Sound Bite

ISSUE 01

# QUIETLY CONFIDENT

FACING THAT FIRST PATIENT

MDDUS

PHOTO: ROSLYN GAUNT

# Welcome to your SoundBite

WELCOME to the first edition of *SoundBite* – a journal dedicated to trainee dentists. We hope this will become a useful and interesting resource to help you progress through your dental training.

In *SoundBite*, MDDUS brings together a broad range of issues from dento-legal advice, tips and techniques on good practice as well as practical guidance and human interest stories about life as a new dentist.

The relatively swift transition from student life at dental school to a fully registered dentist working in practice can be a daunting prospect for many. Having almost completed my second year of foundation training, I have drawn on some of my own experiences about how to be taken seriously as a fresh-faced member of the profession in my article on page 4.

MDDUS solicitor Lindsey McGregor gives her expert perspective on page 12 on the importance of taking clear and accurate patient notes. And on page 14 dental ethics lecturer Dr David Shaw discusses the difficult issue of whistleblowing.

Meanwhile, our careers article on page 8 focuses on general dental practice and looks at the varied opportunities open to GDPs in this ever-changing field. And MDDUS dento-legal adviser Claire Renton offers advice on page 10 on how to get the job you want, including tips on CV writing and interview skills.

Finally, on page 6, associate editor Joanne Curran highlights the groundbreaking work being carried out in schools by the team of dentists and doctors in the Medics Against Violence charity.

Please let us know what you think about *SoundBite*. It would be great to hear your views and comments as well as any ideas for future articles.

• **Martin Nimmo**
**Editor**

# Don't deal with GDC alone

**DENTISTS are being urged not to respond to correspondence from the General Dental Council on their own.**

**MDDUS is advising members to seek advice from our dento-legal team before replying. Dentists are likely to be contacted by the GDC if a complaint is made against them and the GDC may ask you to respond.**

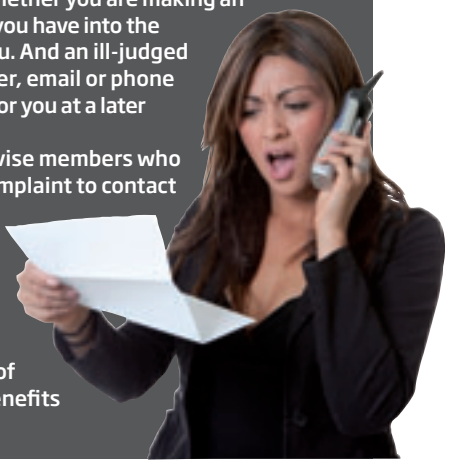
**In these circumstances, members should not be tempted to formulate a response on their own. It is crucial that you contact MDDUS without delay as timescales can be tight.**

**Correspondence at such an early stage in the complaints process may not seem significant, but it is important to remember that anything you write or say to the GDC may end up before an investigating committee.**

**The contents of any response you make to a complaint will be assessed to determine whether you are making an admission and what insight you have into the allegations raised against you. And an ill-judged response – whether in a letter, email or phone call – could prove damaging for you at a later stage in the process.**

**MDDUS would always advise members who are asked to respond to a complaint to contact our team of advisers first. This will allow a dento-legal adviser to offer appropriate legal advice from the start about how to reply.**

**MDDUS frequently helps dentists deal with this kind of issue as this is part of the benefits of your membership.**



# MANAGING TOOTH DECAY IN CHILDREN

NEW guidance on treating dental decay in children is now available to dentists.

*Prevention and Management of Dental Caries in Children* offers practical advice for Scottish dental teams on tackling dental decay – one of the most common childhood diseases. The step-by-step guide has been published by the Scottish Dental Clinical Effectiveness Programme (SDCEP) and builds on existing guidelines.

SDCEP chairman Dr Dafydd Evans said: "This guidance provides advice both on practical ways of working in partnership with parents and carers to prevent dental decay, and on managing decay effectively if it occurs."

The guidance encourages dentists to urge parents to take responsibility for their child's oral health and to focus on prevention rather than management of caries. It recommends agreeing a personal care plan for the patient, prompt management of pain and thorough clinical examinations for the presence of caries.

To read the guidance in full, visit **www.sdcep.org.uk**

MDDUS

**EDITOR:**
Martin Nimmo

**ASSOCIATE EDITOR:**
Joanne Curran

**DESIGN:**
CMYK Design
www.cmyk-design.co.uk

**PRINT:**
arc colourprint
www.arccolour.co.uk

**CORRESPONDENCE:**
SoundBite Editor
MDDUS
Mackintosh House
120 Blythswood Street
Glasgow G2 4EA

**t:** 0845 270 2034
**e:** jcurran@mddus.com
**w:** www.mddus.com

recycle
When you have finished with this magazine please recycle it.

*SoundBite* is published by The Medical and Dental Defence Union of Scotland, Registered in Scotland No 5093 at Mackintosh House, 120 Blythswood Street, Glasgow G2 4EA. The MDDUS is not an insurance company. All the benefits of membership of MDDUS are discretionary as set out in the Memorandum and Articles of Association.

# Dental students' fitness to practise guidance

**NEW FITNESS** to practise guidance for dental students has been published by the General Dental Council.

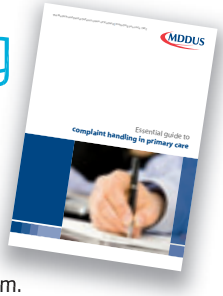
*Student Fitness to Practise* sets out the professional standards expected of trainees and emphasises the importance of putting patients' interests first and respecting their dignity and choices.

It says student dentists must adopt a "committed and professional approach to all aspects of their studies" and be prepared to raise any concerns over patient safety. Protecting confidentiality, co-operating with other members of the dental team and maintaining professional knowledge and competence are also essential, the guidance says.

The document also explains the workings of the GDC's fitness to practise system, with chapters explaining who sits on panels, timescales for hearings and the appeals process, as well as how fitness to practise can affect registration with the GDC.

