I told you so

Stephen Hancocks OBE
Editor-in-Chief

Send your comments to the
Editor-in-chief,
British Dental Journal,
64 Wimpole Street,
London,
W1G 8YS
Email bdj@bda.org

Logically, there should be a great deal of satisfaction that flows after the utterance of the words 'I told you so'. They might also have the added power of '...but would you listen?' and the feeling of being correct must confer at least a modicum of gratification. It ranges from the small scale, 'I told you not to go to school without an umbrella', to the more serious 'British citizens were advised not to travel to such-and-such a country', on to the downright emphatic 'we warned you that the Care Quality Commission (CQC) was not going to work...but did you listen?' However, the adrenaline rush of glee after knowing that one was 'right' is regrettably short-lived as the realisation dawns that something has now gone wrong and will need fixing. In short, the righteous self-satisfaction gives way to the reality of needing to find a different solution.

There are several issues surrounding the CQC that have been irksome to the dental profession and some of these also spill over into matters affecting other bodies and organisations. What has brought the CQC to recent public attention in terms of the allegations over cover-ups of reports has little directly to do with us but it is the wider context which is more relevant. While delegates at the British Medical Association's recent annual conference passed a motion that the Association 'believes the CQC is not fit for purpose' based on failings in performing its essential duties, it was the words of Health Secretary Jeremy Hunt in a television interview which made me sit up and listen.

PROFESSIONALISM REQUIRED

In essence he stated that the CQC needed to be sorted out and to be made fit for purpose and that one way of achieving this was to ensure that it was 'professional' people who were the ones to carry out inspections. His rationale was that only they could properly understand the work that was required and the processes that lead to successful outcomes for patients, because of their training, experience and backgrounds. The words 'we told you so' inevitably leapt to mind.

This was underlined further on BBC's *Question Time* programme (I promise I don't spend my whole life watching television) when a government representative said that it was ludicrous that for example 'dental technicians' (his words) were expected to inspect and report on hospital departments. I am sure that no one wishes to be personal about the individuals who carry out inspections but it is a point that I hear so much in reverse, that very few, if any of the CQC inspectors

who visit dental practices have any knowledge of our profession at all. This does not preclude them from making observations according perhaps to a check list but it hardly inspires much confidence and certainly no feeling of understanding, collaborative energy to improve patient care or likelihood of rapport with the teams and practices under scrutiny.

We are all aware that there is a fine line between cosy co-operation to the potential detriment of patient care and a blunt disciplinary relationship, which for example, the General Dental Council (GDC) is at pains to make absolutely clear to the world in general and the dental profession in particular. My point is that, as the government now admits it is better and more efficient to have a greater input from knowledgeable professional people at various levels than to exclude them for the express reason of seemingly making it fairer or more transparent. Yet this is precisely what successive governments have done in removing professional self-regulation from dentistry and medicine, and denuding us of any possibility of being able to help in the process of collaboratively improving patient care. Not that we are doing a bad job by all accounts. The GDC's own research shows that 94% [of patients] were confident that their dentist had treated them 'fairly'. Oh that politicians, for example, could claim a rating anywhere near such satisfaction.

It may be that the CQC debacle will begin to change attitudes and that beating up the professions will be reconsidered as an effective instrument in positive care. We may be at the extreme of a pendulum swing. However, if that is going to be the case a lot needs to change before we see the reverse trajectory have any meaning at all. In the case of the GDC they have announced that a lay chair has been appointed and will take over from Professor Kevin O'Brien in the autumn together with a smaller (still) council of 12 appointed members. This, we need to reflect, will compare with a former council of over 50 members, including lay members, *elected* by the dental profession and providing knowledge and expertise from many branches, avenues and specialties of dentistry to provide the GDC with the professional background to help serve the public, whom the GDC aspire to protect.

Well, it might happen but I am not going to hold my breath. Though if in the fullness of time it did happen and I could say 'I told you so' then I promise I would not gloat in the least.

DOI: 10.1038/sj.bdj.2013.632