



**DR GRAHAM STOKES**, Chair of the BDA's Health and Science Committee, looks at recent announcements regarding food and tobacco...

*IT'S* been a frenetic month in the dizzying world of public health initiatives. No sooner has the BDA finished its cautious

applause for confirmation that long-called for Consultant in Dental Public Health vacancies are finally to be filled (for the time being at least), than we get a series of government announcements on food and tobacco.

Two of the announcements – both concerning children's food and drink – have been very welcome, playing as they do into the agenda the BDA is itself pushing with its Make a meal of it campaign (The Probe, July 2013, p21).

The School Food Plan, authored by two of the founders of the Leon café chain, Henry Dimbleby and John Vincent, is a lengthy document that looks hard at the role of schools in encouraging and enforcing healthy eating at lunchtimes. Its major focus is on the value of encouraging school pupils to eat healthy school-provided lunches, rather than bringing in their own packed lunches. In oral health terms, that makes good sense. Although, theoretically, a packed lunch can be as healthy as a cooked equivalent, in practice, these boxes hide in their dark corners exactly the kind of snacks that dentists spend their professional lives counselling against. And, as well as the consumption of these items as part of lunch, they bequeath a hungry child likely to have

even more damaging products as snacks to compensate later in the day.

There are issues with the plan's proposals, of course. Its authors acknowledge that issues of cost may prevent some pupils having a school lunch and that some are deterred by their current contents and presentation. And in some schools – notably academies – regulations requiring healthy lunches simply don't apply. But, nonetheless, this is a worthwhile report that I'm convinced is trying to drive policy and practice in a better direction.

The Plan's publication coincided with a second, even more welcome set of pronouncements from the direction of Whitehall. Public health minister, Anna Soubry MP's rallying call against the menace of temptation-festooned checkouts and irresponsible promotion of devilish snack foods chimed in the Daily Mail so closely with the messages and aims of the BDA's Make a meal of it campaign that I was stopped in my tracks when I saw it. Noise is not the same as action, of course, but Soubry's reiteration of the targets and the language that she employed in reinforcing that they are in the Government's sights is nonetheless welcome. This really

is an important issue to address and I urge you to get involved in the BDA campaign. Details are available at [www.bda.org/makeamealofit](http://www.bda.org/makeamealofit).

A shame, then, that the official copybook should be blotted by a rather tardy approach to controlling tobacco, one of the great scourges of adult dental health. As dentists, we all see the damage that tobacco does – whether it is smoked or chewed – in the gum disease it causes and the oral cancers it is responsible for. The Government's announcement that it is entering a period of inertia, while the implications of the introduction of plain packaging in Australia are assessed, has a stink about it. And its decision to hide behind the importance of a proper evidence base before action is taken will look flimsy at best to dentists, given the rather erratic approach to evidence it has taken elsewhere in policy areas affecting us.

Getting two out of three right isn't a bad start of course – and credit should be given where it is due. We, and the coalition of other healthcare professionals of which we are part campaigning on tobacco control, will carry on fighting the final evil until it is well and truly smoked out. ■



Just qualified? Fancy owning a practice? Are you mad?, asks **DR NILESH R PARMAR**, one of the few dentists in the UK to have a degree from all three London dental schools...

**A**SK a lot of young dentists nowadays, and they all aspire to own a dental practice "someday". The idea of working for oneself is something we all want once we manage to escape the clutches of dental school. Many stories have been told over a drink at the local wine bar (yes, wine bar – new graduates are posh) about how horrible their principal is, or how tight the principal is. It seems that all these problems can be solved when one owns a dental practice.

As I type this, I know there are many practice owners stressing about their business. Are they making their UDA requirements? The new NHS system has been a total joke, and has made dentists look at UDAs as opposed to good quality work. The desire to carry out long, complicated treatment plans, which were remunerated on the old NHS system, are now almost non-existent on the new NHS system. This system, designed by the Department of Health (DoH), and our so-called dental experts (I would like to meet one, one day), is totally out of sync with a patient

need.

