Growing older gracefully?

In the second article of our new series, Neel Kothari asks whether younger dentists will be allowed the luxury to flourish in their careers and mature in the new NHS dental system or will they be forced into independent practice?

A while back a patient asked me a tricky question, ‘Can I get everything I need under the NHS, or do I need to go private?’ At the time, I repeated the standard rhetoric. ‘Well, the NHS does provide most treatment items needed except for cosmetic treatment.’ I felt comfortable with that answer but knew it wasn’t quite that simple. The NHS, being a budgeted system, quite righteously wants value for money. But how do we judge what is value? What happens to those looking for more than just value-for-money dentistry? And where does NHS dentistry go from here now that we are approaching April 2009?

Questioning the system

The current crop of newly qualified dentists now face unprecedented difficulties in the NHS. Far from choosing to turn their backs on the service, many are now forced into questioning the feasibility of working in the NHS. Many are now questioning whether they can provide the type of care they would like to while working within a targeted, budgeted and possibly limited system. At a time when young dentists are making important decisions about their futures, what is the NHS doing to reassure them that the system is working with them and not against them?

The Health Select Committee (HSC) has advised the Department of Health (DH) to find out, as a matter of urgency, why the level of band-three items has fallen so dramatically. While this research may or may not be carried out, we must ask ourselves how this would affect younger dentists, who are already now providing far fewer crowns, bridges and dentures, if this trend was to continue. Yes, the previous system had been criticised for promoting over-treatment, but it seems this new system has turned the ship in entirely the opposite direction, as dentists now effectively earn more for shorter courses of treatment.

Money a priority?

When the chief dental officer (CDO) announced that all endodontic files were to become single-use, we had to ask ourselves whether this decision was supported by the evidence base or was merely an overreaction. Whatever the case, the profession has clearly been alienated by the issue of remuneration: there is no funding within the UDA system and dentists have had to swallow the extra costs. The CDO has tried to address this issue by suggesting that the financial impact of this should be relatively minimal for most dentists, and has provided examples of cheaper single-use files ranging from around £5 for hand files and £10 for NiTi rotary files. But by advocating choosing cheaper alternatives and passing on this additional cost to dentists, the CDO has not sent a strong message to the profession that it is prepared to fund the highest level of care, when seemingly here adequate care will do. Some dentists, such as those with relatively stable lists of patients or those in private practice, have been able to accommodate this change with relative ease. However, many in the NHS feel this is just another setback for NHS endodontics, and agree with the HSC in criticising the width of range of band two treatment items.

The issue of NHS endodontics has evoked a highly emotional response from the dental profession. Rather than being the sole flaws in an otherwise workable system, this issue merely highlights the range of problems dentists face in their working lives. These problems could especially affect newly qualified dentists, since they often take over growing lists with a higher dental need, rather than stable ones. The UDA funding, based on historical data, does not accurately apply to newly qualified dentists without a reference period, and therefore causes many in the profession to question the rationale of the ‘swings and roundabouts’ approach advocated by the CDO. While the CDO claims most dentists will be better off with this new contract, the prospects for those dentists taking on new patients can be very uncertain, often having to provide an unlimited quantity of work for very little reward.

Lack of trust

The DH’s own prediction of patient-charge revenue in 2006-2007 was over-estimated by a £159 million. Research from the BDA has shown that almost half of dentists in the first year of the contract failed to meet their UDA targets. It is this uncertainty which does not provide reassurance to the profession that dentistry can or will work for very little reward.

So are younger dentists able to grow older gracefully in this new system or do they have to be forced into independent practice? Do we as a profession mind? And does it matter to the DH? The reduction in certain items of treatment such as root canal therapy or complex laboratory items is surely worrying, for both patients and the profession. If this trend continues, there is a real risk that NHS dentistry will be heading further towards a ‘basic-core’ service, rather than promoting excellence in dental care. So if the DH is looking to rebuild burnt bridges between PCTs and dental professionals, it must look with urgency at how it might provide a platform for dentists to practice a range of simple and complex healthcare, while fairly remunerating them for this. Otherwise, our younger dentists may grow old outside of the NHS.

However, as Mark Twain once said: ‘Age is an issue of mind over matter. If you don’t mind, it doesn’t matter’.

About the author

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 UCL Eastman Dental Institute and regularly attends postgraduate courses to keep up 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.

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