Protecting the profession

If the reputation of NHS dentists is not maintained, can we really expect the public to trust us? Neel Kothari ponders the question

Many dentists working within the NHS face an uphill battle in providing a high level of care in a system that is determined to provide mass produce. As a result, many dentists feel monetary reward is only a small part of job satisfaction - from my friends and colleagues all too frequently I hear the common complaint: ‘I wish I could practice the dentistry I was trained to provide.’

Access all areas

We all know, that irrespective of how much money is force-fed into NHS dentistry, the prime objective is access. While rhetoric of quality, prevention and patient choice is plastered over Department of Health literature, I can’t think of the last Government policy that wasn’t to do with increasing more bums on the seat, rather than providing patients with a better standard of healthcare. With numbers of root fillings as well as complex restorative work having taken a severe hammering since the introduction of the dental contract, it seems more and more dentists are not providing the type of dentistry they were trained to provide.

So what does this do to our professionalism? Are the newspapers right when they publish headlines like this one: ‘gready dentists profiteering over the system?’ Or how about patient groups angry that the new contract has reduced quality?

A damming report

The most thorough review into the success and failures of the system must surely come from the Health Select Committee, whose verdict, as described by Susie Sanderson from the BDA, is ‘damning’. While the BDA acts as our official trade union to help protect those within dentistry, essentially it is the General Dental Council (GDC), which ultimately regulates dentists making us ‘professionals’.

This concept of self-regulation where a body of peers regulates the profession not only applies to dentists, but also to other professions such as medicine, veterinary surgeons and lawyers.

The General Medical Council has the slogan ‘regulating doctors, ensuring good medical practice’, the Royal College of Veterinary Surgeons has the slogan ‘Promoting and sustaining veterinary surgeons has the slogan ‘Regulating Medicine, Veterinary Surgeons’ and the Dental Council has the slogan ‘Promoting and sustaining dental practice’, the Royal College of Surgeons has the slogan ‘Regulating the profession’, the Nursing and Midwifery Council has the slogan ‘Regulating the profession’. This concept where a body of working professionals, many of peers regulates the profession is important, but where are the positive messages of ‘ensuring good dental practice’ or ‘supporting dentists’? It seems as a profession, this organisation which we all pay money into can offer little or no support to those who are found breaking its rules. While punishing bad practice is an important part of any regulatory body, could the GDC do more to encourage good practice? And do they consider the conflict of interest in the current dental contract conducive to good dental practice?

While the GDC may claim to protect patients, presumably from dentists, who is there to protect the profession? Ultimately it's the patients who really suffer, this is unfortunate for dentists, who is there to provide the type of dentistry they were trained to provide. While this is unfortunate for dentists, it’s the patients who really suffer, with recent research showing that in Britain, 260,000 people a year go abroad to get their teeth fixed. Between 2004 and 2008, around 1.5 million people had dental work done overseas and nearly 70 per cent of those were under the age of 54.

Much of this work was at the higher end of dentistry involving complex restorations as well as implants, which currently in the UK is often hard to find within the NHS. When researching the availability of implants under the NHS, I was told where ‘clinically appropriate’ this is available in the hospital sector. I subsequently found out that for cases of hypodontia, a minimum of six missing teeth were needed before funding could be granted.

Money matters

Although I accept the NHS will always have budgeting, when these matters arise, it should be made clear to the public that this is an issue of finance and that to fund one patient with a dental implant would mean less treatment for many others. In my opinion it is wholly inappropriate to suggest that a patient with five or fewer missing teeth due to hypodontia, or anything else for that matter, should not qualify for implant treatment because it is not ‘clinically appropriate’. This not only misleads the public, it also decays the profession by taking clinical decision making out of the hands of the professionals.

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