In an exclusive interview England’s Chief Dental Officer tells Dental Tribune how he fell into dentistry, his plans for fluoridation and why dentists have nothing to worry about post 2009. Penny Palmer reports.

It is always raining when I’m scheduled to interview England’s CDO for dentistry. This August day is no exception – except there is a gale. But London’s view from the eleventh floor from New Kings Beam House is always breathtaking whatever the weather.

Barry Cockcroft greets me in his clutter-free office and we have tea. Suited and booted he is smarter than I am, but he is so easy to talk to it doesn’t matter. He is a ‘people’ man without a doubt, as mannerisms honed clearly from his life as a dentist shine through.

You can label some people and fit them into boxes but not Barry – this is a man much ‘darker’ than you might expect when you meet him in the flesh. Quietly spoken, with a Bolton lilt, he is interesting, engaging, sensitive and quirky, but above all is passionate on all things dentistry.

When asked to give me an example on his typical day he cannot tell me because there is no typical day. It is a career many would envy. On average he deals with at least 100 emails a day, as well as attending internal and external meetings home and abroad. He is also inundated with invites to practice openings and evening launches – no one can deny that this man has a heavy schedule to deal with.

Nevertheless, it goes with the territory and Barry is not complaining. In fact, he knows his subject so well he answers the questions before you’ve even finished asking them, albeit in a roundabout way.

On how and why he chose dentistry for a career he says: ‘I originally wanted to be a vet and had a place to study veterinary medicine straight after my A Levels, but after doing his research on the veterinary world he quickly changed his mind. Did he consider medicine? ‘It didn’t appeal,’ he says matter of factly, but liked the fact you could see a problem and put it right with dentistry.’ Any regrets? ‘No, one, and I would do it all again if I had to choose again.

Yet the concept of becoming CDO back in 1980 couldn’t have been further from Barry’s mind. ‘When you have 50,000 dentists with the career option of being the CDO it’s a pretty narrow window’.

It all began when the BDA batted their members against the reforms as a young dentist today?

Dr Barry Cockcroft

**Personalities:**
- Optimistic and laid back
- Fascinated by end of life care

**Hobbies:**
- Live music
- Books

**Status:**
- Married with two daughters and one son
- Lives in Bolton

**Favourite dish:**
- Anything except cheese and tomatoes

**Spirit:**
- Proper beer

**Car:**
- Swapped his SLK Mercedes for a Skoda through lack of use

**Pets:**
- Staffordshire cross

**FA programme:**
- Match of the Day

**Red Bond:**
- Hitchhikers Guide to the Galaxy

**Star sign:**
- Scorpion

**Music:**
- Bruce Springsteen/Dire Straits/Fleetwood Mac

**Sport:**
- Bolton football supporter

**Last play:**
- Pygmalion

‘People have a right to express a view but if you’re going to do something to stop others from benefiting, you have to have the evidence to support it.’ On why he passionately supports fluoridation Barry is unstoppable. ‘60-70 per cent of our children are decay-free in England; this is down to a good diet, fluoride toothpaste and education, while evidence supports that deprivation and poverty is linked to decay.’

Citing research evidence from the US Barry continues; ‘In the States fluoridation reduces decay in older people by 27 per cent, and as the most litigious country in the world, people would be suing if there was a fluoridation link to any of these health issues.’

He continues; ‘The York Review looked at 700 papers and there was not one link between fluoridation and general health issues – there really is no evidence to support it.’

When asked why 70 per cent of children with healthy teeth should drink fluoridated water to benefit the 50 per cent with decay he is honest. ‘Would you stop treating people for lung cancer if they smoke? Would you stop treating people because they are obese?’

‘Everyone benefits from fluoridation. Those with higher levels of decay benefit the most, but even decay-free people can develop it without fluoride.

‘This is a process that has no discernable effect on any health condition and dental disease.'
does not heal – if you lose your teeth at ten-years-old you are stuck with that for the rest of your life.’

He continues: ‘I don’t have the right to impose fluoridation and neither does anyone have the right to stop it happening; it’s not the only thing that is added to improve people’s health - we add folic acid to bread, and iodine to salt, so what’s the difference?’

On fluorosis Barry says: ‘I spent 20 years working as a dentist in a fluoridated area and I never had to do a cosmetic procedure related to it - you would have to drink loads and loads of water to get it anyway.’

At this point Barry points out the evidence in the form of UK NHS dental surveys statistics from the World Health Organisation (WHO). According to one study, the results clearly highlight that five-year-old children do have more filled, missing or decayed teeth in unfluoridated areas such as the North West, Scotland and Wales.

Similarly, the WHO global database shows that England’s 12-year-old children have the best oral health – with an average number of just 0.6 filled, missing or decayed teeth (it used to be five in 1975). And adults with no teeth have fallen by a whopping 50 per cent from 1968 to 1998.

When asked whether dental access could be the reason for those suffering from oral health diseases Barry is resolute. ‘Access is completely unrelated to dental disease; it is education, smoking cessation, sugar, obesity and diet that affect it.

‘It is also the availability of fluoride toothpaste and water fluoridation, coupled with sugar consumption.’

Moving on to how he deals with criticism Barry has an innate ability to divert away from the subject, but when pushed further he says: ‘Some criticism is ill-founded, but there is always another side to it but it is rarely personal.

‘I’ve always listened because you learn from it, but when it is so vitriolic about what you are doing from people with a vested interest in dentistry outside the NHS, it means you are doing something right - you’ve got to meet the real people to hear what’s really going on.’

As for barriers blocking the way for a smoother ride Barry says: ‘Perception has always bothered me with media coverage sending out the wrong message.

He continues: ‘Dentists are advertising for NHS patients and we now get mostly good coverage in local media.’

While the fluoridation scheme is close to the finishing line, the profession just needs to get past 2009. ‘The contracts do not simply end in 2009, they are open-ended and do not need to be re-negotiated,’ explains Barry. Dentists, he says, must keep in touch with their PCTs, but the DH will be issuing guidance for post 2009 shortly.

For now though, Barry sees no reason to move on from his post as England’s CDO for dentistry. So how long does he see himself doing the job? ‘When I’m not enjoying it anymore I know that it’s time to move on’ he concludes.

Career history

1973
Qualified from Birmingham Dental school

1975-1974
Barry spent one year as senior house officer in the Maxillo Facial/orthodontic department at the Coventry and Warwickshire hospital

1975
Worked as a NHS GDP for 27 years

1990
Was elected to the BDA’s General Dental Services Committee

1997
Developed and led a first-wave PDS pilot in Rugby

2000
Become the GDSC vice chairman

2002
Appointed deputy chief dental officer

2005 Acting CDO

2006 CDO

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