Sound Bite

ISSUE 03

A HEALTHY START

CAREER OPTIONS IN PAEDIATRIC DENTISTRY

ALSO INSIDE

AN MDDUS PUBLICATION

PHOTO: ROSLYN GAUNT

Welcome to your SoundBite

THE BEGINNING of a young dentist's professional career can present many exciting new opportunities. A new workplace may bring a change of location, a new team of colleagues and that long-awaited first paycheque. Although these experiences can be a source of satisfaction for many, my article on page 4 highlights the potential stresses each of these can entail, and looks at ways of dealing with them.

Prison dentist Kieran Fallon talks about the rewards and challenges of treating prisoners at Scotland's largest jail in our profile on page 6. His job regularly brings him into contact with patients who lead chaotic lifestyles, many of whom are drug abusers with serious oral health problems.

The careers feature on page 8 focuses on an entirely different patient type and looks at the opportunities for making a difference to children's health in the field of paediatric dentistry.

The issue of consent when treating patients who lack capacity can be a tricky one and raises many dento-legal issues. MDDUS dental adviser Doug Hamilton offers some guidance on avoiding the pitfalls in his article on page 10. Another difficult issue for trainees is dental fraud. It can make for dramatic news headlines, but what is fraud and how does it affect you? An investigator from Counter Fraud Services discusses the work he does on page 12 and offers advice for new dentists on how to keep out of trouble.

A leading light for women in dentistry is Dr Alyson Wray who has become the first female vice president of the RCPSG. She talks about her achievements and her views on the future of dentistry on page 14.

• **Martin Nimmo**
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ATTENTION! YEARBOOK SPONSORSHIP FROM MDDUS

MDDUS is calling on all yearbook and final year committees to contact us now to find out about the exciting sponsorship opportunities on offer. We can help with the costs of various graduation events and activities, including your yearbook.

For more information on the types of sponsorship opportunities we can offer your committee, contact Olivia McCulloch on **omcculloch@mddus.com** or call **0845 270 2034**. The offer applies to all dental schools in Scotland.

ONLY DENTAL PROFESSIONALS SHOULD DO TOOTH WHITENING, POLL SAYS

TOOTH whitening should only be carried out by dental professionals, according to a survey by the General Dental Council.

The regulator questioned 1,021 UK adults about their attitudes to the treatment – and 86 per cent said only registered, trained and qualified dental professionals should be allowed to carry it out. This was echoed by 89 per cent of those who have had, or planned to have, tooth whitening. Only four per cent of the public and six per cent of those who had or planned to have whitening disagreed.

The GDC is taking a tough stance against whitening being carried out by practitioners who are not fully registered and qualified. The survey showed strong support from the public for this position as 75 per cent of those polled thought the GDC should prosecute anyone practising whitening illegally.

In the first case of its kind, the GDC successfully prosecuted the boss of a dental clinic in March for "illegally" carrying out tooth whitening. Paul William Hill, 48, of PW Healthcare Consulting Limited in Warrington admitted four offences including practising dentistry while not registered as a dentist or dental care professional between October 2, 2010 and March 11, 2011.

He has been ordered to pay £6,265 in fines and costs and PW Healthcare Consulting Limited, which traded nationally as Style Smile Clinics, has been ordered to pay £6,765. This includes costs of £5,500 for the GDC.

The GDC launched the case last year after receiving hundreds of complaints from members of the public and dental professionals about tooth whitening treatment being provided by individuals who are not registered dental professionals. Charges relating to two other people and one other company have been adjourned until May 18.

The regulator has warned it plans to go ahead with more prosecutions in the future. Chief Executive and Registrar of the GDC, Evlynne Gilvarry said: "This case has significant implications for the dental profession and for public protection. The General Dental Council will now consider its position carefully with regards to the hundreds of other complaints about the illegal practice of dentistry that it has received.

"We are concerned about the risk to the public posed by such potentially hazardous treatment being provided by people without the training and qualifications necessary for registration as a dental professional."

Complaints from some members of the public who have had tooth whitening treatments include reports of burning gums, sensitivity and damaged enamel.

BURNOUT COMMON IN POOR PERFORMING DENTISTS

HIGH LEVELS of stress and burnout as well as alcohol and drug misuse are all prevalent factors leading to poor performance among dentists according to a wide-ranging literature review published by the National Clinical Assessment Service (NCAS).

The *Literature Review of factors influencing dental practitioner performance* (**www.tinyurl.com/lrfidpp**) considers previously published work by academics around the world and concludes that high caseload, health concerns, practice environment, personal crises and feelings of isolation are also contributing factors which may lead to poor performance.

NCAS Associate Director of Dentistry, Dr Janine Brooks, said: "Dentistry has long been regarded as a highly stressful profession. However, to date there has been a lack of studies which have investigated factors associated with stress and its effect on performance.

"Dentists often experience sustained high levels of demand on their clinical expertise and, in addition, require strong inter-personal skills with the patients they treat. If they operate alone or within small teams, they may have no-one else to turn to. It is therefore of little surprise that these practitioners sometimes suffer from personal health problems such as burnout".

She added that it will be vital for more research to be conducted to gain a better understanding of the issues affecting performance among dental practitioners. NCAS receives between 80 and 100 referrals each year from healthcare organisations needing advice and support in regard to performance concerns of dental professionals.

MDDUS ANNOUNCES WINNER OF DENTAL EDUCATION GRANT

MDDUS is pleased to announce that the 2011 winner of our £1,000 postgraduate dental education grant is Amy Louise Harper who works as a VDP at Loanhead Dental Practice in Midlothian.

MDDUS is committed to promoting good practice within both the medical and dental professions and is interested in the professional development of its members. Each year we offer education grants of £1,000 to successful applicants from dental and GP training practices, where both trainee and trainer are members of MDDUS.

We recognise financial constraints can often be a barrier for medical and dental trainees interested in pursuing some of the varied educational opportunities available.

MDDUS grants can be used for any form of educational training including attendance at courses, conferences and seminars, practice training and the purchase of textbooks.

Contact Karen Walsh at **kwalsh@mddus.com** for details of next year's grant.

GDC REVIEWS CORE STANDARDS

THE GDC is asking for feedback on its core standards for dental professionals in advance of a formal consultation.

