

One in three of us

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EDITORIAL

Over recent years the number of papers submitted to the *BDJ* has increased considerably. This is likely to be due to several factors including the increase in the journal's Impact Factor, the popularity of the online version around the world and the advent of the online submission system. Consequently, we have been receiving over 800 papers a year, with 2011 set to exceed 900 if the trend so far this year continues.

Every paper is carefully considered for its appropriateness to the journal and those which pass the initial scrutiny are peer reviewed further by two expert referees. As a result, over 80% of submissions are rejected at one or other stage of the process, leaving a trail of disappointed authors in their wake. For the most part, the conclusions of the submitted papers are, if not predictable, at least in line with expectations, usually providing further evidence to support existing knowledge or supposition, or exploring a new angle on established thought. Just occasionally though a paper comes along with information that jumps the senses with complete surprise; the unexpected conclusion that makes one sit up in amazement and reread it to make sure there has been no misunderstanding.

The paper by Patel *et al.* on pages 133-137 is such an example.¹ From the title, one could be forgiven for thinking that there might not be a great deal of moment in the findings but the startlingly (at least to me) new piece of information is that currently about one third of dentists registered on the UK Dentists Register hold non-UK EEA qualifications. Had you asked me, I would have guessed at 10% or perhaps 15% but I would not have correctly estimated the 28% that were permitted to practise in the UK, as at 31 December 2011.

LICHTENSTEIN TO LANCASHIRE

Why should this be such a surprise? Anecdotally, we are all aware that there has been an influx of dentists in recent years from various countries of the world, in some cases actively recruited and encouraged by the Department of Health. This was commissioned under the mantle of a 'shortage' of dentists in the UK, although it might be more cynically observed that this was in fact a shortage of dentists prepared to work within the NHS general dental service.

I must make it perfectly clear that there is nothing inherently wrong either with having registrants who are non-UK trained practising in the UK or the proportion of the workforce that they comprise. What does surprise me are the actual numbers, especially when one presumes that the majority of the non-UK dentists are actively working, whereas the UK trained

cohort will include those who are retired, or are possibly less economically active. It is, of course, dangerous social territory into which many a politician has strayed only to have the issues explode beneath their feet. On the one hand the argument can be construed as a complaint that people from outside a given country are 'taking our jobs'; whilst on the other, the counter claim is that the diversity of such a workforce brings great benefit and, in any event, that the overseas workers do the jobs that the indigenous population are unwilling or unable to undertake. Which is true here I wonder, or is it a complex mix of these and other arguments and concerns?

The paper touches on some of these matters, albeit in an appropriately diplomatic way as befits a scientific approach to the topic rather than a sociological one. Education is one of these and it raises concerns at several levels, not least of which has been the failure of the combined political and academic establishments to agree on, let alone implement, a uniform curriculum across the 'united' countries. Given that this was fundamental to the original EEC Directives in the 1970s, someone should by now have got this under better control. The vexed conundrum of vocational, or foundation, training is also still an anomaly whereby UK graduates and non-EEA graduates are obliged to participate if they wish to work within the NHS general dental services but non-UK EEA graduates are not. This has raised other potential and actual problems in terms of the degree to which cultural understanding, including comprehension of the GDS systems (UDAs for example) may leave the non-UK EEA dentist at a distinct disadvantage, not to mention his or her ability to care for patients with sufficient understanding of their language or dialect.

It would be very interesting to hear the viewpoints of such colleagues as they make the transition between say, the Eastern Bloc and the Welsh valleys or perhaps Lichtenstein and Lancashire. How easy is it to integrate and flourish and what barriers frustrate both sides of the mirror and probe? It is also pertinent to ponder whether we are heading for a situation in which labour from elsewhere is being provided for a service that as a society we aspire to but can actually no longer afford. Then again, how do new UK graduates feel about such a situation? I always dislike the blanket expression 'someone should do something'. But, you know what? Someone should do something.

1. Patel R, Eaton KA, Garcia A, Rincon V and Brooks J. An investigation in the numbers of dentists from 19 European Economic Area (EEA) member states currently registered to work in the UK. *Br Dent J* 2011; **211**: 133-137.

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