Smart practice owners are keeping track of their UDA "targets" (this is a word which should never be used in healthcare). Practices that are running behind in their UDA allowances can suffer claw back at the end of the one-year term – a huge problem for practice owners; not as much of a big deal for associates!

A practice owner needs to worry about staff, rotas, materials, costings, air conditioning, patient complaints, UDAs, CQC, DoH, PCT and all these other things. An associate turns up, does their work and disappears. I know of some associates who will quite happily cancel a full clinical day a few months before the UDA contracts expire, knowing the practice is behind in their quota, just so that they can go and play tennis!

The dental business coaches have been saying for a long time that perhaps the 50:50 split which many associates have been enjoying for some time may slowly come to an end. Maybe a 60:40 split is more realistic to compensate with the added costs of running a

dental practice. That doesn't sound very nice to an associate does it? It is not something I entirely agree with, and I think each associate should be judged on their output and a suitable fee system decided upon that. A sliding scale is something that has been mentioned before, but to be honest, it's a bit too much of a faff for most practice owners to bother with!

So, what am I getting at? Associates – don't complain to your principal; value the expense and energy spent on giving you a dental chair, a dental nurse and patients to terrorise. Keep an eye on the UDA quotas you need to fulfill and try to make your practice owner's life easy by checking your performance each month. Be pro-active! Practice owners – be nice to your associates; if they want some new toys and have the audacity to ask for some new scaler tips and one extra handpiece, then give it to them. It's a business expense – pay less tax! After all, whatever toys you buy them will pay for themselves in the long run, and they're always going to remain yours; the associate is just using them. ■



Head of Corporate Policy at the GDC, **DAVID ROWLAND**, guides us through the results of the dentistry horizon scanning exercise that the GDC recently carried out...

**I**N order for the GDC to carry out our role safely and effectively, it's important that we don't just look at the issues that are immediately affecting the way we regulate dental professionals. Instead, we need to have a comprehensive overview of the dental sector as a whole in order to ensure that we consider the issues affecting dentistry, and the healthcare sector more widely, and use this information to inform our work.

To facilitate this, we recently carried out a horizon scanning exercise of dentistry to help identify the key issues that are expected to affect dental regulation over the next decade.

The exercise is the first of its kind that we have carried out, and there were three main aspects to this research; the first of which was a structured questionnaire, which was completed by selected GDC staff, such as those within the Policy department.

A separate structured questionnaire was also circulated to key stakeholders in the dental sector. These ranged from parliamentarians on the All-Party Parliamentary Group (APPG) for Dentistry, professional associations, defence

organisations and educational bodies.

The final part of the exercise was a facilitated, day-long workshop, which was attended by members of the GDC's Policy Advisory Committee, the Chair and chief executive and the four chief dental officers for the UK.

Other research that the GDC has previously carried out, into areas such as direct access, was also used to inform the exercise.

All of this research showed us that demographic changes, technological developments and changes to the structures of the NHS will all impact on how the GDC regulates dental professionals in the future. Other key drivers are the ongoing changes to health service provision throughout the UK and EU, which we will need to proactively monitor. We also looked at the impact of changes to the nature of dental provision, including the possibility of greater corporatisation.

The changes to consumer and patient expectations about dentistry will also be a major influence on how we work, such as

the increasing demand for cosmetic dental treatment and the use of social media by patients to express views about dental care they have received.

Demographic and social changes which affect the type of dental care that is provided in the UK will also influence our work. For example, the number of people aged over 85 is expected to increase from 1.4 million in 2010 to 1.9 million by 2020. A population with a higher number of older people is expected to result in dental care being provided in different settings, such as residential care settings and in the patient's own home. It's important that we consider how to ensure that an increasing number of older people receiving dental care in these settings are able to raise concerns.

We will continue to carry out horizon scanning exercises on an annual basis to see the changing issues that will impact on our work in the future and feed this knowledge into our policy development work.

You can read the full report on the GDC website, [www.gdc-uk.org](http://www.gdc-uk.org). ■