EDITORIAL

Short measures

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It was pure coincidence that my previous editorial about the future value of electric vehicles coincided with the widespread media coverage of disruption to petrol and diesel supplies. I promise I had no foreknowledge of events but they build a serendipitous narrative. Perhaps it is in our heritage, being an island nation, or woven into our collective gene pool that from time to time, we accept that shortages are bound to occur. What we are unable to source within our own borders will always be subject to possible rationing or scarcity whether that is commodities *per se*, the means to distribute them, or services in a more general sense. At root, it is doubtless the genesis of the 'keep calm and carry on' mentality that has helped us survive centuries of such insecurities and inconveniences.

Dentistry is not immune to such circumstances but it undoubtedly could be better managed in order to avoid crises. The delivery of our services is of course dependent on the availability and stock of necessary materials; witness the vagaries of personal protective equipment supply during the early part of the pandemic. More troublesome, however, for the immediate and medium term are shortages in the workforce. It is not only heavy goods vehicle (HGV) drivers that are apparently in short supply, but dental associates and potentially dental nurses too. I use 'apparently' because in reality it is a matter of definition. For example, at the time of writing, there is speculation that army personnel might be drafted in to drive petrol tankers to garage forecourts. So, to be pedantic, there is not a shortage of HGV drivers; they are merely called something else – soldiers.

In the same way, there is not a shortage of NHS dentists but there is a lack of qualified individuals who are willing to work under the current contract. The difference may be subtle but it is fundamental and it is not new.

I recall being at the FDI Congress in New Delhi in 2004 and seeing a booth run by the UK Department of Health with the chief dental office and team recruiting dentists to work for the NHS due to the then so-called shortage. Those 17 years ago, as now with HGV drivers, the urge to seek workforce from outside the country belies a gap in planning for anticipated need; keeping an eye on the ball.

So, is Brexit to blame, is it the pandemic, is it the interminable trap of heel-dragging to construct a new NHS dental contract? Elements of each of these factors are no doubt entangled here but so too is a change of attitude towards work-life balance. It is now widely acknowledged that associates

priorities and, as a result of the behaviour of some employers, their loyalty. *BDJ Team* frequently includes articles about how young women (predominantly) have been inspired to become dental nurses. They commonly express being driven by a desire to care for others, but such beneficence can only stretch so far before the economics of life start to impinge and reign back ideals to fiscal realities. In a similar vein, how well do we utilise the skills of dental therapists in attempting to close the gaps in our services? Are we in danger of regarding them like the soldiers drafted in to drive petrol tankers in times of emergency rather than respected, integrated, long-term members of a comprehensive team? It is fanciful to even

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no longer want to work 40 hours a week within the same four walls. They express the desire for shorter hours, higher rewards (either financial or in terms of professional job satisfaction) and greater clinical freedom. We will all have opinions about the rigour of such demands, but the hard truth is that they are a significant determinant in the market forces which, whether we like it or not, shape dental care.

There are other rumblings too which feed into the uncomfortable mix. A dip this year in the number of registered dental nurses might be a temporary correction but could also be a warning sign that we need to consider far more carefully the value that these team members bring. The pandemic has caused many people to reconsider their

suggest that making sense of such a range of factors and attempting to coalesce them into a roadmap is anything other than incredibly difficult and subject to multiple caveats, but we need to try.

In the electrical sense, a short is a shutdown caused by an overload. In the stock market, shorting is borrowing shares and selling them immediately in the hope of adversely affecting the value of a company. Choose an analogy as you wish but the effect on oral health will be the same. In dentistry, aberrant fulfilment of personnel vacancies is jeopardising the future cohesion of our ability to deliver care. What we are short of most, and most crucially, is pragmatic planning; and we needed it yesterday.

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