

DIY Dentistry

Shaun Sellars continues his series on ethical dilemmas in dentistry which appears in every second issue of the *BDJ*.



Dentistry has once again been making the front pages of many media outlets recently, thanks to the multitude of patients who have resorted to DIY dentistry – attempting to remove their own teeth because they couldn't access a dentist when they were in pain. I met one such person recently. They had taken a pair of pliers to an upper molar. Although they managed to remove the crown of his tooth relatively successfully, the damage they caused to the surrounding area, as well as the retained roots, led them to their local A&E. One tetanus shot and some antibiotics later, they were advised to find a dentist to look at what remained of the tooth. Of course, if they could have found a dentist beforehand, they wouldn't have been in A&E. This extraction is now much more complex and requires surgical intervention, so the NHS has suffered a double burden.

This story echoes the findings of the recent Health and Social Care report on NHS dentistry, which found that the service provided is unacceptable.¹ The report also found that those living with the highest levels of deprivation have the most difficulty accessing dental care. From the outset, there were warnings that the UDA-based dental contract would lead to a two-tier system, and we're moving on from that to see that the system is close to collapse. We hear less talk of 'gaming' the system now; dentists are simply leaving NHS dentistry behind.

Unsurprisingly, the recent report is highly critical of the current contract, but this is not new. The Steele report back in 2009 found the then-new contract severely flawed.² Nothing changed back then; we will wait to see if anything will change now. These changes, should

they come, will take time especially given the need for piloting. But time is one of the things we are lacking. With winter pressures on the horizon and NHS dental access dwindling, dental pain may become a significant factor in A&E planning. Perhaps there would be scope for an extension to flexible commissioning, with local devolvement of spending. Some of the £50 million set aside by the government to improve dental access, much of which went unspent, could pay for protected time to see emergency patients in practice or for funding mobile dental units to serve a wider community. Having spoken to local government members about this, there is an appetite to do something to ease the crisis. And while politics on a national stage is a slow, unwieldy beast, local government can be more agile and implement specific resolutions that work for their unique communities.

Dentists, and patients, can't wait for the government to change the NHS contract. We should contact our local councillors and ICBs to see what they can offer us to improve access to care. If there's a will, there's a way, and if there's any foresight in planning, those in charge will want to keep people out of A&E and in our surgeries.

References

1. Health and Social Care Committee. NHS Dentistry, HC 964. 2023. Available at <https://committees.parliament.uk/publications/40901/documents/199172/default/> (accessed August 2023).
2. Steele J. NHS dental services in England. London: Department of Health, 2009. Available at http://www.sigwales.org/wp-content/uploads/dh_101180.pdf (accessed August 2023).

BDJ Open is highflyer with first Impact Factor

BDJ Open has received an impressive first Impact Factor of 3.0. This puts *BDJ Open* at the top of all Dentistry, Oral Surgery and Medicine journals within the 'ESCI' Index (Emerging Sources Citation Index).

BDJ Open is the open access sister journal to the *BDJ*, published by Springer Nature on behalf of the British Dental Association (BDA).

A journal's Impact Factor is the average number of times a paper in that journal is cited/referenced in another paper across one year.

The average Impact Factor across all journals is less than 1, and an Impact Factor of 3 or higher is considered 'Good'.¹

This result comes alongside other important journal citation metrics for *BDJ Open*, as follows:

- Two-year Impact Factor*: 3.0
- Journal Citation Indicator (JCI)*: 1.30
- Rank by JCI*: 23/156 (Dentistry, Oral Surgery & Medicine)
- SNIP**: 0.739

- SJR**: 0.267.

*2022 Journal Citation Reports (Clarivate Analytics, 2023 – journals indexed in ESCI).

**2021 Scopus.

Jonathan Lewney, the Associate Editor responsible for *BDJ Open*, said: 'A new journal's first Impact Factor is an important milestone in itself, but to be the highest ranking ESCI journal in its field is a fantastic outcome. The team have worked hard to ensure the papers we publish are of interest to readers and researchers across the world. But we couldn't have done any of it without the generosity and experience of our trusted peer reviewers. Thanks to everyone who has provided a review to ensure *BDJ Open* continues to be a success for the *BDJ* Portfolio, the BDA and for our publisher, Springer Nature.'

References

1. Joannah W. What's A Good Impact Factor (Ranking In 27 Categories). 2022. Available at: https://www.scijournal.org/articles/good-impact-factor?utm_content=cmp-true (accessed August 2023).

