Upskill

Shaun Sellars continues this essential series on ethical dilemmas in dentistry which appears in every second issue of the *BDJ*.

The current NHS GDS contract for England and Wales has been somewhat of a disaster for patients and dentists alike. Patients are finding it increasingly difficult to access NHS dental care.¹ Although compounded by the current pandemic, the problem has been lingering for years and shows no signs of abating.

Undoubtedly, the main issue is the UDA, the antediluvian confection that emphasises payment for intervention rather than prevention. It's an outdated concept in 2021. But it was in 2006 when the NHS foisted the contract upon us.

For some time, the advice of many in the dental community has been to 'upskill and go private'. This advice is excellent for dentists, promising a more rewarding career carrying out complex treatment and reaping the associated financial rewards. But the knock-on effects may be deleterious to the profession.

The obvious outcome of upskilling and private conversion is that fewer dentists provide treatment under the NHS. We've all seen the reports of long waits to be seen under the NHS, with many practices unable or unwilling to accept any new patients and

others handing back contracts. But more than this, the phrase 'upskill and go private' carries many implied meanings.

Firstly, are we as dentists unprepared to undertake complex dental treatment on obtaining our BDS? Many newly qualified dentists claim to have had limited clinical experience throughout their undergraduate training, so the answer appears to be yes. Of course, the foundation training scheme helps plug the gaps in knowledge and gain confidence and experience in treatment. Still, the deficiencies in undergraduate training are apparent for all to see.

Furthermore, saying that private dentistry requires improved skills, which is by no means a bad thing, indicates that dentistry under the NHS is, by association, of lower quality. The only way to access this better standard of dentistry is by paying for it, increasing the health inequalities we already see in the population's oral health.

It's also saying that patients who access their dental care through the NHS aren't worth the higher quality, more satisfying treatment available after improving our clinical skills. Dentists are not to blame for this. More demanding treatment often means spending more time with the patient, and the UDA system simply doesn't allow for this

without cutting margins to a knife-edge or effectively working at a loss. Dental practices are businesses as well as healthcare providers.

Once trumpeted as a means of taking dentists off the treadmill of fee-per-item dentistry, the UDA system has instead simply changed the treadmill to a new unimproved model where we chase targets rather than treat patients. Is it any surprise that dentists are abandoning it?

A change in the system has been proposed for the last decade, but progress has so far been slow. Perhaps recovery from the pandemic will finally push contract reform through. A well thought out contract, allowing for adequate remuneration for prevention and a wide range of services, could mean the new mantra will be 'upskill... and stay in the NHS.'

References

1. Healthwatch. Twin crisis of access and affordability calls for a radical rethink of NHS dentistry. 2021. Available at <https://www.healthwatch.co.uk/news/2021-05-24/twin-crisis-access-and-affordability-calls-radical-rethink-nhs-dentistry> (accessed June 2021).

Dentists greet 'no brainer' investment to boost access and future proof services

The British Dental Association Scotland has welcomed confirmation the Scottish Government will allocate £5 million to help practices invest in ventilation equipment to increase patient volumes while meeting COVID restrictions.

The BDA first made the bid for financial support to improve ventilation to the Scottish Government in November. England is now the only UK nation not to have committed any capital funding for ventilation to help restore services.

Chief Dental Officer Tom Ferris has confirmed funds can be used to purchase, renew or upgrade ventilation systems, and

practices can claim retrospectively for the period 1 April 2020 – 31 March 2022. The BDA is awaiting details of the conditions applied to the scheme, but has expressed concern that it may not cover those practices who have already installed portable units or air cleaners (such as HEPA filters) when they were unable to improve ventilation by other means in the short term, following guidance from the Scottish Dental Clinical Effectiveness Programme (SDCEP).

Many in this position are based in sites unsuitable for major works, such as premises owned by health boards, in densely packed city centres with adjoining

residential and commercial units, or in listed properties.

David McColl, chair of the BDA's Scottish Dental Practice Committee said: 'This is a no-brainer from the Scottish Government. Investment in ventilation can future proof Scotland's dental services, boost patient numbers, and pay for itself.'

'For our patients' sake, this needs to mark a turning point when it comes to providing ongoing support to practices. Access to services has fallen off a cliff. A signature policy on free dentistry for all will be a promise that can't be kept unless we see real commitment from ministers.'