there does not seem to be any accountability and certainly we, as Associates, have little power to put any of these injustices right.

How did you survive? Financially were you given enough support?

PS I have been paid based on the previous 12 months' average from the beginning

of lockdown, minus average lab bills and pension contributions. I do not think that I have been treated badly, but there are some questions to be resolved. As Shahir mentions, holiday is a real issue. The previous 12 months' average was a figure that was paid after taking into account the holidays and sick days that were taken during that period.

However, some practices have proposed to deduct monies from that figure for any holidays and sick days taken during this year. That forces associates to choose between losing money (and thus also flouts the conditions 'associates to be paid as they have been previously' and 'practices should not make any windfall profits' and taking sick leave or holidays. This coming at an already stressful time does not help either our financial situations or our physical and mental health.

The second is COVID-19-related sick and quarantine leave. The situation is not clear about deductions in relation to these situations. I can understand deductions for quarantine leave post-holiday overseas. This is not a year for such luxuries and we must know better. What I cannot empathise with and may need to challenge is any deduction for quarantine leave secondary to exposure at the workplace or in the community. If practices wish to deduct for such events, they may risk non-compliance with isolation advice and the pandemic will continue. I can support deductions for non-COVID-19 related sick leave but not for COVID-19 related sick leave.

I would love to know NHS England's position on the aforementioned issues.

SS I was reassured fairly quickly by my principal that I would be continued to be paid as advised by the NHS – this was a big relief.

I was also supported from other sources including my Relationship Manager at Barclays. Their advice was extremely helpful especially regarding all the schemes that were available and applicable to me.

Being able to triage at home remotely meant I saved a lot in travel costs, so even with the loss of my private income with all the different things reducing my outgoings, I was OK. I do find it a bit concerning that this new proposed 'salary like' payment in the NHS could mean the HMRC start looking into removing our self-employed status.

I do want to say lockdown had its positives for me. It was nice to just slow down completely to recharge mentally from the stress of work and dentistry that had built up considerably for me over the previous few years.

Would a 'second wave' be the final nail in the coffin for dentistry?

SS For me, if dentistry was shut down again for an extended period, it could well be the final nail in coffin for dentistry as we know it. It's a vicious cycle – we would see a lot more practices closing down and more associates without a job. We may even end up with NHS practices not being funded and money diverted to centralised Urgent Dental Care centres which could then be the future norm for NHS dentistry.

Personally I don't think this will happen. Practitioners are now well prepared. We have the right protocols in place to be able to continue dentistry safely even during a second wave. I also think that the CDO would think twice about shutting down dentistry in the same manner as it did before after the backlash last time. As long as dentistry can continue during a second wave the profession should be able to survive this.

PS Dentistry as we have known it pre-COVID-19 is already decomposing in an unmarked grave somewhere! Dental service delivery as we have come to know it will change and we know that NHS delivery will change drastically. There may be mayhem in the private sector post a second or subsequent waves, but even that will settle and eventually recover. Just think of all the unmet treatment need accumulating in the population now and the knock-on effects for care in the future. We will be dealing with the effects of this year for many years into the future. The biggest risk is the early retirement of some dentists and the inability to fill their positions with the newly-qualified or overseas dentists.

Were a second wave to occur, what would you do differently from the first one?

PS For one thing, I don't think I'd down tools in a hurry! Now that we know what we ideally needed to know back in March 2020 and hopefully have and can access the required PPE, we should be able to continue providing emergency care face-to-face even if limited to desperate emergencies only. Routine care will unfortunately need to stop in any such event.

Let's take a step back and see ourselves in the bigger picture. We are not A&E doctors, we are not paramedics. The world would not miss us too much if we vanished for a while during such times. Humanity has not needed dentistry for most of its existence and if we fundamentally as a society reformed our food

and hygiene practices, dentistry as a profession could even become largely redundant except for emergencies. I noticed at the beginning of lockdown, many dentists with hyped views of their own importance. Let us be honest, we aren't really as essential at an existential level to society as we may think we are.

SS As I had to shield from mid-April, I was restricted to working remotely and I hated it. Triage over the phone and emails is not easy. I would rather deal with patients face to face. So should Dentistry continue, I would assess my health risk with my medical consultant to see if it were possible for me to continue to work face to face. I would probably also try and stay away from Social media platforms and not get involved in any heavy debates which always seem to end up being 'Private vs NHS' or 'Associate vs Principal'!

Do you fear for the future of newly-qualified dentists in a post-COVID-19 service?

SS To be honest, I feared for the future of newly qualified dentists prior to COVID-19 anyway. The Dental landscape has changed considerably since I qualified in 2002. Dental students are leaving dental school with far less clinical experience and I saw this whilst teaching in Paediatrics at Kings. They are entering a profession that has become far more litigious. Getting a good job post VT that allows them to grow and gain experience is more challenging now.

The pathway into private dentistry is also harder. Private Principals are reluctant to take new graduates on due to their lack of experience, so it could take years of building up their skills, taking additional courses and post-graduates certifications/degrees before being able to move into this sector.

PS In a word, yes. The word on the street is that any new NHS contract may not be good for dental associates. If such weaknesses are not addressed, it will be difficult, if not impossible to recruit and retain newly-qualified dentists in the NHS or even in private care, especially if other countries offer them something better. Employers may find it easier to thrust a poor contract on the newly-qualified but they will struggle to retain them in their practices. Let's not forget that the newly-qualified have not yet put down roots and are dental dandelion florets ready to fly as directed by the winds of change. ♦

<https://doi.org/10.1038/s41404-020-0499-0>