Standards for Dental Professionals was first published in May 2005 and sets out the principles that dental professionals agree to abide by as GDC registrants. Supplementary guidance is provided in accompanying booklets on specific areas of responsibility for registrants, such as patient consent and dental team working.

This guidance applies to all GDC registrants, although it was originally drafted before dental nurses, dental technicians, clinical dental technicians and orthodontic therapists were registered with the Council.

The GDC is asking for feedback in order to determine whether the standards guidance remains fit for purpose and also how it should be made available in the future. More specifically the GDC want to know:

- how often dental professionals refer to standards guidance
- whether case studies would be useful
- whether there should there be separate guidance for each registrant group
- what format should be used.

A simple online questionnaire can be found on the GDC website (**www.tinyurl.com/gdcsdp**). This exercise will be followed by a more formal consultation as part of ongoing research with professionals and patients.

PRIVATE SCHOOLS YIELD QUARTER OF MEDICAL AND DENTAL STUDENTS

MORE THAN a quarter of medical and dental students come from a tiny proportion of UK private schools, official figures show.

Only seven per cent of UK schoolchildren attend fee-paying schools, but graduates go on to form 28.5 per cent of medical and dental university students, according to data from the Independent Schools Council (ISC).

The figures, which originally come from the Universities and Colleges Admissions Service, also show that more than a quarter of students enrolled on European language degrees, and more than a fifth on history and philosophy degrees are from private schools. Architecture and engineering also had disproportionate numbers of private school pupils, at 11.6 per cent and 10.8 per cent respectively.

The ISC, which represents 1,260 schools, said the figures showed that private schools had excellent teaching and gave pupils superior advice on university applications. It denied results were because many of its schools were academically selective.

Michael Pyke, a spokesman for the Campaign for State Education, told the *Guardian* the figures were not surprising because most private schools were academically selective, unlike most state schools. "Courses like medicine and architecture require considerable investment on the part of a student and their family. The reason there are disproportionately high numbers of private school pupils studying these subjects is not that they have had superior advice, it is because these children come from well-heeled and naturally ambitious families," he said.

Rudolf Eliott Lockhart, ISC's head of research and intelligence, added: "Our schools are able to guide pupils towards the subjects that will benefit them, rather than the subjects that will help the school rise up a league table."

RELEASE

THE PRESSURE

SoundBite editor **Martin Nimmo** looks at ways of coping with the stress of dental training

IMAGINE the following scenario. You've arrived late for work. Your nurse has phoned in sick. The lab hasn't delivered the first patient's denture work. You've run out of the required shade for that anterior composite and the external assessor is not impressed you're running late for your performance evaluation.

It's not uncommon to experience a variety of untoward events during a day in general practice. Add patients to the mix, and a day which wasn't going terribly well can become a whole lot worse. No two days in dentistry are ever the same and that can make it an interesting, but challenging career. Indeed, dentistry has a reputation for being one of the most stressful jobs, with dentists often said to be amongst the professionals most at risk of suicide.

Sometimes a certain level of stress can be a positive thing. If you are working in a well-organised environment with a degree of pressure, it can help focus the mind to achieve high quality results under tight deadlines. This would be the ideal scenario for working in a general practice but if stress levels rise to the point where it affects the way you live and work, then that can have negative consequences.

Get organised

One of the best ways to avoid stress is good organisation. At university, you can lead a relatively structured existence as lectures, patients, exam dates and holidays are dictated by dental school staff. The transition to working life, however, can present a challenge to some new graduates. Balancing a demanding career with increased clinical pressures, an inevitably busy social life and potential family commitments can take its toll on a young dentist's mental and physical wellbeing.

As an associate, financial pressures can bring about a great deal of stress. There is a stark contrast between being self-employed and being a salaried vocational trainee. It is important to budget accordingly and, for those practising in Scotland, to keep a note of the cost of submitted GP17s in order to appropriately financially plan for the following month. It's also advisable to have a degree of savings in case of a poor financial month, brought about by sickness or poor patient attendance. Whichever sector of the dental profession you work in, it is worth planning how you will continue to pay your bills for unpredictable events such as accidents or illness.

Time management is also key. Although it's important to increase the pace at which you undertake clinical procedures once you start vocational training, do not over-estimate the amount of work you can achieve in a specific timescale. It is imperative to remember that, given time, the increase in productivity will come naturally and that initially the focus should be on obtaining sound clinical results.

If you feel that you are being put under undue pressure by your VT trainer to set appointment times which will not allow you to achieve satisfactory results, you must raise the issue. A day spent constantly running late will inevitably result in unhappy patients, an unhappy nurse and a stressed dentist. Your clinical work is also bound to suffer, leading to treatment failures which will further compound this stressful environment. Poor performance can also lead to patient complaints and, while it would be a great achievement to complete a clinical career without receiving at least one complaint, carefully organising and managing your time can help to minimise the risks.

"It's vital that you heed the warning signs and seek help as soon as possible."

Team support

The daily stresses of dentistry shouldn't be tackled alone. Remember that your dental nurse can be a source of re-assurance and organisation. A well-trained and helpful nurse is invaluable in reducing the day-to-day stresses of practice. It is advisable to meet with a new nurse prior to treating patients in order to establish a fluent and rehearsed approach to performing various treatments. Making sure the dentist and nurse are singing from the same hymn sheet will avoid those awkward moments when specific requests for materials or equipment are met with blank faces. If you have the unfortunate experience of having to work with a difficult nurse, try to iron out any potential problems as soon as possible in the most tactful of manners. It may be appropriate to raise these issues with your trainer or practice principle if they persist. You are likely to spend more time during the day with your dental nurse than you are with family members. Like all relationships, if there is an element of dysfunction, it can lead to a great deal of unnecessary stress and decreased productivity.

Spot the signs

I would be surprised if there was a dentist who hasn't at some point felt anxious about a looming exam or a pending patient – but how do you know if you are suffering from stress? Some classic signs include: being unable to sleep, weight loss/gain, procrastination/lethargy, not being able to switch off, being short-tempered, performance issues, headaches, frequent colds, working longer hours or alcohol/substance abuse.

All of these factors can jeopardise your fitness to practise and any dentist deemed unfit by the General Dental Council faces being suspended or erased from the register. It is vital that you heed the warning signs and seek help as soon as possible. Discuss the problem with a partner or trusted friend, or seek help from your postgraduate tutor or doctor – don't try to deal with it alone. The Dentists' Health Support Programme can also help those with alcohol problems or other addictive illnesses through their emergency helpline on **0207 224 4671**. Likewise, don't ignore the warning signs in colleagues. In these cases, your defence union can offer advice on the most appropriate course of action. Patient safety is paramount and matters such as these cannot go untreated.