Copies of the guidance are available from **www.gdc-uk.org** or at **http://tinyurl.com/2v5dbse**

# Revised booklet on complaints handling




**A REVISED** edition of the MDDUS booklet on complaints handling in primary care has been published. The short guide is intended to provide practical advice on dealing constructively with patient complaints and in compliance with NHS and other regulations. *The Essential guide to complaint handling in primary care* can be found by searching online on our Resource Library at www.mddus.com. Print copies are available by contacting Karen Walsh at **kwalsh@mddus.com**

# GDC begins direct debit drive

**THE GDC** is encouraging registrants to pay their annual retention fee (ARF) by direct debit.

Those who sign up to the payment method will be protected by an immediate money back guarantee in the event of an error, receive advance notice if payment dates or amounts change and can cancel at any time.

Once a direct debit is set up, registrants will have their ARF deducted automatically, with no need to contact the GDC. To apply online visit **www.eGDC-uk.org**


# Brushing linked with cardiovascular health

**A STUDY published in the *British Medical Journal* last month has further suggested a link between poor oral hygiene and heart disease.**

**The Scottish study of more than 11,000 subjects found that adults who reported less frequent toothbrushing had a 70% extra risk of heart disease compared to those who brushed their teeth twice a day. The study took into account other factors that affect heart disease risk, such as social class, obesity, smoking and family history.**

**The study backs previous research showing a link between gum disease and heart problems. It has already been established that inflammation in the body (including mouth and gums) plays an important role in arterial disease but this is the first study to investigate a link to oral hygiene.**

**It was also found that participants with poor oral hygiene tested positive for inflammatory markers such as the C-reactive protein and fibrinogen.**

**Study leader Professor Richard Watt, from University College London, said that "future experimental studies will be needed to confirm whether the observed association between oral health behaviour and cardiovascular disease is in fact causal or merely a risk marker".**

# QUIETLY CONFIDENT

Embarking on a career after dental school can be a daunting experience. *SoundBite* editor **Martin Nimmo** offers some tips on how to start your new job with confidence

STARTING OUT as a newly qualified dentist isn't easy and most of us would admit to lacking confidence at some point.

The first confidence knock in your new role can happen for various reasons – perhaps due to a situation beyond your control or, more than likely, when dealing with a difficult patient. But many confidence issues can be dealt with by simply taking a step back and looking closely at situations that fill you with dread.

*"If you address patients in a confident manner, they will gain confidence in you"*

## Team dynamics

On your first day in a new job – whether as a VT, associate or SHO – there are always a barrage of new faces and names that you can never seem to remember. It can take some time to adjust to the different personalities and dynamics of the team and this can be difficult when you are expected to hit the ground running. It can lead to a loss of confidence as, understandably, you don't want to 'rock the boat' or seem pretentious.

For these reasons, you should consider visiting your new place of work at least once (or twice) before starting the post. A casual introduction to staff can help establish a rapport prior to that dreaded 'first day' and give you a feel for how you will fit into the established team.

It is also a good idea to have a one-to-one with your trainer/practice-owner and nurse. Make sure you know what your supervisor expects of you and find out if there are certain protocols they would like you to follow. This will build confidence by preparing you for what is to come in the post and avoid potential confrontations due to a lack of communication.

The most important meeting will be with your nurse. Have them show you around your surgery so you can familiarise yourself with where everything is. Also check what materials are available and advise the nurse of what instruments you would like for different procedures. Don't be afraid to find out how the nurse currently works, and ask (tactfully) if they could change something if you feel it would benefit you and, in turn, patient care. It is beneficial to iron out any potential differences prior to seeing patients, as you will be seen in a more professional light by the team, and give the patients confidence in you as an operator if a procedure appears seamless.

## First 'impressions'

So you've visited the practice, pulled on the new tunic, found out how to work the chair and are waiting with baited breath for the first patients. If there was a code in the Statement of Dental Remuneration for "Management of Patients who say: 'You look awfully young to be a dentist'" it would be worth a small fortune. It is inevitably something we fresh-faced members of the profession will have to deal with until the wrinkles set in.

There is no point in pretending that you have been qualified for years as many of these patients will be used to the continual turnover of VTs. I find the best way to deal with this is to laugh it off and casually remind patients that it takes five years of training to reach this stage and young graduates have the benefit of being trained in the latest techniques. If you address patients in a confident manner, they in turn will gain confidence in you.

After the first impressions are out of the way, the transition to treatment and first 'impressions' will occur at a fairly rapid pace. When taking over treatment plans from the previous dentist, the patient will be consciously comparing you with what has gone before. Explaining to the patient the order in which you are about to undertake a procedure will let the patient know what to expect and instil confidence that you are competent with that procedure (even though you may only have performed it a handful of times before). Speaking through a procedure with the patient will also aid your confidence as you will be able to mentally prepare for what is about to come and ensure that you have a sound understanding.

In taking over existing treatment plans, it is essential that you are happy with the proposed treatment in order that you appear confident that the treatment is in the patient's best interests. Quite simply, if you are not happy with what has been proposed – stop. Obviously the patient will have to engage in informed consent to make any amendments to the plan, but they will more than likely be thankful that you have taken the time to think about their case, resulting in a better relationship between patient and dentist.

## When things go wrong

It could be a difficult procedure, a difficult patient, or just a bad day, but at some stage you will have to deal with either clinical or communication problems. This is when your confidence will take the biggest knock. As practitioners in a naturally caring profession, it is difficult to deal with incidents that may not have gone to plan.

As you were taught in dental school, tell the patient straight away. If the subject is approached in a professional clinical manner the patient will hopefully understand. I find if you empathise too much with the patient, they may start to question your ability to perform the procedure.

If you require help from your trainer at this stage, tell the patient that you would like a second opinion from another dentist in the practice, rather than simply saying: "I'm just going to get my trainer to look at this, and then they can tell me how to fix it". I find if you refer to your 'trainer' it appears to the patient as though you require 'training', when prior to that they may have seen you in the same light as any other dentist in the practice. When patients start to lose confidence in you, it is difficult to regain that trust and in turn they may become 'that patient' who makes your heart sink a little when you look at your day sheet.

