EDITORIAL

The democratisation of dentistry

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In the Christmas 2017 issue I wrote a tongue-in-cheek editorial on how technology is influencing dentistry, such as examination and diagnosis at a distance and maybe even robot integration.¹ It seems that it may have been closer to the truth than I had anticipated. At the time I had an email from a keen young dentist asking for further details of the technology – to which I replied and let him down gently. However, the recent publication of the Topol Review has made me think about it again in a more serious light.²

The Review, *Preparing the healthcare workforce to deliver the digital future* was commissioned by the Secretary of State of Health and Social Care and looks at the way in which technology may mean that more of us make far fewer health visits in the future. In short, an NHS where patients stay at home and rarely attend GP surgeries or hospital out-patient departments, which the report suggests will be a speedily creeping reality in the coming decade. Given the government's current attitude towards oral health it comes as no surprise whatsoever that the 52 page report doesn't mention the words oral, dental or dentists at all, suggesting that as usual we will be making our own way for the care of our future patients, as now.

Be that as it may, the Review does nevertheless come up with some very interesting speculation about the manner in which healthcare in general is likely to be provided in an age of increasingly sophisticated technological gadgetry and advances. Many patients, according to Dr Topol (described as a US health expert), will be managing their own long-term conditions, for example high blood pressure and lung disease, with wearable devices and sensors, which will be much more effective than occasional appointments with a doctor. The catchphrase to describe this brave new world is the 'democratisation of healthcare', hence my daring to borrow it and apply it to ourselves as the title of this piece.

In many ways it makes good sense and is already coming into play outwith any

health systems as in the ability of new Apple watches to take ECG readings (some doctors are appalled at such innovation) and make emergency calls should they detect the wearer having a fall and then not moving. Home monitoring of blood pressure is also now a commonplace extension of a GP's ability to add important data to a patient's health record for the purposes of diagnosis, treatment and hopefully prevention.

At its centre, the report is a consideration of how this will affect the healthcare workforce and in some ways this does reflect some of the changes that we have anticipated in dentistry and will also doubtless see come to fruition in the not so distant future. For example it heralds new regiments of healthcare profes-

they can; or could. To date intra-oral cameras have been the preserve of the dental practice but make them cheaper and more readily available and does diagnosis at a distance become more of a possibility? Data from toothbrushing habits is already collected and collectable. Whitening? Pulp vitality monitoring? Bleeding on probing? We watch YouTube videos to help us undertake a huge range of tasks, why not a periodontal screening? (Some dentists may be appalled at such innovation). How much of this can be defined as dentistry and how much as self-monitoring?

As far as active treatment is concerned it is difficult to envisage how technology could effectively reduce the need for attending a dental professional. But in the same way that

'Can patients monitor their own oral health from home?'

sionals to help the technology-empowered patients. This is likely to include nursing associates, working alongside registered nurses and trained to interpret blood pressure and temperature checks. Similarly, more physician associates will support doctors with the diagnosis and management of patients which in turn will mean that fewer doctors than anticipated will be needed. Under such an organisation of healthcare they will be able to focus on the sickest patients and, all credit to the Review on this issue, avoid the risk of burnout caused by an excessive workload.

Dentistry is of course a very different form of service provision. Can patients monitor their own oral health from home? Can they judge the success of their own preventive and oral health regimens? Well, arguably, to some extent yes

division and distribution of labour is envisaged in passing tasks on to patients and new team members trained in dedicated areas leaving more complex care to more specialised practitioners, Topol's predicted pattern is one which is not unfamiliar to us in dentistry; even if he doesn't specifically mention it. The extent to which dentistry can become 'democratised' will depend on disease patterns and lifestyle choices as well as technological advances but Topol or not, change is in the air. ■

References

1. Hancocks S. 'Appy Dental Christmas. *Br Dent J* 2017; **223**: 865.
2. The Topol Review. *Preparing the healthcare workforce to deliver the digital future*. 2019. Available at <https://topol.hee.nhs.uk/> (accessed February 2019). DOI: 10.1038/s41415-019-0016-1