Apart from addressing the specific issues head on, there are general day-to-day activities which can be employed to reduce these symptoms. Setting aside dedicated breaks throughout the working day is a great way to take a step back and relax or possibly re-assess difficult situations. One of the main physical changes to working in practice as opposed to working as a dental student in hospital is the lack of movement throughout the day. Sitting in a chair in the surgery five days a week doesn't quite burn off the same amount of energy as running up and down stairs between different departments in hospital. It's therefore advisable to undertake regular exercise. Team sports are also a good way of interacting with friends outside of the dental 'cocoon'. Planning regular holidays throughout the year also provides a break from what can become the regular pattern of a working week. 'Getting away from it all' can help focus the mind on addressing problems which are otherwise difficult to deal with when you have the added pressures of clinical practice.

Many dentists will have experienced symptoms of stress, and if you do feel you are struggling in any way don't hesitate to seek help. It's a steep learning curve as a young dentist, and you should realise that there is always someone to turn to if you require that extra piece of advice.

Martin Nimmo is an SHO in oral and maxillofacial surgery and is editor of SoundBite

PHOTOGRAPH: PA

INSI

What's the most common question Barlinnie prison dentist Kieran Fallon gets asked by his patients? "Is it going to be sore?" **Adam Campbell** speaks with him about his work

NOT in his wildest dreams did Kieran Fallon imagine, while studying dentistry at Glasgow University, that he would end up spending more than 20 years in jail. Admittedly, unlike most people associated with Barlinnie prison, he does get to come and go as he pleases – but since 1990, Kieran has, on four mornings a week, presented his security pass to staff at Scotland's biggest lock-up and gone to work on the oral health of the inmates.

Kieran is one of a handful of dentists in Scotland employed by the Scottish Prison Service and as such has a unique perspective of life on the inside. "Not for a minute did I imagine I would end up working there. As with most people, you don't ever expect to go to a prison, particularly Barlinnie in Glasgow, which has got a bit of a name – or at least you hope you won't," he says with a laugh.

But since first crossing the threshold of a prison that has housed the likes of gangster-turned-sculptor Jimmy Boyle and Lockerbie bomber Abdelbaset al-Megrahi – as well as former MSP Tommy Sheridan, who is currently serving three years there for perjury – Kieran, now 56, has never looked back and plans, he says, "to be there a few years yet, until I finally retire".

Essential dental care only

When he started his part-time role at Barlinnie, Kieran had already been running a practice in a fairly deprived part of Glasgow for eight years, so the needs of the prisoner-patient were not entirely new to him. The concentration of problems, however, was of a different order and the priorities, too, were different, as they still are. "We provide essential dental care to an NHS standard, but we don't do fancy cosmetics – tooth whitenings, that sort of thing. They have the same rights as people outside but that has to be tempered in some way."

One reason for this is the heavy workload – Barlinnie houses over 1,500 prisoners, with dental cover on five mornings a week. Another lies in the fact that Barlinnie is a "local prison". As such, the vast majority of the inmates either are on remand, awaiting trial, or are on shorter prison sentences, around three years or less, and the care is targeted accordingly.

DE JOB

As Kieran explains: "Most of the people we're seeing, their 'liberation date' as they call it, will be in the next year, 18 months, sometimes a bit longer. We say let's get things stable, let's get you organised and then you can go and see your dentist when you get out."

Chaotic lifestyles

For many prisoners, getting things stable involves a lot more than a six-month check-up with a brush and polish. Many are drug abusers on the outside – Barlinnie is the largest single supplier of methadone in Europe with almost a quarter of the inmates taking a daily dose. They often live chaotic lifestyles, involving poor oral hygiene and bad diet. Some are homeless and others face a litany of life stresses in which looking after their teeth comes way down on the list of priorities.

"The level of treatment is often at the stage where it was more than 25 years ago where you're taking a lot of really bad teeth out and giving them dentures, whereas most of the rest of society have moved on from that," says Kieran.

In fact, it can be quite a struggle just keeping them free of pain. "Their oral history is often very bad but because they've been on strong narcotics, they haven't felt the pain. They come off the drugs in prison and suddenly are faced with only having pain relief that is not as strong as they're used to."

Being in prison can therefore be something of a boon for these men in terms of their dental health, and helping to bring some kind of order to their lives is one of the rewards of a job like this, says Kieran.

"Being in prison can be something of a boon for these men in terms of their dental health."

Security and health risks

Of course, this being a prison, security is an issue and care must be taken, for example, to ensure that instruments are not pilfered. For while the majority of prisoners are, says Kieran, "all right, some can be quite ingenious about stealing an instrument from a tray to be used for illicit purposes later, particularly something that can be sharpened and used as a weapon".

At the same time, Kieran is quick to emphasise that while almost all prisoners come in to the surgery unattended by prison guards, he has never once felt or been physically threatened. On the contrary, he says, the apprehension is usually in the other direction. "Some of them come in with battle scars on their faces – if someone drew a knife, you and I would run a mile, but they would not back down from that. Yet coming in to the dentist's is a big deal for them – they're often quaking.

"When they're out of earshot of their friends, the first question will often be, 'Am I going to need an injection? Is it going to be sore?' They're really pussycats by that stage."

Extra care is also needed as a result of the higher incidence of certain blood-borne diseases, such as hepatitis B and C, HIV and AIDS and even "old-fashioned" diseases like tuberculosis, which he sometimes sees. "The decontamination and sterilisation standard for instruments has to be top-notch."

Patient trust

As a people-facing job, a dentist's chair-side manner is a crucially important skill whether you're practising in millionaires' row or skid row. But, says Kieran, there is definitely a knack to dealing with prisoners – though being a member of the medical staff does give him an immediate advantage over the guards. "Prisoners are usually quite open because they realise we're there to help them and they will make use of that. If you're from the medical centre, they're quite trusting."

At the same time, he recognises there is a potential to be manipulated. "They know which buttons to push and what to say. You know, sometimes I'll give them a bit of a ticking off because their oral hygiene is not as good it should be, and they'll say, 'It's my chaotic lifestyle, sir.'"

