EDITORIAL

Unknown certainty

Stephen Hancocks OBE
Editor-in-Chief

The BDI Upfront section includes editorials, letters, news, book reviews and interviews. Please direct your correspondence to the News Editor, Kate Quinlan at k.quinlan@nature.com. Press releases or articles may be edited, and should include a colour photograph if possible.

There is an oil portrait by the Flemish Baroque painter Peter Paul Rubens entitled *A gentleman of unknown certainty*. I love the enigma in the description, which transfers an additional genteel mysticism to the subject in the painting. Is it the fact that he is a gentleman which is not certain, or that he was not real, or merely that the artist did not know his name?

Unknown certainty might be a phrase that we could helpfully apply to our current situation in dentistry to aid the definition of our dilemmas. We are certain of the effects that the coronavirus can have on health but the unknowns of transmission, infectivity, fallow time and aerosol generation are confusing, frustrating and threatening. These understandable feelings are reflected in a letter in a recent issue of the journal from Dr Mannan, pleading for a centralised approach to such problems.¹ It finds an answer in this issue in a letter from Professor Nairn Wilson a leading advocate of the foundation of a College of General Dentistry (CGD) as the solution in its ability to potentially provide one voice for the profession.²

The momentum for the formation of a CGD leading to a possible Royal College has been gathering some pace in recent years. In a recent interview Shelagh Farrell, an ambassador for the CGD, describes the history of the transition from the Faculty of General Dental Practice (UK) through to the present status.³ The proponents point out that dentistry is the only major healthcare profession in the UK not to have its own College, and that the new College (<https://cgdent.uk>), in addition to being UK-wide, is for all members of the dental team.

The CGD, while meeting certain requirements, is not being modelled on existing Royal Colleges – it must be fit for future purpose and appeal to all members of the dental team throughout their time in dentistry but, as in other healthcare professions, complement the work of

professional bodies. The argument is that to be 'complete' dentistry needs its regulator (the GDC), professional bodies (principally the BDA), and a well-supported CGD, the focus of which would be standards and career pathways, together with associated awards.

I wrote about the possible formation of such a College in an editorial in 2015 entitled 'Having a voice'.⁴ In it I mused that the aspirational idea was appealing but that the practicality of achieving it in a profession defined and divided by role and by factional interests meant its success was doubtful. I noted that one factor in particular might serve to galvanise such an effort, that of a recognised and shared adversary, which in many senses the pandemic now provides. There is a

'There is a tantalising comfort in shoulder-to-shoulder solidarity and in shared solutions.'

tantalising comfort in shoulder-to-shoulder solidarity and in shared solutions. Again though the reality of seamless agreement across what should be a continuum within the professions that constitute dentistry, even if gaining momentum still seems at best slim and at worst unattainable.

To date, arguably the strongest voice, the point of information and muster most used has been the BDA. The unfortunate and sophisticated cyber-attack on its website aside it has been unarguably central as a point of information (with tens of thousands of downloads of its advice documents), advice and advocacy well above and beyond any other organisation throughout the pandemic, to which its recent steady increase in membership numbers attests.

One of the steps in forming the CGD is the requirement to demonstrate that existing entities are supportive. The proponents report that over 40 organisations, mostly across the spectrum of dentistry but including five existing Royal Colleges have done so. This has also taken the form of being 'not averse', in what seems a deliciously British way of expressing it as a 'letter of non-objection'. Here, the organisation, society or body approached agrees not to object to the formation; as distinct from necessarily actively supporting it. The BDA, and many other collectives within dentistry have signed such letters which on the one hand might be regarded as being bemused, demurring or equivocal. On the other hand it is significantly praiseworthy of the putative

CGD to have garnered the agreement of these voices to stay at least silent rather than actively hostile even if not keenly supportive.

With true visionary zeal the moves towards forming a CGD continue and it might be that in another five years I will write a further editorial marking greater progress and increased support. There is, in the continuing enthusiasm of its advocates, an undeniable spirit of unknown certainty that I admire. ■

References

1. Mannan KAA. A centralised approach. *Br Dent J* 2020; **229**: 6.
2. Wilson N. College leadership required. *Br Dent J* 2020; **229**: 208.
3. O'Dowd A. Shelagh Farrell. *Br Dent J* 2020; **229**: 164–165.
4. Hancocks S. Having a voice. *Br Dent J* 2015; **218**: 437. <https://doi.org/10.1038/s41415-020-2064-y>