Mr Watson: Dentists are finding it very hard to push for justice

The service, which was set to go live on September 15, can be used to report abuse of power by Primary Care Trusts (PCTs) and Local Health Bodies (LHBS) or irregularities in awarding contracts and any other matter in the public interest such as waste of public funds or cronyism. The objective of the service is to use actual examples of inefficiency, inflexibility or unfairness and to work with the Department of Health (DoH) constructively to improve the dental public health system.

Derek Watson, DPA’s chief executive, said: ‘If a dentist or dental professional has a matter which they think requires investigation or involves a matter of public interest, they are encouraged to email details of it to me in complete confidence. This service is open to DPA members and non-members alike and contact details do not have to be given. If we receive a large amount of emails on a particular topic we will follow this up, obtain information if necessary by Freedom of Information requests and then publish our general findings. No individual will ever be identified as a result.’

He said the service was necessary because some DPA members had expressed concern that the new contract was at odds with the dental service they wanted to provide. He added that there was a worrying amount of anecdotal evidence that the contract was having serious adverse effects on provision, with regulations sometimes wrongly applied by PCTs and LHBS rather deliberately or just through ignorance.

Dr Watson added: ‘An individual dentist now finds it very hard to push for justice, particularly when it would bring him or her into direct conflict with the commissioning body. There is a perception that a campaigning individual is seen as a troublemaker. This is precisely the reason that the DPA directly supports and represents its members. Using our strength we can expose matters and effect change.”

Dentists can email any relevant issues of concern to anon@uk-dentistry.org.

No work for new graduates

A dentist has expressed worry that the new contract is setting a trend towards rising dental graduate unemployment. Eddie Crouch, from Birmingham local dental committee (LDC), who also runs campaigning group, Challenge, said there were a growing number of graduates in the area who could not find full-time work.

He said: ‘In Birmingham, far too many graduates have been given part-time temporary contracts, which is a terrible waste of resources. This is because the new contract limits expansion to resources. This is because the contracts were is setting a trend towards rising dental graduate unemployment.

A BDA spokesman said the way in which the new contracts were issued could be a factor leading to unemployment. She said: ‘Because the contracts were issued according to a practice’s work history, this could mean there is no lee-way to take on new dentists.’ She said there were concerns that some PCTs were rather rigid in budget application, although others were very innovative. She added: ‘They vary enormously across the country.”
Because of the fast pace of most dental practices, doctors can fall into the habit of avoiding conflicts with staff members, believing it’s the most expedient choice. However, as the following Levin Group case study illustrates, (with a dentist we’ll call Dr. Smith), routinely avoiding conflict has a price.

Dr. Smith was becoming increasingly worried about the profits in his dental practice. Most weeks the schedule was full and his staff of three hygienists seemed busy enough. But something wasn’t right. Even with consistent production he couldn’t afford to give some of his hardworking staff the raises they deserved. Dr. Smith suspected there was a problem in how Joan, his financial coordinator, was handling the billing. But when he spoke to her she was negative, confrontational and accused him of claiming she wasn’t doing her job. Joan had been with the practice for 20 years and he considered her a loyal employee. Dr. Smith didn’t want to hurt her feelings so he didn’t mention it again. But he felt like the weight of the world was on his shoulders and he could likewise feel his staff’s frustration. He pressured his team to meet production and was often irritable. Some mornings he dreaded going to the office and repeating it all over again. Did the practice just need to somehow book more patients, or do more treatments? He didn’t know what the answer was.

What happens when dentists habitually avoid

Dr. Smith’s practice was an extremely tense place to work, with pressured employees, a highly stressed doctor and unsatisfying profits. The situation developed in part, because Dr. Smith, like many dentists, dealt with conflict by avoidance. The price of avoidance for dentists includes:

- Important issues are not addressed
- Doctors or staff working in a “walking on eggshells” environment
- One or more individuals are deprived of valuable input
- Decisions happen by default
- Problems become increasingly complicated
- Hostility and tension build

Moving from avoidance to collaboration

Levin Group analysis indicated that the practice could grow and reduce stress by streamlining operations (particularly financial), and creating better systems. The strained atmosphere in the practice was an

The high cost of avoiding practice conflicts

Levin Group has consulted to thousands of practices over 22 years, encountering many dentists like Dr. Smith who felt they’d exhausted possible solutions. This case illustrates an important shift that dentists like Dr. Smith usually need to make — moving from avoiding conflict to fostering collaboration within the dental team.

Collaboration is the opposite of avoidance. It entails digging down into a problem to uncover what will meet the needs of all individuals involved. How did a practice like Dr. Smith’s make the move from avoiding problems to really tackling them and working together as a team?

Levin Group Findings

On close examination, the practice had outgrown its basic operating systems, particularly practice financial management and budgeting, accounts receivable, patient billing and case presentation. As Dr. Smith suspected, his financial coordinator, Joan, was indeed at the center of the problem. Joan had joined the practice at a time when billing and financial management were more easily managed for a smaller practice. However, as the practice grew, the number of insurance claims to be billed and managed also increased. Dr. Smith’s practice was carrying an extremely high accounts receivable balance, due to treatments that were not being billed to insurance companies in a timely fashion and the absence of proper follow-up for patient payments.