Kieran's approach is therefore to be "light and friendly", but not too friendly. If asked, for example, as he often is, where he lives or where his practice is, he will answer in the general rather than the specific. And he would certainly never ask them about the reasons for their incarceration. Which is not to say they don't volunteer such information: "Particularly if they feel they've been hard done to or set up, you can start to get the whole story," he says.

After 21 years, it's all now in a morning's work for Kieran, whether he's dealing with the run-of-the-mill short-term prisoner or those few from the prison's segregation unit who are brought over in handcuffs. And he's certainly not phased when he pulls down a prisoner's lower lip and finds – as he once did – the word 'SKINS' tattooed on the inside in homemade fashion.

He may not have envisaged such a long stint "inside" when he mapped out his future at Glasgow Dental School, but the satisfaction and rewards have been plenty.

And to young dentists who, like him, might never have considered this kind of work, he says: "Most young dentists have an image of the glamour end of things and can't wait to get their first sports car. It's understandable. But don't rule it out, particularly if you're the sort of person who is socially responsible and wants to perhaps make a difference."

Adam Campbell is a freelance journalist and regular contributor to MDDUS publications

A HEALTHY START

Paediatric dentistry is a high-profile specialty for trainees seeking both a challenge and the opportunity to "make a difference"

A RECENT REPORT on child health published by the Audit Commission highlighted the fact that 53 per cent of children living in deprived areas of England have poor dental health as measured by levels of decay in comparison to 18 per cent of those in more affluent areas. The most recent survey of decay levels in school children in Scotland found that 36 per cent of children in primary 1 had dental caries, however for those living in the most deprived areas this rises to 54 per cent. It's a gap that has widened alarmingly over the last few years and one that health and social care services across the UK have pledged to address.

Among the professionals at the frontline of this challenge are specialists in paediatric dentistry. It is a fascinating specialty that encapsulates practice, teaching and research in comprehensive therapeutic oral healthcare for children from birth through adolescence, including care for those who demonstrate intellectual, medical, physical, psychological and emotional problems. As evidenced in reports from NHS careers, the number of trainees and consultants in the specialty has enlarged considerably over the last 15 years and continues to grow.

Wide ranging

Paediatric dentistry is unlike any other dental specialty in that it covers all aspects of oral healthcare for children from restorative care to minor oral surgical procedures to interceptive orthodontics. Paediatric dentists often work closely with paediatricians, surgeons and anaesthetists as part of a team in the overall care of children with complex medical problems. They also work with other agencies such as health visitors and social workers in managing vulnerable children.

Among the variety of different roles carried out by specialists in paediatric dentistry are:

- providing a full range of oral healthcare to anxious children and those with special needs
- specialised management of children with oral and dental developmental problems
- managing the damage sustained to teeth and the mouth following traumatic injury
- contributing to multidisciplinary care of children with complex problems, e.g. cleft lip and palate, hypodontia and those with medical conditions which oral health may have an impact on.

Necessary skills

A range of skills and attributes are required to be successful in paediatric dentistry. First and foremost, you must obviously enjoy working with children and be able to effectively communicate with them. The British Society of Paediatric Dentistry (BSPD) also lists:

- Excellent evidence-based clinical skills.
- A broad understanding of dentistry as a whole, with a willingness to develop specialised knowledge.
- Good interpersonal communication skills with parents or guardians, other members of the dental team as well as with children and adolescents.
- Willingness to be a team-player who is able to both follow guidance and lead the dental team.
- A keen interest in continuing your own personal career development.

Training

To be recognised as a specialist in paediatric dentistry in the UK you must be registered on a specialist list held by the General Dental Council. This requires a Certificate of Completion of Training (CCT) in paediatric dentistry which can be achieved by applying for a specialty registrar training post on a recognised paediatric dentistry training programme. Posts are available in the hospital dental service as well as with a number of programmes linked with the salaried dental service. There is also the opportunity to apply for an academic clinical fellowship programme which provides both a clinical and academic training environment designed to provide support for individuals who have potential for development as a researcher.

To get onto a specialty programme you will need to demonstrate broad experience in general dentistry including hospital, community and general dental practice. A two-year foundation training programme or an equivalent scheme would give the desired range of experience. In addition, a maxillo-facial post is highly desirable as is some additional experience of treating children.

To make your CV more attractive it would

be helpful to carry out some audit projects during your early training and to have one or two published articles to your name. You can also attend local British Society of Paediatric Dentistry meetings to learn more about the range of the specialty and meet colleagues with similar interests.

To qualify as a specialist you must successfully complete your supervised training programme and pass the Membership in Paediatric Dentistry examination. It is expected that a trainee who enters a full-time paediatric dentistry programme with no relevant prior training in the specialty will become qualified in three years. Part-time specialty training is also possible and would usually be completed in around five years.

Career options

Specialists in paediatric dentistry may work in the salaried health services either as a community-based specialist or as part of a team in either a district general or a children's hospital. Paediatric dentistry specialists are also employed in university dental teaching schools and hospitals involved in the teaching of undergraduate and postgraduate students and specialty trainees. Many working in these environments will have undergone a further period of supervised training leading to their appointment as a consultant in paediatric dentistry. There are also opportunities in a number of other areas including independent practice, both private and NHS.

To find out more speak with the paediatric dentistry consultants and specialists at your local dental school and hospital. The local postgraduate deanery can provide information on the application process and you can also find out more on the website of BSPD (**www.bspd.co.uk**) and those of the UK Royal surgical colleges: Edinburgh, Glasgow and England.

Graeme Wright is a specialist practitioner in paediatric dentistry and National Treasurer of the BSPD

Q&A Julie McNicol, SGDP and honorary SpR in paediatric dentistry

- **What attracted you to a career in paediatric dentistry?**
  I was always attracted to paediatric dentistry from my early undergraduate experience and teaching. The speciality provides an opportunity to deliver a diverse range of treatments in patients with a developing dentition. I find treating children can be as rewarding as it is challenging!

- **What do you enjoy most about the job?**
  I thoroughly enjoy communicating with children and their families. We largely rely on families and carers to bring the child for treatment and therefore a truly holistic approach has to be adopted when planning their care. I enjoy the opportunities which are available in delivering care utilising behavioural management techniques, sedation or general anaesthetic. Additionally, the speciality supports the provision of oral and dental care for the medically compromised child. The opportunity to contribute to their care and to work closely with medical colleagues is extremely gratifying.

