Letters to the editor

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NHS dentistry

Historically weak

Sir, I wish to comment on Martin Kelleher's excellent article on 'State-sponsored terrorism'.¹

I have no problem in agreeing with his assertions and interpretations of how our profession has got to be here. However, I'd like to add a few more perspectives to the debate. Firstly, it remains my belief that our predicament is a Civil Service-inspired initiative. This enables the constant eroding of our professional status despite the colour of the political parties in charge. I believe this began in the time of Thatcher government with Ken Clarke as the Minister of Health.

I do not believe the Civil Service hate us, but we have been historically weak in challenging governments which has given them an opportunity to practise their assaults on us and refine them for when they finally take on the medical doctors.

Over the last three decades, we have also seen the diminution of the role of the Chief Dental Officer in terms of his/her influence and the downgrading of their offices in both quality and location. One could even speculate on the former CDO's contribution to the position of our profession in relation to doctors and overall in society. After all, he was the mastermind of the 2006 contract that the Health Select Committee lambasted and despite years of trials of alternative schemes, it remains the only way we can deliver dentistry to the masses. We have witnessed the dreadful effects of this contract on children's oral health with record numbers submitting to GA clearances.

Finally, it is inconceivable to imagine Marks & Spencer allowing their buyers to be rewarded by the suppliers they negotiate with. Why do we have people aspiring to the top jobs in the BDA in an effort to seek

the Queen's Honours? Have they all really done such a great job for the profession in negotiating with the government, that the same government advises the Queen to award them? I know this will provoke a few people but as long as it opens the minds of more than I am prepared for their backlash.

So what did I do to deal with the problems in UK dentistry? Simple, I walked away to another country where the governance is proportionate and the standing of the dentists is still high in the minds of the public they serve. The purpose of this missive is to support Martin in getting us to think why we are here and to inspire a few to help the profession back to the 'good old days'. After all, Einstein stated 'the definition of insanity is to do the same thing and expect different results'. I hope Martin's initiative helps move us to getting better results, especially for the younger members of our profession.

A. Gill, by email

1. Kelleher M. State sponsored dental terrorism. *Br Dent J* 2017; **223**: 759–764.

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In this together

Sir, the opinions expressed in the *BDJ* (Vol 223 No. 10) by A. Al Hassan,¹ a young graduate, Martin Kelleher,² an older graduate, and indeed yourself³ were extremely interesting. I sympathised with the views of A. Al Hassan and fully appreciated his real concerns for dentistry and our younger colleagues practising in the climate of fear leading them to practise defensive dentistry. However, being of an 'age', I have lived and practised through the past analysed by Martin Kelleher and wholeheartedly agree with his analysis of the state we are in; we are all in this together.

The profession is demoralised and has been emasculated by successive 'regimes' of governments and regulatory organisations

like the GDC. I have never heard the GDC make any comment about regulatory changes, especially when they are not in the interest of our patients. The GDC is an arm of the government and not independent.

The many crazy schemes under the 'item of service' were used to try to direct our clinical behaviour regardless of the benefit to our patients but purely to satisfy the Treasury.

'Item for service' certainly had its problems but it was so much better than the UDA system. It could have been improved to the benefit of patients and dentists. Barry Cockcroft, the CDO who oversaw the introduction of the present UDA system, said all the dentists were complaining about IOS, but as I pointed out to him, those in private practice who had the choice of whatever system they wanted basically used fee per item.

I despair at the damage UDAs have done to the dental health of the nation after great strides had been made in retaining dentitions through advances in operative techniques and prevention over many years. The damage also to the morale of the profession has been enormous.

Not everything that was done in the past was perfect but, I know from my own 'inadequate' practice, folk retained their teeth including some slightly sub-optimal root filled teeth for over the 30 plus years that I treated them for. We did molar root treatments, difficult extractions and anything we could to help patients and it generally worked. We did not have the fear of litigation from avaricious legal teams and patients were grateful for our efforts.

There is a dental world of 'swings and roundabouts', but in that playground world there is also a 'slide' and that is where I feel the dental health of our patients and the health of our dental colleagues has gone down.