Obviously, the best approach to dealing with problems (and subsequent loss of confidence) is to avoid them happening in the first place. If you are performing a procedure which has known risks – e.g. a file fracture during a root canal treatment or a possible pulp exposure when drilling a deep cavity – it is best to warn the patient prior to commencing treatment. This means they will think you are a great dentist if the procedure goes to plan but are prepared for problems if encountered.

However, if there are incidents which occur on a more than occasional basis, it is recommended to look at possible weaknesses in your knowledge. The long summer between sitting the last exam of finals and commencing VT can have a drastic effect on the retention of information that was once so fresh for the vivas.

It is important to keep up-to-date with relevant CPD, and find the motivation to dig out some old textbooks during your career to freshen up on procedures and conditions you may not encounter on a regular basis. Membership of the Faculty of Dental Surgery (MFDS) or Membership of the Joint Dental Faculties (MJDF) exams are ideal for consolidating the knowledge from university with the experience gained from practice.

## Work-life balance

An essential aspect of staying confident and motivated in practice is leaving work issues in the workplace. At the end of the day, there are more important things in life than teeth. By maintaining a healthy social life with dentists and 'non-dentists' alike and making good use of precious annual leave, you should be able to approach working life in a more confident and relaxed manner. Hopefully, this should enrich your professional experience and encourage good relationships between both patients and staff.

**Martin Nimmo is in his second year of longitudinal dental foundation training and is chair of the BDA's student committee**

# FIGHTING A CULTURE OF VIOLENCE

*SoundBite* associate editor **Joanne Curran** investigates a groundbreaking new project in which doctors and dentists are educating schoolchildren on the horrors of knife crime

DAY AFTER DAY they see the shocking damage that can be inflicted on the human body by a knife attack.

Thousands of victims of violent assaults pass through UK emergency departments every year and, in many cases, it is the job of oral surgeons to stitch them up and send them home. It is a cycle that must sometimes seem as hopeless as it is endless.

But one group of surgeons has made a bold move to stop this culture of violence in its tracks with a groundbreaking project using volunteer doctors and dentists to reach out to schoolchildren.

Medics Against Violence is a registered charity that aims to end the cycle of violence before it begins by educating young people about the dangers of knife carrying. It was founded in 2008 by leading oral surgeon Christine Goodall of Glasgow University's dental school and maxillofacial consultants Mark Devlin and David Koppel from Glasgow's Southern General hospital.

## Disheartened

Their motivation for creating the programme is clear. They are pushed to the limit working in oral and maxillofacial surgery in Glasgow – a city which boasts the unenviable title of the most violent in Europe.

Last year, 1170 victims of knife crime were admitted to Scottish hospitals at a cost to the NHS of more than £500million. Goodall and her Glasgow colleagues treat someone with a facial injury every six hours. Of those, 70 per cent have been attacked by a bladed weapon and 80 per cent have been drinking to excess.

Goodall says: "We started it because we were so fed up seeing so many young people coming into hospital injured. I have worked for many years in maxillo-facial surgery and we have stitched them up and sent them home but have done nothing to address the problem.

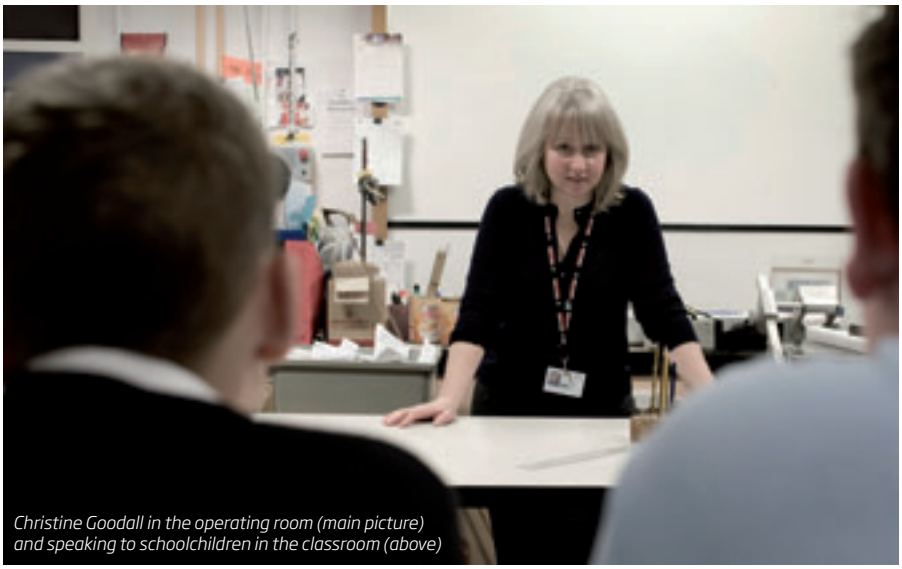
"We were getting so disheartened by the number of young people coming in that we thought it would be a good thing to try to stop it in the first place. Some of the injuries you see are horrific and they have a big effect on people's lives and on their confidence. Over the years, I've often thought this must be preventable."

Faced with this daily onslaught, the surgeons teamed up with Strathclyde Police's Violence Reduction Unit and constructed an educational programme especially aimed at 14 and 15-year-olds. The programme has been praised by schools and there are already plans to expand it.

## Reaching out

During the sessions, pupils are shown a hard-hitting 15-minute film which features stories from three people – a young murderer, a mum whose son was murdered and Scott Breslin who was paralysed from the neck down after being stabbed at the age of 16. It also includes some graphic images of stab wounds and CCTV footage of violent attacks.

Afterwards, the volunteer doctors and dentists discuss the main issues with the pupils and pose questions such as: "Is there a safe place to be stabbed?"



*Christine Goodall in the operating room (main picture) and speaking to schoolchildren in the classroom (above)*

Goodall says: "It's interesting what attitudes emerge from the children. Quite a few of them will say they think it's safe to stab someone in the buttocks, for example, but we explain to them how you can still bleed to death from an injury like that because there's a big artery in that area. It's a lot about myth-busting. The children watch these films in the cinema where people get stabbed or beaten to a pulp and keep on getting up so a lot of them might think it's not that dangerous to stab someone in a particular place, which is simply not true.

