

THE BLEEDING EDGE

Roger Matthews

I think it's pretty common knowledge by now that when geese fly in formation over long distances, they take it in turn to lead the flock, since the leading bird tires more quickly as it encounters the full aerodynamic drag. (If you didn't know, you can add this to your trivia collection).

And so the term "bleeding edge" was coined in the dotcom generation to express the other kinds of "drag" that are suffered when trying to break new ground: everyone wants to be leading edge, but bleeding edge is risky.

As the nice traffic policeman said to me a few years ago: "it's always best, sir, not to be the fastest vehicle on the carriageway". Hmm.

And so, although I rarely talk about matters close to home in this column, it is interesting to reflect on eight and a half years of a quality assurance programme for dentistry. A first at the time, it grew out of consultation with many practising dentists, of whom twenty or thirty then rolled up their sleeves and helped in its design.

We thought it was a good three-sixty-degree system, combining regular practice assessment (NOT inspection!) by experienced peers, patient feedback, detailed standards (long before the Healthcare Commission launched theirs), communication tools and an on-going assessment of patients' dental health status.

However, the development team were immediately subjected to drag of numerous kinds. It was, we were told, officious, unnecessary and an introduction to two-tier dentistry. I have never understood the latter term, since every dentist I speak to swears that whatever the mix of their practice, they always do the best they can. And I believe them: while at the same time recognising that "my" best would never be the same as some of my clinical heroes, but I always tried to improve it.

Officious? Well no, in part because some of the team I have worked with were directly responsible for writing and promoting a Certificate course that for the first time addressed the delicate issues of practice appraisal for their colleagues, which the Faculty of General Dental Practice adopted with great success.

Unnecessary? Well once again I disagree. One of my favourite non-dental books is *The Reflective Practitioner* by Donald Schoen. It suggests that true success in any professional field depends in part on the constant review of all that we do and a subsequent intent to advance our ability.

Most if not all 'good' dentists (I use this woolly term, but I think you know what I mean) "reflect in action" without really consciously realising it. But the danger is that if we do not in some way assess development, it doesn't hold meaning and progress. So a gentle action plan is no bad thing to have on the go.

For several years, the programme grew steadily but slowly. Those who "got it" recognised what a genuine tool it could be in measuring progress and keeping them up to date, cutting down the need to stay on top of every regulatory nuance.

It had been clear to many that the public would increasingly hold the professions to account – through agencies such as the NHS, the GDC and the increasing access to redress when things go wrong. And gradually over the years, this has come to pass.

The concept of a voluntary code of quality practice, managed from within the profession as opposed to inflicted from without, by those whose appreciation of the stresses of dentistry are, to say the least, vague, is one that I have always hoped would prevail.

And so it is with gratitude to everyone concerned – the people who do the "real work" – I can say that I think this is an Idea Whose Time Has Come. I do hope that is not a presumptive thought. In recent months, demand for this programme has almost outstripped ability to supply its considerable needs and resources. But I'm a firm believer that if the objective is right, the resources will be found.

At a time when the profession can seem beleaguered by external interferences, and battered by a plethora of regulatory “initiatives”, consistent and expert support from colleagues can be hard to find. Hopefully the bleeding edge has become the accepted practice.

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.