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 a daily battle of trying to provide a high level of care in a system that is determined to provide mass produce. As a result, 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: ‘greedy dentists profiteering over the NHS’? Or how about patient groups angry that the new contract has reduced quality?

A damning 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 ‘shaping doctors, ensuring good medical practice’, the Royal College of Veterinary Surgeons has the slogan ‘promoting and sustaining confidence in veterinary medicine’ and the Law Society slogan announces that it is ‘Supporting lawyers’. All positive and reassuring statements – after all, if I needed to call upon the services of a doctor, a vet or a lawyer, I’d like to think that the ones I see are adequately trained, supported and able to provide a good level of care. The GDC’s slogan exclaims: ‘Protecting patients, regulating the dental team’.

The fear factor

Dentistry as a profession already instills fear into many of our patients, so if we announce that we’re protecting patients, do we really need to suggest to them that they are in need of protection? Of course regulating the dental team 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 encourage good clinical practice, other than to chastise those who are found breaking its rules. While punishing bad practice is an important part of any regulatory body overseeing the system, could the GDC do more to encourage good practice? And do they consider the confines of 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, good standards are far more than just punishing the bad apples, so surely good standards come from good training and from there allowing dentists to practice 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 decisions making out of the hands of the professionals.

The professional status endowed upon dentists is more than a method of regulation – it’s a privilege. This privilege tells the public that we can be trusted, we are trained to a higher level than others and that we are qualified to provide them with dental care; ultimately it helps protect our patients in us. If this status is not protected, can we really expect patients to put their trust in us? Or should we really expect more and more patients to go abroad for their treatment? And can we honestly say that within the NHS the treatment options we are providing them are the most clinically appropriate within our professional opinion?

‘Should we really be expecting more and more patients to go abroad for their treatment?’

About the author

Neel Kothari qualified as a dentist from Dental University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a two-year post-graduate specialist certificate in implantology at UCLA Eastman Dental Institute, and regularly attends post-graduate courses to keep up-to-date with current best practice. Immediately post graduation, he was able to work in the wider NHS system and see the changes brought about through the introduction of the new NHS system. Like many other dentists, he has come to expect that the future holds within the NHS and as an NHS dentist, appreciates some of the difficulties in providing dental healthcare within this widely criticised system.

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