"We worked with an educationalist on the lesson plan because we wanted it to be easy for people to take out and present. The film does most of the storytelling, rather than us standing up and making up stories."

She says the story of wheelchair-bound Scott Breslin has particular resonance with pupils. "They can really identify with him. Young people often don't understand the consequences of what they are doing. They think they are invincible. We wanted them to see something of what we see every day."

Medics Against Violence, or MAV, was set up in November 2008 with an £80,000 grant from the Scottish Government. So far, volunteers have spoken to more than 4000 schoolchildren across the west of Scotland.

## Expansion

Many of the schools visited by MAV and its army of 120 volunteers are in areas with a known gang problem where the young pupils may already be carrying knives. While most visits have been carried out across the west of Scotland, Goodall hopes to expand the project across the country. There are already volunteers in Ayrshire and the service is about to open in Dundee.

Co-founder Mark Devlin, a consultant cleft and maxillofacial surgeon, also features in the MAV video. He recalls treating four school friends who were the victims of knife attacks. He says: "We came from a similar background but I had a mum and dad who wanted something more for me. All the doctors come from different backgrounds and the children at the schools will be from different backgrounds but there is only one message – that they can make a choice."

*"We were getting so disheartened... I thought it would be a good thing to try to stop the violence before it started"*

A similar project – the Knife Crime Prevention programme – was announced by the Home Office in November 2009 and will run in several counties across England. It follows a similar approach to MAV and will see doctors and nurses collecting photographic evidence of knife injuries. These will then be shown to young people convicted of knife possession. Victims of knife crime and ex-criminals who have turned their lives around will also be drafted in to speak to young offenders.

But Medics Against Violence leads the way amongst the medical and dental community for its unique approach to tackling violence. It has already attracted the help of specialists from fields as diverse as emergency medicine, psychiatry, anaesthesia, oncology and even palliative care.

## Volunteers

But Goodall is hoping to recruit even more medics, including GPs, junior doctors and trainee dentists. She says: "We are relying on people volunteering, which is very hard because everyone is so busy. We have a lot of people who go out time and again, but we are hoping to attract more doctors and dentists."

One volunteer is Dr Yvonne Moulds, a specialist registrar in emergency medicine. She says: "The school I visited was in a very deprived area and I was shocked by how much exposure some of the second year pupils had to knife carrying and gang culture in the local area. I told them how I had seen children not much older than them die from knife wounds and I think that got their attention. It was a really worthwhile visit and the kids shared a lot with us that surprised even their class teacher. By the end of it, a good number of them seemed to take our message on board and started really thinking about the choices they could make in life."

MAV has high hopes for the future. Goodall and her co-founders have already been honoured with a gong at the Scottish Policing Awards for their efforts in tackling crime through the innovative scheme. She now hopes to expand MAV's remit by tackling domestic violence by enlisting the help of dentists to raise the subject with people they think might have been affected.

Despite the challenges ahead, Goodall is optimistic, saying: "We wanted to try to make a difference and I think we are doing something good that has the potential to change lives for the better."

For more information, visit **www.medicsagainstviolence.co.uk**

***Joanne Curran is associate editor of SoundBite magazine***

# IN GENERAL TERMS

## Most dental trainees will end up as high-street dentists – and the appeal is easy to understand

TO SAY general practice is a popular career choice within dentistry would be an understatement. Some 95% of dental care is provided within the primary care sector and largely in a general dental practice setting.

The appeal of general dental practice is understandable. It combines the challenge of providing quality clinical care with the excitement of managing a small business. Dentists who run their own practices enjoy a fair degree of autonomy and the reassurance that good performance will often be well rewarded. Being a GDP provides the dentist with the opportunity to offer a wide range of treatments making each day varied rather than focussed in on one aspect of care. Operating a local practice also allows dentists to develop long-term relationships with patients and families and offers the satisfaction of providing much-needed continuity of care.

Most general dental practices today offer a "mixed" provision of dental care with treatment paid for by "private" patients , insurance companies (such as Denplan) or by the NHS, on either a capitation or fee-per-item basis.

### Entry into general practice

Most GDPs start their career in vocational training for one or two years in order to hone their skills and "learn the ropes" of general practice while salaried and without the pressure of being self employed. Assistants (or 'employed-performers' in England and Wales) are employed directly by a practice owner on a salary basis and have little stake in the running of a practice. In contrast, associate GDPs are not employees but in effect pay for the use of the surgery and other facilities, with the practice owner collecting NHS and private fees directly and paying the balance to the associate monthly after deducting costs and taking an agreed percentage. Such arrangements can get complicated and some practices prefer to employ assistants as this allows them to work as a full member of the practice team without the contractual uncertainties.

The aspiration of most GDPs is to run their own practice either solely or in partnership. In a partnership, decisions about the business are made together, with assets and liabilities held jointly and profits shared. Some partnerships have an expense-sharing arrangement where business costs are shared but the dentists retain fees for their own work. Such details and other conditions must be set out in comprehensive legal agreements.

To be successful as a dental practice partner you must not only be clinically competent but also blessed with sound management, business and communication skills. Principals or practice owners are responsible for administration, data protection and patient confidentiality, finances, compliance with health and safety law, marketing, managing the property with its lease and repairs, staff and personnel issues. Such responsibilities bring obvious risks and a certain degree of frustration, not least in chasing payment from both patients and the NHS. Like any business a dental practice must turn a profit to survive. But for many dentists it is this mix of business and clinical dentistry that makes general practice so exciting and appealing.

### Career paths

Career paths in primary dental care have tended to be difficult to define unlike in secondary care. However, in recent years the Faculty of General Dental Practice (UK) (FGDP(UK)) has expanded its provision of educational programmes for GDPs and now offers postgraduate diplomas in implant and restorative dentistry, as well as in leadership and management. In 2007, the FGDP(UK) also launched a postgraduate programme in primary dental care, offered jointly with the University of Kent, and introduced a joint programme in primary care orthodontics with the British Orthodontics Society and Faculty of Dental Surgery of the Royal College of Surgeons of England.

