Performing dentistry

The year of 2006 not only ended a long cosy affair with the old NHS system, it also marked the death of the dental associate. In the wake of the chaos that ensued arose the dental performer. Neel Kothari discusses the differences and whether the change has been for the better.

Unlike the dental associate, the dental performer now has to work within a very different set of rules that have never been trialled. Like all dentists working under the old NHS system, the dental performer has to work within defined yearly targets, but unlike associates, if performers are unhappy with the way they are working they can no longer set up a practice just anywhere and expect entitlement to a slice of taxpayers’ money. Now, it is down to the PCT to buy dental services to meet the needs of the local population.

Lack of control

Dental performers no longer have as much control in this new system compared with the old NHS and as a result, finding a new job can be an absolute nightmare. The old system of paying dentists based on what work they have done not only sounds like common sense, it had the added advantage of enabling like common sense, it had the added advantage of enabling practitioners to budget and set their financial plans for the future, as well as allowing flexibility in working patterns. This current system seems to offer front-line dentists less flexibility, with penalties incurred for not meeting Government set targets, regardless of the quality of the work provided.

Many readers will remember back in the early Nineties the phrase ‘second-gear valuation’ where the Government sent estate agents to assign council tax bands for properties and in many cases the estate agents assigned the valuation of a property with just a simple glance (while still in second gear). In dentistry, the current Government has used another crude assignment called the ‘test period’ where UDA valuations are based on work done within an arbitrary period of time.

While for many this transition may pass with little turbulence, for those qualified post-1997 there is no test period and as such, no accurate way of predicting their working habits, so it is little wonder many younger dentists are finding manoeuvring in the new NHS rather tricky.

For performers joining growing practices, the chances are they are more likely to be seeing patients new to the practice who are likely to need far more work than regular attenders. Even with a quick glance it is clear to see that the foundations of the test period have been built on pillars of sand which may satisfy the masses temporarily, but in the long term may stifle the growth of younger practitioners who will inevitably follow working patterns set by practice owners and PCTs, rather than at a rate which works for them as individuals.

Lack of transparency

Since the dental reforms have taken place, there has been a shocking lack of transparency between principals and performers. With principals in most cases holding onto their contracts, the UDA values passed on to performers have not always reflected the UDA values given by the PCTs. The importance here for performers lies in the fact that UDA values should be to a certain degree reflect the amount of work expected to be done per course of treatment; for example if a dentists was given a high UDA value perhaps that reflects the high needs of the local area compared with another dentist who has been given a low UDA value in a lower risk area since they would not need to do so much treatment per course. The test period not only does not apply to newly qualified dentists but is clearly not future proof.

Many young practitioners looking to relocate now face a difficult time of predicting how reasonable their UDA target is, and rather than having the flexibility of being a professional now face the confines of being a performer.

In the past, this offered a valuable service to the Government, with dentists fronting the set up costs in full, unlike general medical practices where the Government typically paid up to 70 per cent of the set up costs. The DPA argued that the 2006 contract had resulted in a transfer of financial risk from the NHS to individual practices. Under the new arrangements, the traditional autonomy of dentists had been replaced by a system where PCTs ‘dictate to dentists where they will work, which patients they will see and to whom they must sell their practice in case of ill-health or retirement’. This all amounts to a high level of risk placed on individual dentists, which for some has effectively murdered the leap from associate to principal.

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long post graduate certificate in implantology at UCLs Eastman Dental Institute, and regularly attends post graduate courses to date with current best practice. Immediately post graduation he was able to work in the older NHS system and see the changes brought about through the introduction of the new NHS system. Like many other dentists, he has concerns for what 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.

Younger performers are struggling to ‘win’ auction-style contracts and set up NHS practices

Within the local population.