How much is an NHS dentist worth?

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I was very intrigued by the articles in the September issue of *BDJ In Practice*, particularly the one stating that BDA analysts have shown that NHS dentists in England have seen their income fall by 40% over the last 10 years, and that nearly nine million children have been unable to access a dental care appointment amidst rising oral health inequalities.[1]

Those few sentences have made me question what an NHS dentist is really worth and why the failing UDA contract is still with us today. I was a graduate dentist 30 years ago. I truly believed that my responsibility was for 20 deciduous and 32 permanent teeth and their supporting tissues. This meant I had two diseases to consider – caries and periodontitis. However there has been much change, greater understanding and progress since then.

Watt and Serban[2] argue the need for reform in training and education for dental professionals and the need for the integration of oral health care with general healthcare. This would better equip oral health professionals to face the challenge of understanding multimorbidity and the link between oral and systemic diseases. As a dentist in primary care, I believe this reform is urgently needed. The work of Sacoor *et al*[3] argues that the dental teams are valuable members of a wider medical core of professionals during emergencies either national or global and that the dental team make a significant contribution, as part of that health care workforce. The COVID-19 pandemic comes to mind.

However, dentists have been making a significant contribution to the general health of society too. It used to be specialists who examine the oral cavity with an insight to general health. I know that it is now common practice for all dentists to think about systemic diseases and multimorbidity when effecting such an examination. It is a great responsibility and pressure, knowing that a preliminary dental examination could be the first intervention in the diagnosis of systemic disease. There has been an increasing weight of evidence, historically, linking the oral microbiome with systemic diseases. Teng *et al*[4] review eloquently the relationship between periodontal disease and diabetes, cardiovascular, respiratory and low birth weight infants. There has since been an increasing interest in the subject. F Shang and Liu[5] reviewed the mechanisms by which *Fusobacterium nucleatum*, one of the most prevalent species in the oral cavity, can be a causative factor for colorectal cancer. When Dominy *et al*[6] published research in 2019 describing the link between *Porphyromonas gingivalis* and Alzheimer's, not only was it newsworthy but also caused me to examine periodontitis with new insight.

Dentists are not only expected to care for the oral cavity, understand the link between oral health and systemic diseases, we also have the duty of safeguarding children and vulnerable adults. An increasingly difficult challenge, particularly in the wake of the pandemic. Green[7] describes how the measures that were taken to control the spread of COVID-19 caused a 'secondary pandemic' of child neglect and abuse. Sidpra *et al*[8] reported a 1493% increase in abusive head injury to small children in the first month of lockdown. All children subjected to the abuse lived in areas with a higher-than-average index of multiple deprivations. With all this neglect and abuse and nine million missed dental check-ups for children, it seems that we could be facing an oral health crisis soon, which poses the question again, how much is an NHS dentist actually worth? Is it not time to change the failed UDA system? I would argue that time was years ago. Continued inaction does nothing to address these issues. The longer we wait, the worse it will become. ◆

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