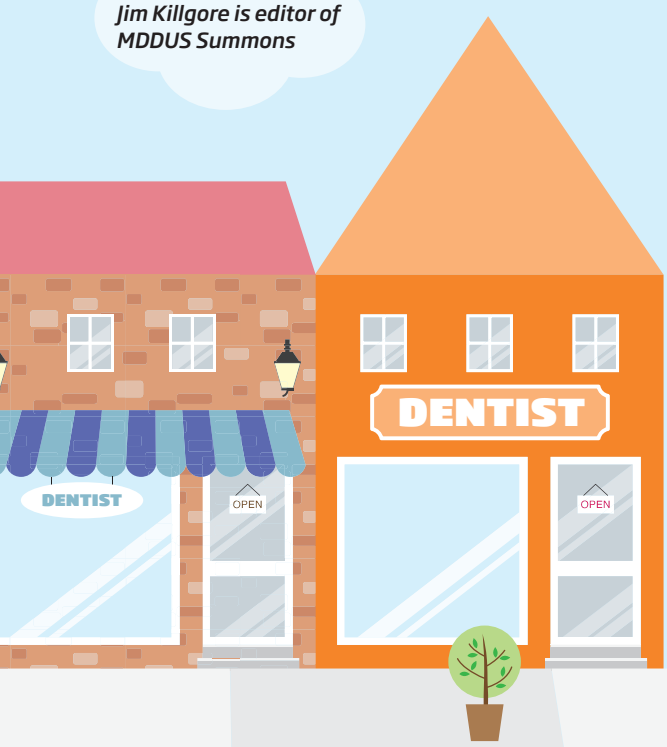
Development of such 'special interests' allows primary care dentists to expand the range of treatments and services they offer or gives them the opportunity to limit their practice to a particular sphere of interest. In 2006, the

Department of Health and the FGDP(UK) launched the first national guidelines for the appointment of Dentists with Special Interests (DwSIs). These guidelines provide Primary Care Trusts (PCTs) in England with a competency framework and guidance to support them in appointing appropriately experienced dentists to provide special interest services in a primary care setting where there is local need. Guidelines are now published in orthodontics, periodontics, endodontics, minor oral surgery, conscious sedation, prison dentistry and special care dentistry.

The FGDP(UK) also offers a Career Pathway that allows primary care dental practitioners to structure their postgraduate education and training. The pathway incorporates three stages leading to Fellowship of the FGDP(UK) and brings learning together in a framework that is accessible to the vast majority of GDPs. It provides a focus for professional development with a structure that allows flexibility for the participant, enabling them to remain in practice whilst undertaking education and training.

This growing culture of ongoing education and professional development is an exciting prospect within primary care dentistry and can only add to its appeal as a potential career.

*Jim Killgore is editor of MDDUS Summons*




## Q&A Karl Strawbridge, associate general dental practitioner

**• What attracted you to general practice dentistry?**

Throughout my dental education at university I had a keen interest in all aspects of dentistry and early on decided that I would like to pursue a career in general practice. I knew I would find the varied nature of the job exciting, and was looking forward to the interaction with patients. I was keen to provide dental care to the general public and was certain this would be a satisfying and rewarding occupation.

**• What do you enjoy most about the job?**

I enjoy the responsibility of delivering NHS dental care to a large section of the public whilst being in total control of all clinical decisions. Working closely with other staff, dental surgery assistants, reception staff and other dental colleagues within a practice can lead to strong working relationships, and indeed good friendships. General practice dentistry also provides the individual with a great platform to develop further skills in areas of special interest like sedation and implant dentistry.

**• Are there any downsides?**

As in any job where you deal with a large cross section of the community, difficult situations may present themselves. Some patients can be very demanding, others may even exhibit an aggressive attitude to members of staff. These situations can be upsetting to all members of the team; both empathy and understanding are required to deal with and defuse them. All dental practices have complaints procedure protocols in place for dealing with any grievances patients may have, but handling complaints can be a stressful aspect of general dentistry. Good communication from the entire dental team can prevent any issues arising or resolve matters before they escalate.

**• What did you find most challenging in your training?**

My dental education was a good mix of academia and clinical experience. The difficult thing is to apply this training when treating 'real life patients'. Vocational training in the first year after graduation provides an ideal opportunity to hone these skills whilst still under supervision of an experienced clinician.

**• What about the job has most surprised you?**

As an associate GDP working in a large practice I have been surprised by the level of managerial and business skills required to run a practice. Principal GDPs must balance these business and managerial duties with their everyday clinical responsibilities. However I feel that this increased pressure may be tempered with a sense of fulfilment in providing employment for others in a happy, motivated working environment.

**• What is your most memorable experience so far?**

Every day is different and every day is challenging in its own way. The most memorable experience for me however has to be my first patient after I had qualified. Nerves and excitement gave way to logic and clinical application.

**• What career advice would you give to graduates entering training?**

Before graduating it may be worthwhile to get some experience in the general dental setting. Some practices are willing to offer weekend positions to dental students which can give graduates a valuable insight into the intricacies of the job. I also feel graduates should take full advantage of the vocational training year to assess their own strengths and qualities as well as any potential weaknesses and take steps to address and improve these deficiencies. General dentistry is a speciality in its own right and as such provides a rewarding career pathway for the new dental graduate.

# STEPPING UP


How do you make sure you get the job that's right for you? MDDUS dental adviser **Claire Renton** offers some advice

YOU'VE studied hard and graduated or perhaps you have just finished your VT year – so professionally where do you go from here? How do you take the next step?

Of course, no one wants to get just any old job and you deserve to get the best one possible. You've got lots to offer as a highly trained professional and as a newly qualified dentist you have up-to-date skills and ideas. Your next step is applying for and landing that dream job.

The first thing you have to consider is what area of dentistry you want to work in: general practice or one of the specialties such as oral surgery, orthodontics or restorative dentistry?

With general practice, dentists can choose where and when they work with the added opportunity of becoming their own boss by owning their own practice. (see Careers article on p.8). And while general practice may be regarded by some as the "easy" or "safe" option compared to the specialties, GDPs have wide ranging opportunities that many specialists do not.

