What's important?

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At the time of writing, I'm at the Association of Dental Education in Europe (ADEE) conference in Liverpool. I'm hungry, and the tea just isn't up to standards. I mean, I wasn't expecting *Yorkshire Tea,* but a good cuppa wouldn't go amiss.

Why do I bother you with such frivolous nonsense, you might ask? Well, right now, these are important to me. I'd go as far as saying the tea was essential, but I won't labour the point. For me, these constitute important matters. To the rest of the attendees, these may not be essential nor important. What we as individuals constitute as important varies.

This is all terribly appropriate, as one of the plenary lectures touched on this point, for during a discussion on the formal adoption of the World Health Organisation's Global Oral Health Action Plan, the former Deputy Chief Dental Officer for England, said that in the context of global oral health and universal health coverage we need to think about and fully understand what constitutes essential dental services. What do different societies and economies need within their constraints, be they financial or otherwise, and that each answer would be country-specific.

This question, 'what constitutes essential dental services?' is an interesting one, and one brought into focus by the Dental Dean of the University of Liverpool, Vince Bissel's observation that graduates are increasingly leaving the university and heading to practise the art of straight, white, 'perfect' teeth. Perhaps that's why the Workforce Plan suggests a minimum service for health service dentistry. Do your time, folks.

The real crux of the matter got me thinking about who defines essential dental service these days. Just about every presentation I've heard at the conference to date mentions in some form that patients arrive at their dental appointment fully armed with information on the treatment they need, why they need it and why you – the fully-qualified practitioner – are indeed incorrect in using your significantly sizeable clinical expertise in deciding for them. This patient/practitioner relationship is developing faster than anyone appears to be able to keep up. There are safeguards I know some colleagues put in place – patient wants whitening or clear braces? No problem, but you have to see our hygienist first and get the all clear from them. I bet there will be some patients who huff, pick up their stuff and decline, beginning their search for a practitioner willing to take their money without such novel constraints and conditions attached.

There's also the matter of money. There isn't a week that goes by without the news commenting on tight budgets, real term pay cuts for public sector workers, and inflation remaining sticky. Patients inevitably cut-back on things they deem expendable, and there are a plethora of data to suggest dentistry is high on the list of things to be deemed most expendable. Who is deciding then that a six-monthly checkup is essential? It's not the profession, those in the know. Again, that balance lies with the patient, but for a totally different reason to the first example.

I wonder of this is why some areas of the profession see such plans and strategic goals as increasingly meaningless. We – the dental profession – are increasingly not in control of the decision-making process. We may think we are, and we may think we should be, but we are not. August's cover feature looked at skill mix and how to make it work, but all you need to do is assess the dentist to hygienist ratio across the UK to see that's probably no more than a pipedream, an idea that we like the sound of, but the practicalities involved in making it a success aren't possible to define, let alone enact. It is why, having read responses to the Health Select Committee's report into dentistry, I am not sure it will be any different to the 2009 version's outcome. I would like to be proven wrong. I can recount too many times we have applauded and/or been encouraged by noble initiatives laying out in great detail what needs to be done, what can be done – most of which is then presented in the guise of guidance, which by definition makes it optional. Perhaps it is not the content of the documents that presents the problem, but the absence of something that presents the greatest challenge; patients make the decisions now, and that is the direction of travel. Will we get on board and realise this is what's important? ◆

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