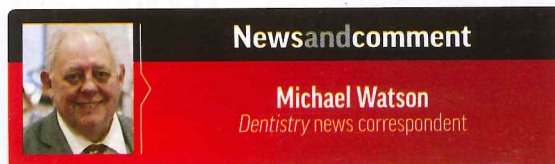


# Newscomment

## Letter in *The Telegraph*



### You cannot blame the system without criticising dentists, **Michael Watson** says

The headlines following the publication of a letter, signed by 400 dentists, included 'NHS dentistry is third-world and unfit for purpose' (*Independent*) and 'UK's dental care at Third World levels: lack of NHS treatment across England has led to "crisis" in care' (*Daily Mail*).

What started as a letter in *The Telegraph*, headlined 'The NHS dental health system is unfit for purpose' had morphed into an attack on NHS dentistry, and by implication NHS dentists, once the press had got hold of it.

To be frank, since 1948 those who run the NHS have been a convenient punch bag for any dentist dissatisfied with their terms and conditions of work.

Give them the opportunity to sign a letter putting all the blame on politicians and NHS England and it is not surprising that so many signed up, although they include a fair smattering of names of those who only work in private practice.

#### CDO's response

So is it true that 'The lack of a proper national dental service leaves charities to fill in the gaps', as the letter claims?

The chief dental officer for England, Sara Hurley, thinks not.

In her response to the letter, published by Dentistry.co.uk, she says that the majority of dental care professionals provide an 'extraordinary service' and also that patient



satisfaction with quality and care 'remains high'.

What she describes as the 'negative professional narrative' was, 'not that helpful' in giving a balanced view of the profession, although this was not intended by the signatories.

#### Criticising dentists

The reality is that it is impossible to blame 'the system' or politicians or NHS managers without, at the same time, criticising the dentists who work within it.

Perhaps people should remember this before they rush to add their signatures to a letter for publication.

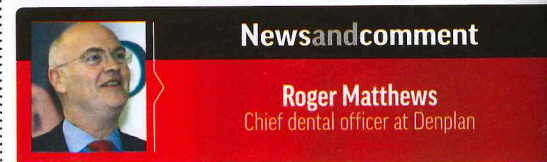
Patients expect to be seen by a dentist, the regulations require you to see them, if people cannot access the service they have a legitimate cause for complaint.

Every child should see a dentist before their first birthday, as should anyone in pain and any vulnerable person, be they old or young.

I will not be popular for saying so, but if dentists cannot do this, they must take some share of the blame, not just blame 'the system'.

Perhaps I should end on a comment by someone commenting on *The Telegraph* website: 'If this is the third year you've all written to *The Telegraph* without obtaining the desired result, I would think you'd have learnt to give up and stop flogging a dead horse.'

## Word of the month



### Efficiencies savings can be made in dentistry if the Government follows Toyota's lead, **Roger Matthews** believes



Regular readers will know that I enjoy unearthing new words, especially ones that have no direct counterpart in English.

This month's word is mokita, which is from New Guinea and roughly translates as: 'Something that everyone knows, but no-one talks about'.

I thought that dental professionals might have a lot of use for mokita.

Every time an expert (usually in the guise of a politician, or a consumer champion) gets a media airing about dentistry, they will frequently come up with ideas or opinions to which everyone in the field of dental care provision will throw up their hands and go: 'Why doesn't someone tell him/her what everyone knows?'

#### Time-limited contracts

Thus it was with the Treasury's idea – now much discussed and responded to – about time-limited dental contracts.

Efficiency? Competition? We all know these are mere synonyms for 'cheaper'.

And cheaper must be better, right?

Shareholder value rules supreme in the current political climate, and the theory goes that as taxpayers, we are shareholders in the great enterprise known as Government Expenditure plc.

Cheaper services mean lower taxation, everyone has more money in their pockets so you'll all re-elect us. Simple.

Only it doesn't work like that.

The truth we all know (but don't talk about) is that when asked, people want cheaper plus better plus quicker, and heaven help you if any one of those parameters is below par.

Of course, the critical thing is to keep taxpayers in the dark about what cheaper really means.

Usually it means longer waits, lower quality and in the end, it often means repeating the same job again in a fairly short timeframe.

#### Efficiencies

Of course, there are efficiencies that can be achieved in healthcare and in dentistry.

Toyota showed that with careful analysis of failure, of systems and of the way people behave when performing a task, you can achieve higher quality for less outlay.

But the critical thing was that it didn't achieve it by threatening job losses, buying the cheapest components or cutting corners.

Only by very carefully looking at processes with the co-operation of all those concerned, can we hope to achieve the nirvana of quality improvement.

Starting with threats, over-regulation and mistrust is not the path to success.

And that's mokita.

## Addressing the problem of FGM

### Michael Sultan asks the GDC to use the carrot and not the stick approach to get dentists on board and help address FGM

Like other dental practitioners, I recently received a communication from the General Dental Council (GDC) regarding female genital mutilation (FGM), and my duty as a healthcare professional to report to the relevant authorities anyone under the age of 18 who has, or is at risk of, this abuse.

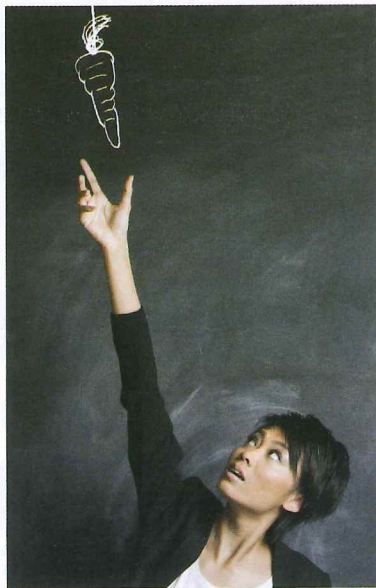
Integral to this new guidance was the threat of a fitness to practise hearing should I fail to report any incidences of FGM within a day.

I fully understand the importance of addressing this barbaric practice – and I say barbaric not because I am trying to be intentionally inflammatory, since many countries where it has been historically practised are now prohibiting it – but I think it would be far better if the GDC were to educate and involve us rather than threatening us with legal proceedings if we don't comply.

#### Likelihood of coming across FGM

Am I likely to come across incidences of FGM?

After a quick Google search



I found that it is endemic in whole areas of Saharan Africa, Egypt, Yemen and, to a lesser degree, in Iraq – but the UK?

Well, actually, we have an incredibly transient and mobile population, so the chances are quite high.

Just consider the recent news article about a Somali dentist who was struck off by the GDC for offering FGM in his practice.

But, unless it is a more obvious transgression like this, how are we supposed to discover whether a patient has suffered from FGM?

It brings to mind our fears of an AIDS epidemic 30 years ago when we were all wondering how we were supposed to ask each and every patient if they were homosexual.

Now, with the proper education, we know how to ask the right questions and get the sensitive information we require – which is what we need with FGM.

The GDC needs to teach us how to tackle this problem effectively, not threaten us.

So please, no more sticks – use the carrot to get us on board instead.