

Dentists to receive 2% pay rise from October

Dentists in England are to receive a 2% pay uplift but this will not be implemented until October, the government announced on 24 July 2018.

Dentists leaders have welcomed the end to pay austerity but said the increase would do little to address the 'decade-long real-terms pay cut' endured across general dental practice.

The government is to increase dental income and staff costs by 2%, starting in October, and increase expenses by 3%, backdated to April 2018 in response to the latest report from the Review Body on Doctors' and Dentists' Remuneration (DDRDB).¹

Unveiling his response to the DDRB's report, Health and Social Care Secretary Matt Hancock said: 'This is a pay rise that recognises the value and dedication of hardworking doctors and dentists, targeting pay as recommended by the DDRB, and taking into account affordability and the prioritising of patient care.'

Pay rises across much of the public sector were also announced with a 2.9% rise for the armed forces, 2.75% for prison officers, up to 3.5% for teachers, while GPs and police will also receive a 2% rise.

The rise for dentists only applies in England with the other administrations due to make their own responses to the DDRB report.

The BDA welcomed the fact that the Government had broken from its previous austerity policy to accept the DDRB recommendation that dentists' pay should be increased by 2%, but it was frustrated that the rise was not to be backdated to April 2018.

If the Government had accepted the DDRB's calculations, then it would have uplifted staffing costs by 3.2% and expenses by 4.1%.

Henrik Overgaard-Nielsen, the BDA's Chair of General Dental Practice, said: 'An end at last to public sector austerity is welcomed.

'However, this award will not begin to address the decade-long real-terms pay cut suffered across general dental practice. Real incomes for GDPs have fallen by 35% in that time. Indeed the overall impact will be a further pay cut this year; a 2% pay increase remains well below any measure of inflation.

'The Government's proposal to recognise the cost of running a dental practice fails to match inflation or take into account what we actually pay our staff. It is also galling that the Government has compounded matters by delaying the implementation of the recommendations of its own independent pay review body.

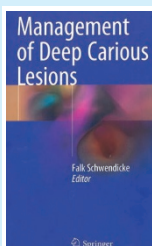
'We are seeing the result of ten years of cuts without precedent in the UK public sector: practices across England unable to fill vacancies, and patients are travelling further or waiting longer to access care. The Government needs to do more than pay lip service to address what is fast becoming a dental crisis.'

Charlotte Waite, the Chair of the BDA's England Community Dental Services Committee, said: 'This below-inflation and delayed uplift for NHS employed dentists will do little to address mounting problems of recruitment and retention.

'There is also some uncertainty about how all the NHS pay uplifts will be funded, the BDA will pursue this as a matter of urgency. I would not want to see a lack of Government funding have a detrimental impact on services which provide care for the most vulnerable patients in the community.'

1. Review Body on Doctors' and Dentists' Remuneration. Forty-Sixth Report 2018 (24 July 2018). <https://www.gov.uk/government/publications/review-body-on-doctors-and-dentists-remuneration-46th-report-2018> (accessed on 1 August 2018).

BOOK REVIEW



MANAGEMENT OF DEEP CARIOUS LESIONS

Falk Schwendicke
Springer
2018
price £58.99 pp. 130
ISBN: 9783319613697

Professor Falk Schwendicke has compiled a very useful and factually informative book which is extremely relevant to any dental professional with the ability to put drill to tooth. He has amassed the expertise and research of leaders in the field to shed light on the very latest in the management of deep carious lesions. As we are aware, dental caries cannot develop without the presence of dietary fermentable carbohydrates. This book focuses on limiting physical intervention, thus reducing the restorative spiral, in a bid to prolong the longevity of a tooth.

The text is divided into eight chapters and also written by as many authors. Each chapter is very logically mapped out with an abstract, main body, summary and references. Included in every chapter are numerous illustrations.

The authors, backed up by robust evidence, attempt to challenge the traditional invasive school of thought which encourages removal

of almost all cariogenic bacteria from a cavity. Its main message is that of minimally invasive dentistry. A more holistic approach is required to treat an individual patient effectively: 1) identify risk category; 2) control dietary sugars; 3) utilise non-invasive strategies wherever possible; 4) attempt to shift the balance in favour of mineral gain rather than mineral loss; 5) employ invasive strategies only as a last resort, while maintaining the integrity of the pulp.

A figure in chapter 1 (Page 11, F1.7) depicts the death spiral of a tooth very well. All restorations have a lifespan, therefore early invasive intervention will inevitably lead to the premature loss of a tooth. Each chapter further emphasises these points and the fact that we should only be removing tooth tissue which is absolutely necessary.

Selective removal of carious dentine, however, may pose a threat with regards to incorrect radiographic diagnosis should this patient be treated by another dentist where records are inaccessible. Due to the litigious environment we now work in, many dentists may not choose to employ these techniques simply for that reason. Chapter 6, section 6 'radiographic diagnosis after selective caries removal' touches on this subject.

In summary, I believe this book is an excellent resource to every practising clinician. It should be on the reading list of every undergraduate in order to adopt good practice early into their career.

Meghesh Shelat