DAY IN THE LIFE OF A DENTAL SPECIALIST

‘I love getting to know each and every patient’

Natalie Bradley BDS MFDS MSc MSCD RCSEd, 33, is a Consultant in Special Care Dentistry at King’s College Hospital; Clinical Director at Dentaid the Dental Charity; and Chair of the British Dental Association’s Young Dentist Committee.

How does your day usually begin?
My toddler usually wakes me at 7 am but on days where I need to be up for theatres I am up at 5.30 am which can be a bit of a struggle!

I work in a few locations, as well as being able to work from home for one of my roles – so some mornings my commute is a three-second walk to the study; on others it’s almost one hour and 45 minutes!

When I am working in Central London I get the train, but I drive to the district general hospital which is on the suburbs of London and also if I am doing local private domiciliary visits I will drive to those.

Breakfast is mostly on the go, yoghurt or porridge.

What is your typical working week?
I work long ten-hour days on Mondays and Tuesdays and Thursdays 9–5 clinically. Wednesdays and Fridays my hours can be flexible – working around when I have childcare – I use these for my Clinical Director role, local domiciliary work, my role within the BDA as Young Dentist Committee Chair, my role as Managed Clinical Network deputy chair and spending as much time as I can enjoying my toddler!

How did you originally get into dentistry?
I had always wanted a role in science and medicine and after being told at the age of 16 I needed a root canal treatment(!), after going to research it I thought the procedure sounded really interesting. This led to me doing work experience which confirmed for me that dentistry was the career for me.

In 2014 I graduated from Newcastle University, followed by one year of DFT in London, one year of DCT then two years as a dental officer (all in London). I also worked part time as an associate dentist in an NHS practice and emergency out of hours. I completed Fellowship with the Office of the Chief Dental Officer and 3.5 years of speciality training in London/Surrey. After completing specialist training, I was appointed within Dentaid and spent one year as a specialist in CDS before being appointed a Consultant.

Why did you decide to specialise in special care dentistry?
I chose Special Care for many reasons, but I didn’t really know what Special Care was until my second year practising as a dentist! We hadn’t had much exposure to the speciality as an undergraduate, but when I started working at a walk-in emergency dental department in a secondary care setting and seeing people with additional needs because they struggled to get access elsewhere, this is when I looked at Special Care. I found treating people with difficulty accessing dental care because of their complex needs really fulfilling and being able to provide all types of dental treatment a patient might need: from restorative, to endodontics, to dentures, to extractions. I wanted to specialise so that I could provide more complex care under all modalities for these patients: from local anaesthesia to sedation to general anaesthesia.

What is required to specialise in this area of dentistry?
There is a three-year full time StR training programme you need to complete to specialise. Alongside this training programme I completed an MSc but this has now been removed from the training programme. You then need to pass the Royal College Membership exam in Special Care which is a tricollegiate examination.

What do you enjoy most about your job?
I love the problem solving and teamwork needed to work out how best to manage our patients. Sometimes this can be working out how a patient with a severe learning disability who gets very anxious around medical professionals can tolerate the dental treatment they need; other times it’s speaking to a patient’s medical team to make sure you can safely provide care. I also love getting to know each and every patient as I learn so much from their experiences and views – it really challenges any preconceptions you might have. For example, I remember seeing a patient who had autism who was non-verbal with a learning disability who was referred to have sedation for treatment. But after listening to his carers and working out how he communicated his needs, in the end I completed all his treatment under local anaesthetic by just having a carer hold a mirror up during treatment so the patient knew what was going on.

What do you find most challenging?
I think the emotional toll of seeing patients who have suffered multiple disadvantages or traumatic events in their lives. It is hard not to take things home with you and mentally wipe your feet at the front door mat when you’ve just seen patients who have had diagnoses like cancer, traumatic brain injuries or patients with progressive

conditions like dementia, Parkinson's or multiple sclerosis. Particularly when you see their deterioration between visits. I think what helps me is having a supportive team to talk to and it encourages me to make sure I make the most of my own life.

Do you see a wide variety of patients?
Yes, Special Care is very varied and every patient is different. We see the following groups of patients:

- Medically complex patients
- Patients with physical disabilities
- Patients with learning disabilities
- Housebound patients
- People experiencing homelessness
- Bariatric patients
- Severe mental health issues
- Severe dental phobia.