- **What do you find most difficult?**
  During the years of my training, I have seen development to some aspects of service and reduction to others. There is an increasing challenge to deliver care to children with an overall reduction in staffing within salaried NHS services. Consequently, patients are assessed in a timely manner however there can be delays receiving and completing treatment. This can be very frustrating for patients and clinicians alike.

- **What special challenges do children pose as dental patients?**
  Children can present a range of challenges either due to their stage of development or behavioural issues often linked with dental anxiety. In addition we rely on the primary care giver to engage in the treatment plan for any behavioural modifications, e.g. changes to dietary or tooth brushing habits, and in this sense our speciality is quite unique. Often managing the child within the family unit can present most challenges if the parent or care giver is unaware of their importance in the successful outcome of the child's treatment.

- **Have you been surprised by any aspect of the job?**
  Almost on a daily basis I am surprised by the quirks and humour that children bring to the job. Furthermore, it can be quite surprising when young pre co-operative children manage certain treatments or return for review appointments following some months and often, due to further maturity and development, have significantly improved compliance.

- **What advice would you give to a trainee considering paediatric dentistry?**
  It is an extremely rewarding speciality to work in and lends itself to careers in both primary care and hospital settings. Excellent communication skills are required and broad-based early postgraduate training is essential. The opportunity to treat children in general practice as well as in community or salaried posts allows the acquisition of knowledge and skills for treating a range of patients with differing co-operative abilities.

- **What is your most memorable experience so far in the specialty?**
  As a SpR in paediatric dentistry we participate in audit projects and are encouraged to have an area of research interest. In our training we are encouraged to present our topics and attend national, European or international conferences to expand our knowledge on practices elsewhere and to develop links with other trainees. A particular memorable experience was the opportunity to present at the European Academy of Paediatric Dentistry in Dubrovnik in 2008. It had an excellent scientific meeting and the social events within such a spectacular setting with good friends will never be forgotten.

CONSENT WITHOUT CAPACITY

Informed consent is vital for all dental treatment. But who consents for patients who are not competent? MDDUS dental adviser **Doug Hamilton** offers some guidance

BEFORE beginning any course of dental treatment with a patient, you must first get their consent. It's a fundamental legal and ethical requirement for dentists and our training carefully spells out the steps that must be followed to achieve it. But the validity of this consent is contingent upon the competence of the person providing it. So if your patient is not competent to consent to treatment – what should you do?

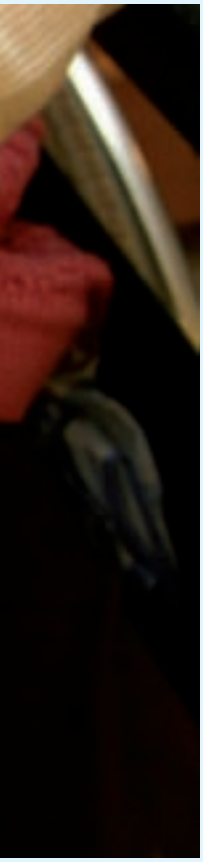
Informed consent

It is helpful to first look at the basics of consent that apply to all patients. Dentists must explain the risks associated with any proposed treatment, as well as the costs, alternatives and the potential consequences of non-treatment. All of this should be done in a setting and manner that makes it easy to make an informed and independent decision.

And if the patient is capable of understanding, retaining or weighing up appropriately worded information, then you must respect their decision – even if they refuse to give consent.

Remember, however, that just because competent patients have the right to refuse some or all proposed treatment does not mean they can demand treatment which is contrary to the clinician's best judgement. Beware of overbearing patients who try to persuade you to start ill-advised treatment, regardless of whether they offer assurances such as: "Don't worry- I'll sign something before we start". That way lies madness! Even the most beautifully constructed consent document does not validate a harmful intervention.

The issue of consent in incompetent adults is governed by separate legislation in Scotland and in England and Wales.



Proxy consent in Scotland

The Adults with Incapacity Act (Scotland) 2000 brought with it some much-needed protection for vulnerable patients as well as valuable guidance for the healthcare professional. The law introduced the role of proxies, such as welfare attorneys and welfare guardians, who look after the welfare of many incompetent adults. Their role is to provide consent to procedures which would benefit vulnerable patients and hopefully accord with their own values. But remember that welfare guardians are assigned for different purposes and it is those with healthcare decision-making powers (rather than those assigned to deal with financial affairs etc) who will concern a treating dentist.

When treating incompetent patients who have a proxy, you must always consult them where it is reasonably practical to do so. It can help to keep a note of the details of any relevant patient guardians. If you are unsure if your patient has a proxy, then ask their doctor, social services or the Office of the Public Guardian (Scotland).

If the patient does not have a valid proxy, then the dentist may rely upon a certificate of incapacity, issued under section 47 of the Act, to secure consent. This will normally be issued by the patient's doctor, although dentists who have completed relevant training may issue a certificate to cover provision of dental treatment only. The certificate should be in-date and specify the proposed treatment to which the patient cannot competently consent. Treatment details are needed because assessment of competence is case-specific, meaning that a patient who is incapable of, for example, consenting to a full mouth clearance, may yet be able to consent to simple restorations.

"Treatment details are needed because assessment of competence is case-specific"

In the course of your career, you may well encounter a friend or relative who has great affinity with the patient or a clear insight into their earlier wishes. You are entitled and indeed obliged to consider their views, but if they are not bona fide welfare attorneys then they cannot provide you with the valid consent that would protect you from a civil claim or even criminal charges. So, even if faced with the most indignant and overbearing patient advocate – stand firm!

When treating an incapacitated adult, remember that a valid proxy can provide consent or, in the definite absence of such a person, a current and relevant section 47 certificate will suffice.

Theory versus real life

What if you have doubts regarding a patient's capacity? In fundamental terms, the Act defines incapacity as being unable to understand, retain, communicate or act upon information due to a "disorder of the mind". So far, so clear? Let me give you an example of the practical difficulties which may await you.

