EDITORIAL

The vision thing

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Editor-in-Chief

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In April 2016 I was invited to chair the first ever Perio Question Time, based on the popular television programme, from the Oxford Union. It was a very enjoyable event as part of a very successful British Periodontal Society Conference. One of the questions that arose concerned the upcoming referendum on Britain and the EU and I asked for a show of hands for those who thought we should, and those who thought we should not, leave. Those who are now dubbed 'Remainers' were in the majority by about two thirds – clearly the periodontal community was not representative of the UK population.

Now, nearly two years on and just over a year until we are due to leave the EU much still needs to be sorted out but, I venture to suggest, certain patterns are starting to emerge and various glimmers of light are beginning to cast interesting silhouettes on dentistry and its future. A recent paper by Batchelor highlighted the UK registrations of dentists who had qualified outside the UK.¹ Amongst its other observations, the study pointed out that currently 'each year nearly 40% of new entrants onto the register are graduates from abroad and that those from within the EEA remain for a far shorter period of time... the lack of clarity that the Government has provided on EEA graduates' future possible working arrangements is worrying'.

This is probably not surprising. How would any of us feel emigrating to work in another country when the conditions of residence were at best uncertain and at worst very questionable? As these matters gradually (or perhaps suddenly) become clearer the dwelling time of EU/EEA qualified dentists may increase but that remains to be seen. What has become noticeable is the increasing problems there are in practices recruiting dentists, especially associates. This has potential longer term consequences beyond the immediate difficulty in filling surgeries with appropriately qualified candidates.

We know anecdotally, as well as through content in this Journal, that newly UK-qualified dentists are finding that making their way in the profession is tougher than they anticipated. The burden of student debt is considerable and the attraction of grinding away in NHS practice earning money on the basis of UDAs (Units of Dental Activity) has a diminishing appeal. The government has continued to stress that they are working hard on a replacement contract or contracts and the General Dental Practitioners' Committee continues to show remarkable patience bordering on exasperation in putting pressure on to move the process forward more quickly.

Whatever the speed of implementation of a new arrangement, we know that there is to be

in dental education away from dentists and towards other team members?

A further scenario occurs to me. What if the doomsayers are wrong, the Brexiteers are correct and Britain becomes much wealthier again as a result of reinvigorated trading arrangements with the rest of the world and lower payments to the EU? True, the state may be able and willing to plough more funding into NHS dentistry but what if the population as a whole starts to feel better-off once more? Now, in the relative gloom of post-recession and post-referendum (and it being February) it is difficult to imagine; but it could happen, it may happen. What then if individuals decided that private care was something to which they wanted to aspire?

'What if the doomsayers are wrong, the Brexiteers are correct and Britain becomes much wealthier again...'

no more money available, that the rate of pay increase is unlikely to rise much above 1% in the near future and that fewer graduates are likely to want to take up the challenging conditions within the NHS. With the attention of government in general being so focussed on the enormous and diverse tasks involved in negotiating Brexit it is not difficult to see how a matter as relatively minor as dentistry (no offence intended, I write of the government's view, not ours) is likely to be a long way down the list of priorities. What might very well happen in the interim is a falling apart of the service not by commission and not by omission but purely by circumstance. Plus, incidentally or coincidentally, isn't it rather suspicious that Health Education England are busy promoting the 'direction of travel'

We read much of the 'heavy-metal' generation and how they need, and will continue to need, concentrated resources to maintain their restored dentitions. But they will be a dwindling and then extinct patient population long before today's new graduates will be ready for retirement, leaving our younger colleagues to compete to treat the low-carries cohorts. In short, what I am suggesting is that as the shock of the referendum result recedes and the possibilities of the brave new world become apparent much could change in the dental landscape to which we are accustomed. And it may be sooner than we anticipate. ■

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1. Batchelor P. Registration and retention of dentists on the General Dental Council register between 2006 and 2016. *Br Dent J* 2017; **224**: 105–109.