NEW CHIEF DENTAL OFFICER: A CHANGED ROLE

Professor Nairn Wilson CBE
President-Elect, BDA

The BDJ Upfront section includes editorials, letters, news, book reviews and interviews.

Please direct your correspondence to the News Editor, Kate Quinlan at the BDJ, The Macmillan Building, 4 Crinan Street, London, N1 9XW or by email to k.quinlan@nature.com

Press releases or articles may be edited, and should include a colour photograph if possible.

BDJ UPFRONT

The profession, at least in England, waits with interest to see who will be appointed Chief Dental Officer (CDO) for England to succeed the long-serving, present incumbent, Dr Barry Cockcroft. Traditionally, the principal role of the CDO for England – a non-political appointment, as is the appointment of the Chief Medical Officer (CMO) – was: 'To give advice to Her Majesty's government on all matters relating to oral health'. The responsibilities of the CDO were, however, not limited to the advisory remit. The role was typically wide ranging, spanning all aspects and sectors of dentistry, together with any other matters and considerations pertinent to oral healthcare provision and, in particular, the existing and future oral health of the nation.

Subsequent to the most recent NHS reforms, the roles and responsibilities of the CDO for England have changed. The 'job purpose' of the new CDO for England is to: '...support the delivery of the objectives and commissioning responsibilities of NHS England by providing clinical and professional expertise and leadership, both to and from, the dental profession. The post holder will, as part of a broad leadership team, provide evidence-based advice and guidance to the NHS, Department of Health, Health Education England and wider healthcare system.' A substantial role, with many varied responsibilities, as set out in the detailed job description, but one that is not as wide ranging and influential as previous CDOs for England and the CDOs of Scotland, Wales and Northern Ireland. The CDOs in Scotland, Wales and Northern Ireland continue to have such all-encompassing roles and responsibilities. For example, the CDO for Scotland – Dr Margie Taylor 'acts as main professional adviser on all aspects of dental policy and service provision to Scottish Ministers and the Scottish Executive. The post oversees the oral health strategy for Scotland, including dental research and development.'

'It is worrying that advice to Minsters on dental matters will be, at best, fragmented...'

Having a CDO 'as part of a broad leadership team' in NHS England may have advantages in terms of, for example, NHS dental services becoming much more integrated into general NHS healthcare and wellbeing provision; however, a substantial element of oral healthcare provision in England is non-NHS, and there are many other aspects of dentistry beyond the 'objectives and commissioning responsibilities of NHS England' on which Her Majesty's government, present and future, may wish to be advised. Who will provide this advice? There are no indications that the CMO, who 'provides advice to the Secretary of State for Health and other Health Ministers, other government departments' Ministers and on occasion to the Prime Minister directly', will return to having a small team of dental advisers, as was the case in the past or to a body such as the former Standing Dental Advisory Committee being created to provide an opportunity for representatives of the profession to provide advice to, in particular, the Secretary of State for Health and other Health Ministers.

It is acknowledged that 'the world has moved on' in the last 10 to 15 years and that reverting to former arrangements may not serve best purpose; however, it is considered worrying and contrary to the best interest of all patients, let alone the rest of the population and the profession, that future advice to Ministers and government on all matters dental will be at best fragmented, with the possibility of the subtleties and ramifications of the knock on effects of certain decisions and actions being missed.

Perhaps the new CDO, or the system he/she will operate in, will be minded to address and rectify this issue. Otherwise, or possibly at one and the same time, many different groups and bodies in the profession may have to individually or collectively develop strategies and processes to become much more proactive in providing advice to Ministers and government. Good government is based on sound knowledge, understanding and appreciation of those being governed. To achieve this there must be effective lines of communication and clear, unobstructed channels for advisory processes, ideally underpinned by mutual trust and respect. I believe that the profession would be delighted to play its part in ensuring such arrangements in welcoming the new CDO for England into post.

A further issue of possible concern is the way in which the four CDOs of the UK may continue to interact effectively on matters of UK-wide interest, when the new CDO for England has a 'job purpose' and responsibilities different to those of the other three CDOs. Again, it is hoped, this time in the interests of the UK and the profession as a whole, that the new CDO for England will find ways to address whatever difficulties may arise through having a relatively narrow role and less wide ranging responsibilities than the other three. Where the profession presently stands, it must be concluded that, despite possible advantages of the new arrangements, stemming from the most recent NHS reforms, it may be left worse off in terms of high level advice to Ministers and government.

DOI: 10.1038/sj.bdj.2014.1142