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s I sit and write my introduction to the first private dentistry themed edition of *BDJ In Practice*, I'm reminded of one particularly lively conference where I asked myself two questions: 'Was this the worst speech I'd ever heard', and secondly 'was this the most useful speech I'd ever heard'? Two rhetorical questions, opposite in nature, and both as true as each other.

Sometimes I wonder if we forget, overlook, that two things can be true about the same topic. In any type of sports, for example, you can have good defence and you can have bad offense. A 0-0 draw? Perhaps both defences were excellent, and both attacking units were below par – one does not have to exist in isolation.

As I ponder the contents of this packed edition, I wonder whether we look at 'NHS good I stay' and 'NHS bad I go private', like there's some consolation prize in being a private practitioner. Is it not the case that private dentistry is a good thing, AND that there are problems within the NHS? They are not two competing entities jousting for the dear affection of a beloved patient in a tall, ivory tower. Far from it. Aren't they

complementing each other? Doesn't private dentistry play a significant role in the financial survival of NHS dentistry, and doesn't NHS dentistry enable private dentistry to continue being a fruitful and a relief valve (of sorts) for the myriad of problems it has?

Let me be clear: this is not a discussion about how terrible the NHS sector is compared to how wonderful the private one is. Private dentistry is not about 'NHS bashing' – although it would be remiss of me not to acknowledge many of the problems discussed here do come back to the problems within the NHS. Simply NHS bashing is a tiresome and lazy narrative (and one this editor has been guilty of at times), and quite frankly it is one that does the sector a disservice. What does that achieve, I asked myself? The answer is nothing.

What this issue aims to do is set the scenery in which private thrives. Think of it as the stagebuild, the casting, the props, yet devoid of the actual story itself. The discussion with students shows how, if it works for them, the mooted 'tie-in' to NHS dentistry wouldn't be a bad thing at all, and if it doesn't work for them, no problem, they'll consider their options like anyone with a career would do. The British Society of Paediatric Dentistry and the British Orthodontic Society both discuss the need for private services in their respective sectors, driven by both access problems and consumer demand. Experts from NASDAL, Practice Plan, Denplan and Christie & Co

set the scene, build the backdrop, deliver the props as to what the private sector looks like, how it is thriving, what its future may look like and most importantly, how that affects you. NHS dentistry and private dentistry – both separately and together – form watermarks that run through the entire profession. In relationship terms, they couldn't be more perfect together – where one has a weakness, the other makes up for it in their strengths.

As we here at the BDJ Portfolio wrap up 2023, I want issues like this this one to set the table, the framework for future discussion. The pandemic was a stressful and difficult time to be a private practitioner, with a big 'F U' message from the government and those at the top of the NHS. Times have changed, and the more I hear, the more I read, the more I watch, the more I believe next year and beyond will be pivotal years for the private sector and its relationship with the wider dental profession. Your voices could take on greater significance, and, on a more fundamental level, clinics take on the burden from NHS counterparts. Private dentistry will thrive, with or without you, NHS - the reality is, we all want that to be 'with'.

Thank you to each and every reader, contributor, retweeter, liker and letter-writer for making *BDJ In Practice* what it is and has been throughout 2023. From everyone here, may I take this opportunity to wish you all the very best for the holidays, the New Year and beyond. •

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