GDPs can undergo extra training to provide special interest services in addition to having a generalist role. Dentists with Special Interests (DwSIs) can provide treatment in areas such as minor oral surgery, orthodontics, prison dentistry or conscious sedation.

Dentists who choose one of the specialties can expect to work in a hospital setting, dealing with acute or complicated cases. Candidates who want to enter specialist training must complete two years of GPT. Entry is competitive, training can take three to five years and you will generally have less autonomy than you would have as a GDP, but posts are challenging and rewarding.

When it comes to looking for jobs, the *British Dental Journal* and your deanery's website are good places to start. Remember to look beyond the geographical area you studied in to broaden your options.

The BDA has also published a very useful information book for members called *Final Year Guide 2009-2010: The essential guide to securing your first job.* Visit **www.bda.org** for more information.

## Applying

In some deanery areas, you will apply for posts direct to your chosen practice and your application will consist of a CV and covering letter. But many deaneries now use a matching process where your CV and documentation are sent to the deanery and you will be expected to attend job shops or make practice visits. Check your deanery website for more information.

But before putting together a CV or application form it is advisable to call the practice and find out about the role and the type of applicant they are looking for.

Useful questions to ask include:

- How many dentists and other dental professionals work in the practice?
- How many patients are registered there?
- How much NHS and private work is carried out?
- What kind of patient does the practice service?
- How flexible are working hours and responsibilities?

You could also visit the practice in person to find out more about it and speak to staff.

## Selling yourself

For most dentists, submitting a CV will be the first, important opportunity you have of selling yourself – but resist the urge to exaggerate. It's best to limit it to two sides of A4 paper, in a reasonably-sized font, with a covering letter that includes why you are applying for the job and why you think you are the best candidate. Set out your CV in clear sections, starting with your personal details, education and qualifications, work/gap year experience, skills, interests and references. It's a nice touch if you can add a photograph of yourself on the front page but this is not essential.

Your CV should be clear, professional and relevant to the practice you are applying to. Your main qualification is obviously your dental degree, so put details of where and when you got yours at the top of this section and include details such as distinctions if applicable. If your elective was relevant to your application then give details here.

Hobbies and non-work achievements are important too, but again make sure they are


*"First impressions are crucial - always prepare before an interview"*

relevant. Include achievements that show you can work well in a team and have developed leadership skills as well as evidence of good social skills. Choose your referees carefully and give them plenty of time to prepare the reference.

Once you have submitted your application, it's fine to phone to make sure it has been received. This also gives you an opportunity to introduce yourself to the practice manager or receptionist – if you have not already done so – as they can be a remarkably powerful person in a dental practice.

## The interview

Hopefully you will make the shortlist and the next test will be the interview. The main advice here is: be prepared.

It is vital to do some homework beforehand. Even the most accomplished speakers have rehearsed their presentations until they can do it in their sleep. Don't assume you will think up great answers on the spot as you run the risk of being reduced to a mumbling fool. Think up questions that will be certain to come up: Why do you want this job? Can you give me an example of when you used your initiative to resolve a difficult situation? What are your strengths and weaknesses?

Imagine yourself answering these types of questions as it will give you the opportunity to formulate succinct answers that can be adapted to the actual questions on the day. Carefully read the person specification for the post and assess how your skills match the requirements. Also, prepare some specific examples to illustrate the skills you have developed.

## First impressions

It's crucial to get off to a good start at interviews, so make sure you arrive in the right place, on time. Dress smartly and use a firm handshake, look people in the eye when you say hello and smile. These three little things show you are confident, open and friendly.

Make sure that you ask about things that matter to you. For example, if you are quite inexperienced it might be important for you to have an experienced nurse to work with. Ask how long she has been at the practice, will she work with you all the time or do the nurses rotate amongst the other dentists and the reception? Find out if she is familiar with the NHS regulations and forms and ask what the staff turnover is like as this is usually a good indicator of how happy the team is.

You might want to find out what support you will have from colleagues over patient treatment and administration. Will you have the freedom to use your own choice of laboratories? Will you be able to use materials and equipment that you like? What happens to chair-side support over holiday time? Choose a few questions that are most important to you and consider the answers carefully as you want to be sure the job is right for you.

Finally, if you have crossed all of these hurdles, and are offered a post, make sure you know when you are expected to start, what the hours are, how and when you will get paid and what documentation is required. This might include your GDC certificate, hepatitis status and evidence of your membership of your defence organisation, MDDUS.

*Good luck!*

***Claire Renton is a dental adviser at MDDUS***

# ON THE RECORD

As dentists face rising numbers of patient complaints, clear and accurate dental records have never been so important. MDDUS solicitor **Lindsey McGregor** offers expert advice

NO DOUBT you will have been told many times of the importance of clear clinical notes, detailing the treatment given to patients. There is nothing new in this advice. But what has changed over the last decade is the requirement for increasingly more comprehensive notes.

Many older practitioners have not embraced this development and continue to write more minimal notes. This practice can leave dentists particularly vulnerable when facing a complaint to the GDC, a counter fraud investigation or a civil claim.

Don't think that "it will never happen to me". Very few dental practitioners will be immune from some form of complaint or claim in their career. Our case load at MDDUS has grown steadily over the last few years, particularly in relation to GDC investigations. And this can happen to more experienced dentists just as easily as those embarking on their career. Any complaint is costly in terms of time, reputation and the anxiety it causes. Best avoided if at all possible!

## A good defence

Whilst you may not be able to prevent a claim or complaint being intimated by a patient, you can minimise the repercussions by taking good notes. A claim or complaint can be intimated many years after the treatment in question was provided. Civil claims are time-barred three years from the date of the negligent act or from the date that the patient becomes aware that there has been negligence. You would be surprised how many patients do delay in raising a claim many years after the event. It is highly improbable that in a busy practice you would remember a root canal treatment that you undertook that long ago. Remember the adage: "If it wasn't written down, it wasn't done".

In court a dispute in relation to treatment provided becomes an issue of credibility. Whose version will the court prefer? If the clinical notes do not record the justification for the treatment provided or the options discussed, litigation then becomes an even riskier proposition. Many claims have to be settled because the fundamental basics are just not present in the notes.

