EDITORIAL

Change

Stephen Hancocks OBE
Editor-in-Chief

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I would wager that there isn't an editor in the world who hasn't written about it, nor a politician that hasn't spoken about it. Change. I am an optimist so I try always, as motivational coaches tell us we should, to regard change as opportunity. However, there are elements of life that even the greatest optimist is unlikely to anticipate changing back again. Will there ever be a time when we do not have to lock our doors and windows? Will we drive without seatbelts? Will the system of health regulation improve?

The previous twelve months have been dubbed as the year of unexpected change. The UK referendum outcome to leave the European Union and the USA population's decision to elect Donald Trump as their new president being prime examples. Now, days into 2017, omnipresent change and surprising revelation are once more in the air. The General Dental Council (GDC) has indicated that it too is about to change. I know; who would have thought that would happen?

The plans, 'expected to be published' (the GDC's own somewhat self-doubting words) are to due be launched on 26 January the day before this editorial is published online, and we will of course bring you news of, and comment on, the detail. Perhaps I shouldn't be too prejudicial about the outline proposals but I, and I suspect you, start from a very cynical base, an extremely low point in our regard for the most expensive and arguably most alienating health regulator in the UK. The press release states that the GDC will outline initiatives to 'make the current system of regulation better for patients and fairer for dental professionals by shifting the balance onto prevention' and goes on to explain that this will mean the Council 'changing our relationship with the dental team to one of greater collaboration'. In travelling around the UK, listening and talking to colleagues I have never in my career heard the GDC lambasted so strongly by so many and for so long. In a recent BDA membership

survey, concern over regulation was the main issue expressed even above financial matters; it is that much of a parlous state. How likely is greater collaboration?

But. But, just maybe that fickle partner, change, could deliver. Why do I even give such a proposal the hint of a chink of light under a dark and heavy door? In a paper published in our previous issue, analysis of malpractice payments in the USA showed that quite contrary to expectations the numbers of payments against medical physicians have fallen in recent years while, less surprisingly, but more depressingly, those against dentists have risen.¹ The paper discussed why this might be the case and came up with an explanation which had a lot to do with prevention and also to do with the differing organisation

and use current evidence to deliver cutting edge healthcare. Indeed, experts agree that this provides better care, and research backs this. So while malpractice pay-outs in medicine have fallen from 17,532 in 2004 to 11,650 in 2014, in dentistry for the years 2012–2014 they have increased from 1,388 to 1,555.

There are two positive lessons here. One, that an apparently unstoppable trend can be halted and actually reversed, the other that the principles of good practice and evidence-based care can be applied as well to practitioners working alone or in small groups as it can with larger numbers; it might need rather more vision and effort but it can be done. And if it can be done in the US, why not here? And if it can be done here maybe we can also stem the tide that otherwise seemed irreversible.

'Does this mean an end to the GDC's newspaper adverts asking patients to complain?'

of the two professions. The overwhelming majority of dentists in America are in solo practice, in contrast to the trend in medical care. There are reasons for this, one of which is the distances between populations in towns and cities across the vast landmass of America which mitigate against larger practices and practitioners working together.

However, physicians increasingly work within larger groups while hospitals have been integrated into more extensive networks. Merger allows identification of best performing hospitals in each discipline and adaptation of the lessons learnt across the entire operation. Larger groups tend to have more structure, follow best practices and guidelines, have more resources to purchase new equipment

So, is this in the GDC plan? When Chair, Bill Moyes champion of comparing dentistry with supermarkets, now says 'too much of our activity is focused on responding to harm' does this mean an end to the Council's adverts in weekend newspaper supplements asking patients to complain about their dentist? When Chief Executive, Ian Brack says 'now it is time to deliver professional dental regulation which is fit for the world we live in' are we moving into a dental era as strange to us as a Brexit-Trump world? That, Mr President, would truly be change. ■

DOI: 10.1038/sj.bdj.2017.50

1. Nalliah R P. Trends in US malpractice payments in dentistry compared to other health professions – dentistry payments increase, others fall. *Br Dent J* 2017; **222**: 36–40.