A new elderly patient who required removal of her remaining lower teeth followed by provision of a full lower denture recently presented at my surgery. There was no indication of pre-existing incapacity and I therefore proceeded to describe the relevant aspects of the proposed procedure and, in particular, why patient adaptation and perseverance lie at the heart of successful lower dentures. All seemed well. However, when I re-emphasised at her next visit that, contrary to popular belief, conventional lower full dentures do not have mysterious adhesive properties she was utterly perplexed. Fearing that she may have hearing difficulties, I put my advice in written form and sent it to her by recorded delivery.

Yet, when I raised this issue at her next visit, her reaction once again ranged from bewilderment to frank scepticism. Her amnesia might well have been selective and convenient – we all hear the bits we want to hear from time to time. However, could it have been that her inability to comprehend and remember my advice was a manifestation of incapacity? As it transpired, an empathetic yet frank discussion revealed that this lady was indeed being a little 'difficult'. Follow-up discussions definitively confirmed that she continued to recall and understand all of my advice and therefore was able to validly (if reluctantly) consent to the proposed treatment. Had this not been the case, then a medical consultation might well have been required before continuing.

In cases such as this where there is no proxy but there are logical grounds for doubting your patient's capacity, advise (tactfully) that these patients speak to their GP who will have a greater insight into their state of mind and may even be able to enhance their capacity. Please remember, however, that the fact that a certificate of incapacity has been issued does not mean that the patient will agree to treatment. I would therefore caution all general practitioners to very carefully assess the chances of the procedure being safely completed without causing undue distress and, where there is doubt, refer to a secondary healthcare setting at an early stage.

Capacity to consent in England

South of the border, where the issue of consent to medical treatment by adults is covered by the Mental Capacity Act 2005, incapacitated adults should be treated in what is deemed to be their best interest. While this would appear to afford a greater degree of discretion to the individual dentist, in reality an appropriate treatment plan will often evolve as a result of multidisciplinary consultation.

However, dentists should, once again, be mindful that an attorney whose lasting power of attorney covers consent to medical procedures may have been appointed. In such instances, the attorney must act in the patient's (and not their own) best interests and, in a provision which mirrors competent consent, cannot demand treatment which would normally be clinically contraindicated. The Act is also underpinned by a code of practice which, unlike in Scotland, healthcare providers are legally compelled to consider.

Proceed with caution!

Regardless of where you are practising, the dental care of the vulnerable is a hugely rewarding and crucial service. However, it is not without its own practical and medico-legal difficulties. Therefore, if in doubt – do nowt! Phone an MDDUS advisor and seek assistance.

Doug Hamilton is a dental adviser at MDDUS

RISKY BUSINESS

An investigator from NHS Scotland Counter Fraud Services discusses the work he does in the dental sector and offers some best practice advice for new dentists

NEWSPAPER and online news headlines often paint a stark picture of the more extreme side of dental fraud. 'Dentist jailed for £300,000 NHS fraud' read one BBC article in November 2010 while another in October was headlined 'Dodgy dentist's unknown fraud haul'.

While dental fraud can make dramatic news, it is not the exclusive preserve of the determined cheat. Unintentional errors can be made due to lack of awareness, or a misunderstanding of the regulations. A dentist might, for example, claim 100 per cent of an NHS allowance, without realising that the proportion of private income they have earned has risen above the 10 per cent threshold specified in the regulations. By not keeping on top of their accounts, that dentist will have unwittingly made a false claim – which is technically fraud.

As dentists starting out in the profession, having an understanding of the role of the Counter Fraud Services (CFS) team will help ensure that you can play your part in protecting the resources of the NHS.

Who are we?

CFS is a division of NHS National Services Scotland (NHS NSS) and works with all of Scotland's health boards. All CFS investigators are professionally trained and accredited and we are dedicated to deterring, detecting and investigating fraud. The CFS code of practice ensures we are objective and fair.

My colleagues have experience of investigating fraud in other public sector law enforcement organisations, some have private sector experience, whilst others have an NHS background. Some have studied fraud, criminal justice and law, giving the organisation a broad range of knowledge and skills.

As you start your career in dentistry you will likely hope to never have to engage with CFS in any capacity, let alone find yourself as a suspect in a fraud investigation that could lead to criminal court proceedings.

But it's important to understand what we do and the types of fraud we investigate. One common example is if a dentist claims NHS payments for treatment and/or services that have not been provided, such as replacing a set of dentures when the dentures have in fact been repaired. Another is double charging, which can occur when dentists charge non-exempt patients and then falsely claim exemption from the NHS, or when they charge patients privately and then claim for the same treatment from the NHS. Other types of fraud include claiming payment for precious metal dental restorations that contain no gold or precious metal and claiming for domiciliary visits which were not undertaken.

> "Unintentional errors can be made due to lack of awareness, or a misunderstanding of the regulations."

Investigative process

The investigative work that CFS does is divided into two streams. The first involves the proactive team which works with our statistician to analyse claim data and look for potentially suspicious patterns. Proactive investigation into these patterns may not uncover any fraud or it could result in an investigation being launched into one or more dentists.

The second stream involves the Payment Verification (PV) team at Practitioner Services (PSD) (a division of NHS NSS), who ensure payments made to practices are valid. Here is where many dental fraud allegations emerge. I rely upon my PV colleagues to answer technical queries so that we can present the evidence in a way that is easily understood by legal professionals and jurors (should the case go to court).

The status of CFS also allows me to report offences direct to the Procurator Fiscal Service, without involving the police.

Objective

When allocated a case, I have to objectively assess the alleged fraud. Typically, at a meeting between PSD, CFS and the dentist's health board, we discuss the allegation and decide upon the initial parameters of the investigation. My goal at this stage is to identify key witnesses, where to find the evidence, and to determine whether a prosecution is feasible and what defence may be offered by the dentist.

In most circumstances the dentist is made aware of CFS enquiries when they receive a letter asking them to voluntarily supply patient records. This would not be the case if records were obtained by other means, or if the dentist were to find out informally, for example through patient enquiries. Many dentists seek legal advice before responding to our request. But if they don't comply, I would consider asking the Procurator Fiscal Service to obtain a search warrant in order to retrieve evidence from the dental practice or elsewhere.

When evidence has been gathered and witnesses interviewed, CFS invites the dentist to attend an interview, usually accompanied by their solicitor, and as an investigator I go in with an open mind. Generally it takes place in NHS accommodation and is tape-recorded. If I have reasonable grounds to suspect the dentist has committed the offence, then I would caution them that their statement may be used in evidence in criminal proceedings. At this interview the dentist has an opportunity to explain the apparently incriminating evidence.