Patient notes are your responsibility and yours alone. It is simply not good enough to say that you are working in a busy NHS practice and did not have sufficient time to write full notes or that the other dentists in the practice write short notes and therefore your practice has to adapt. Worse still is to blame your nurse. The court or the GDC will be unimpressed by such excuses. Your role is to provide a consistently high standard of record keeping.

The GDC publication *Standards for Dental Professionals* sets out the principals and clinical standards to be followed. In paragraph 1.4, the guidance states:

"Make and keep accurate and complete patient records, including a medical history, at the time you treat them. Make sure the patients have easy access to their records."

The Faculty of General Dental Practice (UK) has published a guidance document for the standards of record keeping entitled *Clinical Examination and Record Keeping* (2009). This comprehensive guide provides specific and detailed information on record keeping and examination, and recommendations for audit.

If you are in any doubt at all about the requirements in relation to contemporaneous notes, then you should contact MDDUS for assistance and guidance. Below are some important do's and don'ts.

*"Notes are always more valuable than memory in a legal context"*

## Do's

- Establish a good relationship with your nurse if she records your notes whilst you dictate them. Always check the notes and add your own additional observations if required.
- Identify the note as yours either by initials or by your signature if it is handwritten.
- Record all treatment provided, the taking of consent, warnings given about oral hygiene, advice about treatment options and positive and negative findings.
- Use only universally agreed dental abbreviations.
- Remember that negative results may be as important as positive ones.
- Be sure to identify other contacts cited in notes (consultant, nurse, relative, etc).
- When drawing up a treatment plan, ensure that it is revised, document changes and review regularly. When taking an X-ray, note the reason why, the result reported upon and any differential diagnosis.
- The dental history should be reviewed regularly and updated. This forms part of the dental record and should be accessible.
- Audit your records regularly to prove that your note taking remains up to a certain standard. Take advice on how to take audit effectively. Such guidance can be obtained on the NES website and in the FGDP(UK) guidance referred to above.
- Ensure your notes can justify the claims made. For example, when claiming for an extended scaling, record a BPE having been carried out.
- When using local anaesthetic, ensure that the type, dose and batch number are recorded and, in particular, ensure that the use of local anaesthetic is recorded when fillings are provided.
- Ensure notes use neutral language and are in no way derogatory–patients or families have access.

## Don'ts

- Do not write in pencil as this raises suspicion of improper practice or claims. Always use ink or a ball point pen in a colour which can be scanned or photocopied.
- Do not obliterate any record. If altering a record, put a single line through it and initial it.
- Do not re-write notes at a later date: this includes additions to the contemporaneous notes. If there is a requirement for an additional note, this should be made as a separate entry and dated, timed and cross-referenced to the original entry.

From the perspective of MDDUS, the availability of good accurate records will substantially assist our ability to put forward a good defence either to a civil claim or to a complaint to the GDC. But more importantly, good notes are fundamental to good patient care. Notes allow essential communication with other dentists who may be required to continue your treatment. Poor records are normally indicative of poor and sloppy management.

Taking the time now to read the available guidance and to ensure you start your career with a high standard of note taking could save heartache in the future.

***Lindsey McGregor is a solicitor at MDDUS***

## Case study

**A dental patient lodges a claim after having suffered nerve damage during an implant procedure. She states that she would have chosen an alternative treatment had she known of the risk (damage results in lip numbness). The dentist claims that he informed the patient of the risk and other treatment options, but no record was made of these discussions in the patient notes.**

***Analysis:*** **The dentist in this case would have difficulty in proving what was discussed without this having been recorded in the notes. The fact that the dentists did not record this discussion means the case would be difficult to defend in court.**

# SPEAKING OUT

Everyone knows that dentists are expected to be professional, but it's not enough just to maintain your own standards

EACH DENTIST must certainly ensure that he acts ethically, that his clinical knowledge is up-to-date (through continuing professional development), that his communication skills are getting the job done, and that he works well with the rest of the dental team.

But he must also be ready to raise concerns about other people's standards and behaviour. The dentist who fails to voice concerns when it's necessary is acting unprofessionally.

The first principle mentioned in the General Dental Council's *Standards for Dental Professionals* document states that dentists must "put patients' interests first and act to protect them". This principle generates a duty to protect patients from the actions of both yourself and others.

The GDC states in the *Principles of Raising Concerns* guidance that: "If you believe that patients might be at risk because of your health, behaviour or professional performance, or that of a colleague, or because of any aspect of the clinical environment, you should take action." Of course, if you have concerns about yourself, you may be able to deal with these without involving others, but the reflective professional will know when to seek help.

In practice, the GDC's requirements mean that you may have to raise concerns about colleagues who may have fallen below the necessary standard on faulty procedures. In fact, most of the other principles are also relevant to raising concerns.

Raising concerns about a colleague might be necessary to protect patients' dignity (principle 2) or to stop breaches of confidentiality (principle 3), and constructive criticism is part of effective teamworking (principle 4). Furthermore, principle 6 mandates trustworthiness, and a dentist who is not prepared to raise concerns is not trustworthy.

The GDC makes it very clear that protecting patients is more important than any personal or professional loyalties that the dentist might have. While it might be awkward to raise concerns, it is an ethical and professional imperative to do so.

You might also be worried that reporting issues could adversely affect your employment or feedback while on training; while these are obviously important considerations, there are protections in place for those who raise concerns, and patients' interests are of paramount importance. The Public Interest Disclosure Act 1998 protects all dental professionals who raise concerns in good faith – proof that one's concerns are justified is not necessary.

As well as the professional obligations incurred by the GDC, raising concerns is also important from the perspective of protecting against litigation. If a dentist owns a practice, he could be liable for negligence even if he himself is not clinically at fault, because of the legal concept of vicarious liability. This means that whoever is in charge of a practice bears some of the responsibility for anything going wrong on his watch. In essence, the argument is that he should have raised concerns with his team about any failings, or had procedures in place to detect them.

