

Stating the Haemorrhaging Obvious Roger Matthews

Snow is falling as I write and the newscasters are out on remote roads with AA men telling us to drive slowly and to take a flask, a shovel and a chocolate bar, since the conditions are once again ‘unprecedented’ and none of us can remember what it was like the last time it happened. Which was last winter.

Very soon it will be summer once again, and the same weatherman will this time be on a beach with a consultant dermatologist telling us that the strong sunshine is ‘totally unforeseen’ and that we should apply sunscreen, wear a hat, drink lots and avoid any exposure between 11am and 3pm.

Of course, as humans we have a love of routine and so it is that such regularities, like the arrival of the cricket season, the first snowdrops and the first cuckoo will always have a fixed place in any sub-editor’s calendar.

I’m beginning to think that the same may apply to us as dentists. We do, sometimes, some of us – not you, Doctor - have a tendency to regard each and every regular arrival as if it were a meteor strike.

Whether it’s a new regulation (which it usually seems to be, these days), a new precedent or a new procedure, we tend to adopt the “S” curve of change. You know the one, every lecturer has the slide in a PowerPoint somewhere.

First there is disbelief, growing gradually into a frenzy of opposition as the date of enactment comes along. “It can’t possibly be happening to us!” is the cry. “Why pick on dentists?”

Next, as the Event itself occurs, there is a sudden calm and then a significant drop in mood as we realise that yes, it is a change, and it is happening and we have to do something about it. Which, being trained scientific professionals, we duly set about doing.

Often grudgingly, reluctantly, we begin making the change and after a little while, a strange mood takes over as we start, ever so slowly, to realise that the sun is still rising in the morning, there is still a little left in the bank account on the day after the staff wages are paid and patients are still phoning about “...that filling you did last month” (actually it was about six months ago and they’ve just bitten on an olive stone).

And so normality is restored, we file away the new gubbins with all the old gubbins and life proceeds more or less as usual.

Until, shock horror, another change looms on our horizon and the whole process starts again.

Now I don’t actually know for certain, but I’m going to make a hopeful assumption. I find this easier than a despairing assumption on the basis that I sleep better and it gives me the energy to bat on regardless and without medication.

My assumption is that come April, the overwhelmingly vast majority of dental practices in England will find themselves registered with the Care Quality Commission. We will, or 99% of us will, carry on looking after our patients in the same caring way that created our successful practices in the first place.

As dentists we were trained to be thorough, analytic and thoughtful. Most of those who weren’t didn’t finish the course. Of those who did, most went into primary care practice. Those that had the appetite and the resources went on to own or co-own practices. Those who weren’t very good at this either didn’t, or very soon gave up on it.

For the most part, dentists who have a professional network, like Denplan or the BDA, to rely on and who care about their patients, their dentistry and their staff will not have significant issues with the latest “news item” in dentistry.

Like most, if not all of my colleagues, I wish it could be simpler, more human, more clearly explained and less costly, but in the final analysis it will happen, we’ll get over it... and then there will be another “unprecedented” snowfall.

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Notes to Editors:

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Roger joined Denplan in 1995 having spent 20 years working in general dental practice and as a dento-legal advisor for the Medical Defence Union. He oversees dental advice to the company and its links with professional bodies, and is responsible for Denplan's professional services.