After the interview and any necessary follow-up enquiries, I would review the case

with my manager and decide whether a report to the Procurator Fiscal is appropriate. It is a decision that requires some consideration, as the consequences for a dentist convicted of fraud against the NHS are many – a prison sentence, fine, suspension or they may be struck off the GDC register.

If the decision is not to refer, or if the Fiscal decides not to take criminal proceedings, a report is sent to the relevant health board recommending further action. This may include reporting the matter to their Reference Committee to decide whether the matter should be referred to the GDC. CFS may also recommend that the health board recovers any overpaid claims from the suspect.

Advice points

Good record keeping is extremely important in avoiding allegations of dental fraud. Comprehensive notes will help avoid mistakes when claiming for dental treatments or services and provide evidence to support your claims.

I would also suggest that you become familiar with the NHS claiming process in your practice to make sure that the treatment you prescribe is the treatment being claimed in your name. Fee scales can be complex so always check the number of items and allowances and the conditions that apply to them. Don't rely on the advice of a colleague. If in doubt, contact the appropriate paying authority.

You should never claim more than your entitlement because you think the system is unfair or doesn't offer sufficient remuneration for the amount of work you have put in. Some procedures may not yield large rewards for the complex work involved, but these small deceptions are not worth the risk of a fraud investigation and potential professional trouble with the GDC.

Never make false claims or invent patients in a bid to relieve short-term financial troubles. You may think the deception has gone unnoticed but the system will most likely catch up with you further down the line. Contact your professional association for advice if you find yourself in difficulty.

If you provide a service to NHS Scotland, you have a moral obligation to help prevent fraud. Only a very small number of healthcare professionals seek to defraud the NHS, but our aim is to identify those areas of misuse of resources, ensuring that money intended for the provision of frontline healthcare is spent where it is intended.

For further information go to **www.cfs.scot.nhs.uk**

The author works as an investigator for NHS Scotland Counter Fraud Services

LEADING THE WAY

PHOTOGRAPH: RCPSG

DR ALYSON WRAY was recently elected as the first female vice president of the Royal College of Physicians and Surgeons of Glasgow and is a consultant in paediatric dentistry. She began her career in the Community Dental Service in 1983 before becoming involved in clinical research in the US and UK. She went on to complete a PhD and has a particular interest in a preventative approach to managing dental health. A mother-of-three, she divides her time between the RCPSG, NHS Education and treating patients at Glasgow's Royal Hospital for Sick Children and Glasgow Dental Hospital.

Why do you think it has taken more than 400 years for a woman to achieve your position in the RCPSG?

In the early years of the Royal Colleges women weren't even admitted into the profession. To an extent it's been sheer weight of numbers that has made a difference. In recent years female undergraduates have significantly outnumbered their male counterparts in both medicine and dentistry, and that is slowly having an effect throughout the professions. There have also been aspects of the work-life balance of senior positions which simply haven't appealed to many women, for completely understandable reasons. However, some of those aspects are changing, both the balance between family life and work, and the sharing of responsibilities between couples. It all has an effect.

Will there ever be a female president?

I am absolutely confident there will be a female president, and hopefully quite soon. As the regulations currently stand though, it will be either a physician or a surgeon, as dentists are not eligible.

How does it feel being the first female vice president?

It feels like an enormous privilege. I am aware of setting a precedent, and I am conscious I have a responsibility, to women in particular, to do a fully committed and effective job. I have the honour of bestowing diplomas on our new Fellows and Members at the RCPSG admission ceremonies – it is such a joyful occasion, to be part of that alone is a great honour.

What is the secret to your success?

Luck! Prioritising effort, getting along with most people but not suffering fools. Taking opportunities when they arise, even if the timing is not great. Mostly working alongside clever, talented hardworking colleagues.

What changes would put more women into positions of influence within dentistry and medicine?

I'm not sure many more changes are required. It's happening, but it takes time. The rewards for high achievement need to be modified away from financial benefits alone. I certainly don't believe in any form of discrimination, "positive" or otherwise.

Do you feel there is an inherent chauvinism in some British institutions such as the RCPSG?

The Royal Colleges are very traditional organisations, their heritage is part of their charisma, but huge changes in policies and procedures have been introduced to keep in line with social and regulatory developments. When any group of men get together the topics of conversation are rather different from those of a group of women, but that's not chauvinism.

How do you cope with sometimes being the only female in the room?

To be honest I don't even really notice it anymore – and it doesn't happen so often now. I come from a very male-dominated family, loads of brothers, male cousins, nephews but hardly any girls, so it was never an environment in which I felt uncomfortable.

What advice would you give to dentists looking to emulate your success?

Look ahead and think about the longer term. Prioritise your efforts – it's never possible to do everything that's asked of you, and it frequently isn't all even necessary. Target your efforts to the urgent and the important, and then do as much of the rest as you can whilst still having a life. Most importantly, surround yourself with people who are effective and enthusiastic at what they do, and support each other in your efforts.

Describe a typical working week.

Typically I spend Monday at the Royal Hospital for Sick Children, either on the outpatient clinic, in theatre or seeing patients on the ward admitted over the weekend. Tuesday morning I do IV sedation (proprofol) with an anaesthetist on phobic teenagers at Gartnavel General Hospital and in the afternoon I have some administration or meeting time. Wednesdays I spend in the Glasgow Dental Hospital clinic seeing new referrals and patients for review and I also provide consultant cover for the department. On Thursdays and Fridays I work for NHS Education supporting the training, assessment and monitoring and recruitment of training grade staff in the west of Scotland.

Do you have much time for hobbies/relaxation?

My children are my main hobby and relaxation! Lots of evenings and weekends are spent ferrying them around to various activities, just as most parents do. I also try to go running, I love skiing, doing my garden and I see my friends as much as I can – they keep me sane!

