

## THE BLAME DRAIN Roger Matthews

Traditionally a time for taking a longer look at the future, January finds me wondering whether the website chat-rooms, or the round-the-bar discussions after postgraduate events are true – are more dentists thinking of leaving their profession (or, more accurately, leaving their profession in the UK)?

We were never much good, I suppose, at being a ‘glass half full’ bunch, were we? There were always fee rates, the cost of equipment and materials, rising wages and ever more demanding patients. And I guess, too, that the impact of regulatory fatigue (CQC, HTM, depending on your part of the UK, you name it) has endowed us with a more gloomy prospect this past Yuletide.

I’d always have to declare, working for an organisation that exists to support dentists towards successful and profitable practice, that I see more of the optimistic upside of dentistry than most. But...

The ‘but’ is a considered one. Twenty five years ago I wrote the first UK textbook on risk management in dentistry (good used copies still available from a well-known on-line bookstore). It was intended to be a scientific look at evaluating risks: the likelihood of a problem occurring, considered in conjunction with the consequences – and the means of sensibly limiting them.

All that appears to have gone out of the window. No-one could seriously argue against processes which minimise the possibility of patient-to-patient (or patient to healthcare worker, or vice versa) transmission of infection. And I accept that surveys show the situation isn’t ideal. But separate CSSDs for heaven’s sake, on the basis of an admittedly expert but totally academic calculation of a self-perpetuating epidemic? Maybe a billion pounds of expenditure with no defined, or definable, result?

And no-one could argue against patients being poorly attended to (not just *treated*, but recognised as clients of a service), but does it really require an annual budget of, say £15 million in England alone\* to achieve that? Suppose we'd just said "It's the law, if you have a dental practice, private or otherwise, you have to register it" and then paid every PCT for one additional part-time Dental Advisor, we could have cut the bill by 70%.

Where are the risks in dental practice? In the defence organisations, it was a cliché that just about every complaint involved communication, or the lack of it. Could we have started with some of the excellent work that the protection societies do in that regard, and made that a core CPD requirement?

Then there's audit and appraisal – words that probably strike terror into the hearts of most, but sensibly (and proportionately, now there's a word) applied they would give us a better, more honest reflection on what we achieve, or fail to achieve, day to day.

"If you can't measure it, you can't manage it" is another well-worn saying, but in truth, audit reveals the goals and targets we should be setting ourselves. In fact, without properly managed reviews of past activities, it is difficult, if not impossible, to set realistic and meaningful goals, let alone provide ourselves with the tools to achieve them.

Finally, isn't it the setting – and achievement - of goals and objectives that really bring about the 'leap out of bed' approach to life in general? Are you really excited about what you might achieve this year? Even if it's only reducing the overdraft?

The one thing I would really like to have found in my Christmas stocking would have been the encouragement of a more honest approach to the reporting and dissemination of healthcare advice and information. As an example, the Christmas Eve headline: "Should NHS care be denied if people don't look after their teeth?" was scarcely the message that Professor Jimmy Steele set out (and which subsequently garnered a predictable drubbing from the public).

Journalists are there today, primarily, to entertain and inform (in that order, I submit). We need to do far more to redress the balance. Information alone is not knowledge and we've a great deal to do if we're ever to transform our patients' view of us as a profession. Clearly it suits governments to denigrate professionals so that their policies are seen as the saviour of the population against monopoly interests. We have to work far harder in the future to ensure that a balanced and educated view is put forward.

We've taken the blame for too long, but merely acknowledging that fact will not reverse the flow. Denial is not an option either. Individually we have to ensure that our patients have an insight into their health status, what they can do about it, and what we can do about it together. On our own, we get nowhere – and then, of course, we get the blame.

\* A back of the envelope calculation of one year's likely CQC fees plus a proportion of their costs to date.

**-ends-**

787 words

**Notes to Editors:**

**Roger Matthews MA BDS DGDP (UK) FDSRCS(Edin) - Chief Dental Officer**

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.