

The elephant in the room

H. Stean¹

IN BRIEF

- Readers will gain an insight into the current dental economy in the UK.
- Readers are provided with an insight into morale among clinicians and the dental industry.
- Readers will have an opportunity to reassess their ambitions in the light of current and future prospects.

Dentistry as a profession is suffering in the economic depression, yet this is not reflected in academic journals, with an increase in titles, articles and the advertising of new products and training courses suggesting otherwise. Work for dentists is thinning and patients are less willing to accept the costs of treatment plans. Is it business as usual or is UK dentistry in denial?

Dentistry in the UK (and also in Europe and in the USA) is one of the losing professions in the current economic depression. Many of us practising dentists know this already, but looking through the journals it may not be apparent at all. Articles still appear, there are more titles than ever before, courses are advertised and products featured. However, the journals are getting thinner.

As Chairman of Aesthetic Dentistry and Professional Testing (ADAPT), a society founded 15 years ago for the study and promotion of excellent dentistry, we work closely with the dental industry for a constant supply of newer and better materials to evaluate. This gives me an opportunity to follow in some detail the progress of many dental companies. As Director of Dental Education Ltd, I am involved in teaching dentists and I have personally noticed the decline in postgraduate activity. Many conferences and meetings are struggling to attract reasonable numbers of attendees and core CPD subjects are the main area where dentists really must attend.

I also have close contacts with dental technicians and international companies and the story is the same there: a decline in activity. UK dentistry is indeed in an economic depression. My guess is that it

will take years before statistics back up what I, and many dentists, are confronted with. Statistics may or may not be able to measure the decline in private treatments and how many practices have needed to downsize or even close. Not all dentists and practices are affected though. Those with stable NHS lists and contracts still have a steady footfall of patients. Those practices in rural locations where they may be the sole practice in an area are still busy and may become busier. Yet up and down the country dentists are becoming short of work. Those getting shortest of work are the private practices. Patients are more unwilling to accept costly large treatment plans. When technicians are short of work, particularly with up-market reconstructions, multiple veneer and private crown cases, then there really is a problem. Some have to lay off valued staff, a very sad duty. Anecdotally there is also an increase in patient appointment failures, or else just a reluctance to commit. Some practices are resorting to pavement signs entitled 'where are you?' Aligned with this is the all-time peak in claims reported by the indemnity societies, many of which are centred on fee disputes, with former patients discovering agencies who can sift through several years' old treatments in an effort to find an excuse for a case against a dentist.

The dental equipment industry is similarly in peril: dentists are not buying. The materials industry is selling less branded goods and more (cheaper) own label materials. How many practice principles are looking closely at their stock and

working out how to save money? Dentistry in the UK is definitely NOT business as usual, but you won't read this in the journals. In short UK dentistry is in denial. First comes denial, then acceptance and finally redemption.

Until we, as a profession, accept the situation we won't be able to move on, and in fact will be paralysed by it. The 'high-flyers' won't be spared either, because hard economics eventually trumps even the most daring ambition. With the prospect of a protracted economic slump I therefore make the proposal that a different model of working and living may be required. When I qualified in 1971, dentistry was still a vocation and a 'gentleman's' profession and not a money making get-rich-quick business. With the introduction of permitted advertising by Margaret Thatcher and the subsequent economic boom and emphasis on dental aesthetics, dentists saw the potential of lucrative private dentistry. Some of the more recently qualified dentists may consider that this is the norm because they had not lived through previous recessions that made up the landscape of post-war Britain. I freely admit that my own practice benefited from the good times. I was one of those pioneers of dental aesthetics. When I qualified, bills were submitted, and then (hopefully) settled, although it could take weeks or months. Other times fees were waived if the patient was poor and needy. The general expectation of getting rich from dentistry was not there.

Dentists were expected to be competent generalists who could cope well with most

¹UK Teeth, 103 Mortlake Road, Kew, London, TW9 4AA
Correspondence to: Howard Stean
Email: howardstean@ukteeth.com

dental procedures, from an apicoectomy to a wisdom tooth removal and some periodontal surgery when required. Attaining my MGDS was a proud step towards becoming an even more competent dentist. Now it seems that specialisation is a goal to be pursued and patients may have to pay twice to be seen firstly by their regular dentist and then again for a

'special' procedure with another dentist. If that dentist is within the walls of the same practice, all the better.

We are now in different times, and what is needed now is a different model.

However gloomy the current situation is, people will still need dentistry. Mouths will deteriorate, perhaps more so. There may be less, perhaps much less, cosmetic dentistry,

but I may be quite wrong. There is a trend towards 'feel good' treatments like bleaching, which may increase. Ultimately our profession will have to change to respond to the needs and desires of our patients, because we are paid by them. I suggest that a return to a more modest vocational attitude will be one way to find the path to contentment.