Interview by Joanne Curran, associate editor of SoundBite

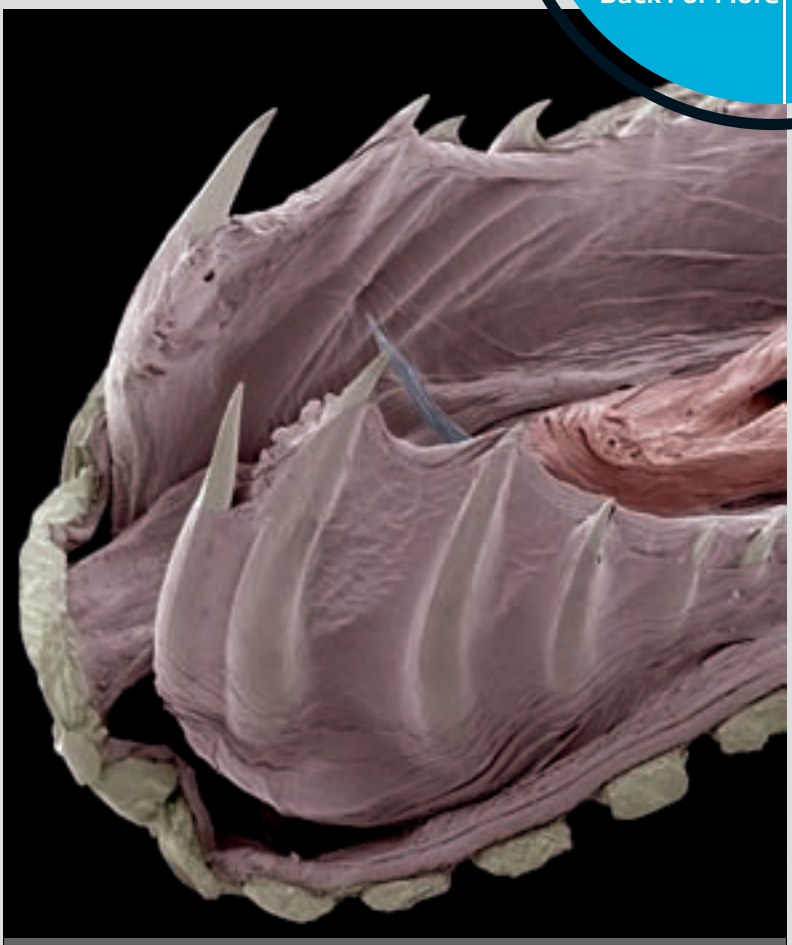
OUT THERE

PREHISTORIC DECAY The world's oldest toothache has been discovered in Texas in the jawbone of a 275 million-year-old omnivorous reptile called *Labidosaurus hamatus*. The 75cm-long, stout-legged beast had a single set of permanent teeth, making it vulnerable to the same type of bacterial decay that plagues humans. Researchers found evidence of massive infection, suggesting the similar adult human system of having permanent teeth also makes us more susceptible to infection.

BRUSHING WITH BIEBER A new Justin Bieber toothbrush collection has been launched in the USA. The brushes play Bieber tracks like *Baby* or *U Smile* for two minutes while brushing to encourage people to keep to the recommended time. Patients can also buy Bieber dental floss. Perhaps the products could be marketed in the UK under the slogan "Rot your brain, not your teeth"?

KILL DRILL A new invention offers hope for frightened patients by blocking the noise of dental drills. Patients can listen to an MP3 player attached to a special device that cancels out unwanted noise but still allows the dentist to be heard. Experts in London developed the gadget after 10 years of research.

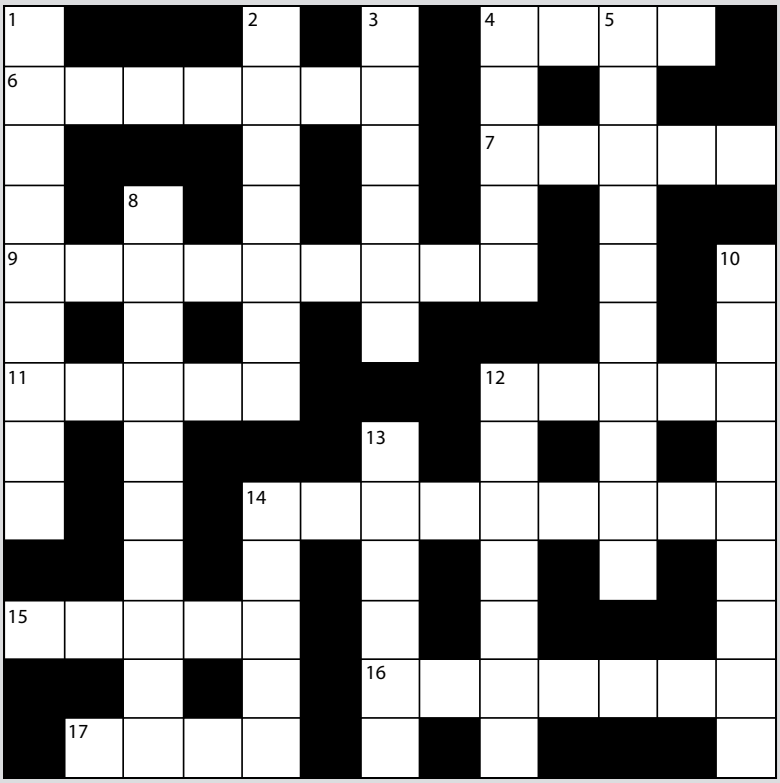
BOOZE BRIBE Texas dentist Clint Herzog has found his own unique way of luring patients to his surgery – free booze. He serves up wine and beer to nervous types while they wait for treatment. The unorthodox incentive seems to have paid off with a rise in patient visits.



PHOTOGRAPH: SCIENCE PHOTO LIBRARY

NAME THAT BITE

Stumped? The answer is at the bottom of the page



CROSSWORD

ACROSS

4 Attention (4)
6 Insignia of a sovereign (7)
7 More unusual (5)
9 Long-armed ape (9)
11 Small crustacea eaten by whales (5)
12 Seat (5)
14 To beset with insistent or repeated requests (9)
15 Shoulder wrap (5)
16 Capital of Kenya (7)
17 Nautical call (4)

DOWN

1 Common complication in tooth extraction (3,6)
2 Antibacterial gel used to treat 1 (7)
3 Wear _____, indicate tooth-grinding (6)
4 Also known as a dental cap (5)
5 Light area on an X-ray (10)
8 X-ray by another name (10)
10 PBC, _____bonded 4 (9)
12 Not acute (7)
13 Occlusal _____ – removable appliance to treat bruxism (5)
14 Type of filling, usually made of gold (5)

See answers online at **www.mddus.com**. Go to the Notice Board page under News and Events.

NAME THAT BITE: *Lower jaw of a python*

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