Dentists have recently been accused of ‘exploiting’ the system to maximise their incomes, denying thousands of patients access to treatment, by recalling healthy patients for checks too frequently.

Chief Dental Officer (CDO), Barry Cockcroft said: ‘A few dentists seem to be calling in patients inappropriately. The Primary Care Trust (Primary Care Trust) must sort this out at a local level.’

Dental Tribune: ‘So Graham where do you stand on this? There are a lot of ‘conspiracy’ theories going around. The Government got a bloody nose over the Health Committee report and is trying to deflect the criticism onto dentists. It’s coming round to Review Body evidence time of year. Or is it just that the figures from the new FP17s happen to be coming in now, showing that dentists are seeing patients too frequently?’

Graham Penfold: ‘I do not really like terms like ‘a few’ or ‘too frequently’; they are far too vague! Exactly, how many is a few? It does not sound like very many and if that’s the case then what is all the fuss about because it cannot be having that much impact? Also, what does too frequently mean? Surely, it is for a dentist to decide in conjunction with the patient how and when they should be seen. Loose language such as this is, in my view, meaningless.

Dental Tribune: ‘But two of the measures collected by the NHS are the percentage of forms for the same patient, re-attending within three months and the percentage returning between three and nine months. The National Institute of Health and Clinical Excellence (NICE) guidance on dental recalls clearly said that many patients with low risk of disease could come back in two years (adults) or one year (children). When the second quarter results came back in September they showed that some dentists were recalling at three month intervals, surely these irregularities should be exposed.’

Graham Penfold: ‘Sure, any irregularities should be exposed, but let us look at two key points. What evidence is there to support a two year recall interval for adults or one year for children? I meet with many dentists and I am yet to find one who would support a recall interval of two years for adults; one year is the maximum and that is not suitable for all adults. An awful lot can happen and change in two years. As for children, their teeth can undergo dramatic changes in a short space of time due to a wide variety of factors. For me, under the NHS, all longer recall intervals are really about are freeing up dental capacity to sort out the access issue; it would be interesting to hear the defence societies views on this area! In addition, it has to be said that the deeply flawed new contract has put the need for commercial survival and best patient care in stark conflict with one another, but let’s point the finger of blame for that firmly where it belongs: the senior ‘policy’ makers at DoH.

Dental Tribune: ‘The British Dental Association (BDA) challenged the Government to prove their assertions, surely a risky strategy. Many years ago I used to enjoy complete confidence. With Little Sister you can be assured of the very best for quality, reliability, performance and care. And, you can now enjoy the extra peace-of-mind provided by the inclusion of additional warranty and service cover when you buy direct from Eschmann. For further details, including advice on compliance to the latest HTM01-05 decontamination standard, call Eschmann Direct on: 01903 875787’
Surely, it is for a dentist to decide in conjunction with the patient how and when they should be seen

Graham Penfold: ‘As I have said above, if the guidelines are not really evidence based and aimed instead at getting a government and chief dental officer off the hook on the access issue, then it is little wonder they are not being followed in their entirety. The government could pass a law making it compulsory for people to hop on their left leg for ten minutes every Thursday afternoon, but I doubt whether many citizens would bother to do it! Just as law can only exist with the will of the people, so recall guidelines can only be credible if they are deemed to be in the best interests of both patients and the dentist who is responsible for their care and I do not believe that they are. So, I do not think that the BDA strategy is particularly risky because they are challenging a deeply flawed system underpinned by weak competence.

That they don’t know? It looks in-...