So what do you look for? If a colleague is clearly undertaking procedures that are beyond their level of competence, you should act, either by sensitively raising the subject with him or by taking it to his line manager if the first approach is unsuccessful or inappropriate. The same applies if a colleague is speaking or acting inappropriately with patients, or is gossiping about confidential patient details. If infection control procedures in your place of work are inadequate, you should raise this issue with the person in charge.

How to go about raising these concerns with colleagues really depends on the context, but if the matter is very sensitive, it may be wise to discuss it with MDDUS before tackling the problem. If your concern relates to the line manager, you may have to contact your local NHS board. If local arrangements do not deal with the problem, it may be necessary to contact the GDC directly.

If you find yourself in a situation where you are responsible for other staff, you should also encourage them to raise concerns themselves. It can actually be a useful tool for improving your own professional practice if people raise concerns with you, because they might have spotted something about your practice that you weren't aware of. Although people often refer to raising concerns as "whistleblowing", this latter term implies public disclosure of deeply unethical practices; if dentists adopt a healthy attitude of raising concerns about things before they go too far, such extreme whistleblowing will not be necessary.

***Dr David Shaw is a Lecturer in Ethics in Relation to Dentistry at the University of Glasgow's dental school***

# OUT THERE

HITLER'S HALITOSIS Adolf Hitler suffered from gum disease, tooth decay and chronic bad breath according to historical research published by a German dentist. The study was based on Hitler's dental records and also reveals the Nazi leader underwent eight root canal treatments – one can only hope it hurt.

I, PATIENT **Japanese engineers have created a robot patient to help train dental students. Named Hanako 'she' can talk, sneeze, discharge robot saliva and complain about her bill (not really). Her resin teeth can be drilled to assess skills.**

EXTREME DENTISTRY A former dentist from Massachusetts, USA, has been accused of placing paper clips instead of stainless steel posts inside the teeth of root canal patients while claiming costs for the more expensive parts. Michael Clair is facing a string of fraud and other charges relating to his practice from 2003-2005. Clearly this puts paid to any thoughts of buying dental supplies from WH Smith.

DRILL THRILL **British dentists are reportedly employing a novel approach to treat phobic patients. The NuCalm system of cranial electrotherapy stimulation has been developed by US neuroscientists. Jittery patients are handed dark glasses and lulled into a state of deep relaxation by swallowing "brain chemical" tablets called GABA and wearing headphones that transmit calming sound frequencies.**

## NAME THAT BITE

**Stumped? The answer is at the bottom of the page**

**PHOTO:** EYE OF SCIENCE/SCIENCE PHOTO LIBRARY

# BookBite
## Les Miserables

***By Victor Hugo***

In his influential novel, *Les Miserables*, which portrays the underclass of 19th Century Paris, Victor Hugo confronts the reader with the story of an unqualified dental practitioner who preys on the wretched poor of the city. The quack's name is Babet, an adaptable, thoughtful villain.

Hugo writes: *"he... [Babet] was thin and learned–transparent but impenetrable: you could see the light through his bones but not through his eyes. He called himself a chemist, and had played in the Vaudeville at St Mihiel. His trade was to sell open air plaster busts and portraits of the 'chief of state,' and in addition, he pulled teeth. He had shown phenomena at fairs, and possessed a booth with a trumpet and the following show-board– 'Babet, dentist, and member of the academies, performs physical experiments on metals and metalloids, extirpates teeth, and undertakes stumps given up by the profession. Terms-one tooth, one franc fifty centimes; two teeth fifty centimes. Take advantage of the opportunity."*

### A flock of quacks

The last sentence of this extract meant, 'Have as many teeth pulled out as possible.' Babet was married and had children but did not know what had become of wife or children: 'he had lost them' Hugo tells us, 'just as another man loses his handkerchief.' Babet is a fictional character, but he would have been familiar to the readers of *Les Miserables*. French regulation of dental practice had once been foremost in Europe with ordinances dictating adequate training and examination as early as 1614. Unfortunately standards plummeted after the French Revolution and anyone who paid the fee could apply for and receive a license to practise. Although the regulation of medical practitioners was restored by 1803, dentistry continued to embrace all comers until the Act of 1892. Consequently many so-called dentists were charlatans. In some cases they were little more than ruffians or itinerant side-show barkers. On hearing of a woman who had given birth to a child with a facial deformity which resembled a calf's muzzle, Babet exclaims 'There's a fortune! My wife had not the wit to present me with a child like that!'

### Silken dalliance

It is therefore likely that Hugo had real-life dandies in mind when he created Babet. One such, named George Fattet, was a self-styled dentist, who dressed in gaudy silken dalliance and travelled with his similarly attired black servants in a bizarre carriage shaped like a denture. He was an expert in self promotion and regularly commissioned comic portraits of himself and his entourage for the popular press. Fattet may have been a star of the circuit but there were many lesser fakes touting for 'patients' along the banks of the Seine, their wagons booming to the sound of drums and trumpets to drown out the howling of their victims.

***By Jo Cummins, a BDS with a PhD in History who lives in Glasgow***

This article is reproduced from the Spring 2009 issue of *Dental History Magazine*

**NAME THAT BITE:** *Jaws of a leech*

# DENTAL TRAINEES

## RENEW NOW WITH MDDUS

Dentists in their first year of training can now renew their membership with MDDUS and receive a FREE sports watch and memory stick in an unmissable offer.

Remember, as a member of MDDUS you have access to assistance from some of the UK's leading dento-legal experts, should you encounter professional difficulties.

For more information on how to take advantage of this great offer, call MDDUS on 0845 270 2038.

You can also order copies of our dento-legal advice booklets by emailing kwalsh@mddus.com to request the titles of your choice.

### Benefits include:

- Guaranteed access to our professionally trained advisers who are qualified in dentistry and are available to speak with you 24 hours a day
- Legal representation from solicitors who are recognised as some of the UK's leading experts in the dento-legal field
- Representation and support at GDC proceedings, which are increasing in frequency and cost
- Assistance in dealing with complaints at all levels in order that they are resolved and concluded properly
- Free copies of SoundBite, our publication written for you

And more...


MDDUS