

have reduced, the disease has become more concentrated around deprivation. The inequality has become greater. In the very wealthiest children, decay has actually become quite uncommon. Increasingly, caries becomes more like a badge of poverty than it ever has done before. I'm increasingly concerned about the distribution and I think it has big implications for service and for how we run our service. Chucking dentists at kids with decay who probably don't go to the dentist is not going to solve the problem. We're not going to treat our way out of this. The solutions lie elsewhere and in being more imaginative. That's not to say that dentists don't have a very important role to play – they do – but there's other things we have to do besides just filling more teeth.

### Based on that, what advice would you give to newly qualified dentists who are deciding on their career pathways?

My advice to new dentists would be to keep your practise up as a generalist, I think there's still a huge place for generalists, but as time goes on, develop your skills in areas where you might have an interest. Some people might hear about 'enhancing your skills in a certain area' and think that's about what are sometimes called 'Level 2' practitioners. But what I'm actually saying is that any practice will likely need to treat the whole population and within that body of dentists you will probably need to have somebody who's better at dentures and somebody, not necessarily a specialist, who likes doing molar endo or whatever so you're going to have a range of very high level skills in a practice. Don't expect when you leave dental school to have all the skills you need to be an outstanding dentist. You will be very well trained but you will not be the finished article. Also remember that the technology will change and you'll have to adapt with it so don't expect things to be the same in five or ten years because things are changing so rapidly.

### What issues do the newly qualified face?

It's interesting because a number of things are happening in the dental population. We just published the child survey but I've been involved in the adult surveys as well. The last one we did was the 2009 Adult Dental Health Survey. Complete tooth loss, for example, has reduced again. There are still lots of people with complete tooth loss, but if you're a newly qualified practitioner, depending on where you practise you may not see a complete denture case from one month to the next which limits your chance to consolidate your skills in that area. I've said many times that it's a dark art; full denture prosthodontics is almost Harry Potter-esque isn't it? And you can't perfect the art if you're not being exposed to the need to practise it, and that might be being replicated in a few other areas of practise.

### Some non-dental questions now! If you could interview anyone past or present, who would it be and why?

I would love to interview Charles Darwin. I think one would have found him to be a completely obsessional and

maybe even quite a difficult man, but I'd just love to have got a better understanding of how he saw what he saw.

The other person I would have loved to have interviewed would have been at the other end of the spectrum, and that would be Robert Burns, who is a big hero of mine and I think he would have an interesting few things to say!

### If you could go back in time when would you go back to and why?

Going back assumes that you have either really enjoyed something or missed an opportunity. Some of the really enjoyable family, social or sporting events for example are so much in the moment that revisiting knowing what would happen would just be disappointing, so my answer is going to be birdy. There have been a few birding days when the weather, date and location have aligned and yet I felt I missed out by subtle misjudgements. So, 28 September 1988, Mizen Head, County Cork, I would relocate that rare bird that I glimpsed and sort it out properly.

### Where in the world would you most like to visit?

I am really lucky that I have travelled a lot and seen a lot of the world, so there are loads of places that I would love to return to and many that await. However, I have not spent much time in the arctic, so probably remote arctic Canada, I would really like to see Bowhead and Narwhal (two species of whale), though a few other places would push it quite hard.

### What's the hardest thing you've ever done?

Try to implement change in NHS dentistry. It is nobody's fault, but it is a hard slog.

*Professor Jimmy Steele will present the BDJ/BDA Anniversary Lecture in London on 2 July to celebrate the 135th anniversary of the British Dental Association.*

## NHS DENTISTRY 'NOT FIT FOR PURPOSE' IN 10 YEARS' TIME



Seventy-two percent of dentists believe that NHS dentistry will not be fit for purpose in 10 years' time – that's according to a poll carried out by Practice Plan at the British Dental Conference and Exhibition in Manchester.

Adding some fun to election day on 7 May 2015, but asking some serious questions about dentistry and the future of the NHS, the poll also reveals that the majority of dentists (66%) do not think that, going forward, NHS dentistry will be able to provide the right balance of treatment *versus* prevention.

Furthermore, while a third (33%) of dentists thought the Conservatives could be trusted with NHS dentistry, a similar number (29%) felt that none of the political parties could be depended upon with this aspect of state-funded healthcare.

With 62% of respondents working in a practice offering either predominantly NHS or mixed treatment, these figures offer significant insight into dentists' views on the NHS.

The poll also revealed that if they were in David Cameron's shoes, the majority would support NHS dentistry through increased spending, closely followed by wanting to change the current contract. These feelings were further reinforced by respondents' finding a lack of time and the potential financial repercussions of the UDA banding system the greatest challenges they face in the present climate.

In addition, with cosmetic treatment considered by dentists to be the biggest influence in dentistry at the moment, expanding beyond NHS care seems a distinct possibility for those who have not already done so.