Endodontic rumours

Some dentists think NHS funding for Endodontics is ‘laughable’. But is it a fact or just Chinese whispers that some GDPs are opting for extractions instead of endodontics because of budget constrictions? If this is true, what are the implications? Dental Tribune investigates

Endodontics is often identified as one of the most technically demanding procedures in general dental practice, dealing as it does, with tooth pulp health surrounding the root.

Some dentists claim that the technical know-how required for complex root-canal treatment is not acknowledged by the NHS, which classes complex endodontic treatment under the same band as fillings.

A dentists’ questionnaire on website, bassettlaw.gov.uk put forward the following: ‘We are now target driven – we have to earn a certain number of UDAs per year. In the past we simply provided the treatment required and got paid for it. Now, we get the same UDAs if a patient needs one filling or six extractions, eight fillings and three root treatments. It is obvious that dentists have a disinclination to accept patients with dreadful mouths. ‘There should be a more flexible approach to UDAs and poor mouths should attract more. UDAs should be awarded in relation to the treatment provided.”

Dr Shiv Pabary, the principal of six practices across Newcastle and Gateshead, which have been established over 20 years, says the situation is complicated. He says: ‘With regard to endodontics, the way the contract is set up, it is assigned to Band 2. But to do treatment properly can take up to 90 minutes and be very demanding. I don’t know what the evidence is that dentists are opting for extractions in practice, but the current system definitely discourages dentists from saving teeth. ‘There is also a strong ethical dimension, because dentists should be doing what is in the patient’s best interest. A dental practitioner would have to strongly defend a decision to extract a tooth, if it were not in the patient’s best interests. ‘In our practices we went into a PDS contract early. I told my colleagues not to change their treatment plans or their way of thinking, because dentists are obliged to do what is clinically necessary. ‘For example, if there is a second or third molar from the back that is non-functional, one could consider extraction as a possible option. But if a patient needed three molar endodontic treatments, the dentist would only get