What are your interests outside work?
I like to go to music concerts (I'm a bit of a metal head) and to fitness classes. At weekends I try to relax – as much as I can with an 18-month-old – and switch off from work (although I work one Saturday a month) and spend time with family and friends.

I try to get into bed by 10 pm.

Would you recommend your career path to those starting out in dentistry?
I would highly recommend Special Care. Even though it is the newest dental speciality, the need for our services is growing with patients becoming more complex and access issues worsening. You really get to make a big impact on the lives of your patients and *they* might teach you something too!

Do you have any special plans for this year?
I'm hoping to grow our Special Care spoke hospital site so that patients can be seen more locally to where they live instead of travelling into central London for their care and strengthen the links between our hospital and community clinics.

We have lots of exciting plans in the pipeline for Dentaid this year with providing more clinics with more mobile dental units to serve communities in the UK who struggle to access dental care. ■

Interview by Kate Quinlan

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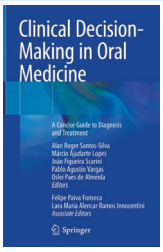
BOOK REVIEW



CLINICAL DECISION-MAKING IN ORAL MEDICINE: A CONCISE GUIDE TO DIAGNOSIS AND TREATMENT

Editors: Alan Roger Santos-Silva, Márcio Ajudarte Lopes, João Figueira Scarini *et al.*; 2023; Springer Cham; £63.99 (eBook); pp. 216;
ISBN: 978-3-031-14945-0

Oral medicine is an important clinical area, and identifying the varied clinical presentations of patients with a range of oral soft tissue conditions can often be challenging. This is a new textbook on oral medicine, which is clinically oriented and mostly focused on the diagnostic aspect of oral medicine. This textbook is written by authors mainly based in Brazil. The target audience of this text seems to be that of qualified dental surgeons, most likely working in a secondary care setting. The textbook lends itself to use by dental surgeons aiming to use this to learn around certain clinical presentations encountered in clinical practice and guide next steps in clinical management. Given the scope and level of the book, I would not recommend it for primary use for undergraduate dental students except to use on occasion as a reference.

The title of the textbook, *Critical decision-making in oral medicine*, grabbed my attention as critical decision-making is an important facet of oral medicine clinical practice. However, I feel that the text does not fully engage with this concept as much as it might, which is a pity as this would have been an opportunity to approach the subject area in a novel and very interesting way.

The overall text is well written, with excellent clinical images, and the content is accurate albeit there are some obvious differences in the authors' management approach in some areas compared to routine UK clinical practice. The authors make extensive use of bullet points which is helpful as a quick reference guide; however, a more narrative approach would have created opportunities to engage more fully with the declared title.

Part 1, titled 'Clinical protocols for oral diagnosis', includes chapters on history taking and physical examination, standardisation in oral photography, fine needle aspiration cytology and exfoliative cytology, biopsy of the oral mucosa, histopathological assessment, and protocols for breaking bad news. Part 2 titled, 'Reactive lesions and non-neoplastic processes', includes chapters on traumatic oral ulcers, recurrent aphthous stomatitis, desquamative gingivitis, non-neoplastic proliferative processes, and giant cell granuloma. Parts 3–6 include 'Common oral infections, salivary gland, vascular, mucocutaneous diseases' whilst Part 7 is titled 'Oral potentially malignant disorders and cancer'. Part 8 deals with oral management strategies for patients with special needs (relates predominantly to special care dentistry within the UK) and somehow management of patients with burning mouth syndrome is included within this section which is the only reference to facial pain in the textbook.

The textbook includes distinct chapters outlining clinical presentations and mostly focusing on differential diagnoses and investigation of these clinical presentations, with very brief comments about treatment. For example, there are some chapters which deal with patients presenting with a traumatic oral ulcer or patients presenting with dry mouth, which are helpful and align with the declared purpose of the textbook. Unfortunately, this approach is interrupted with a number of condition-based chapters such as 'oral herpes' or 'pyogenic granuloma' rather than retaining the same consistent format such as 'localised oral mucosal or gingival lump'.

Overall, this is a textbook which could be a helpful reference, in terms of a differential diagnosis for a busy clinician with limited time to interact with a textbook and explore potential differential diagnosis and briefly update their learning. However, I would not suggest this as a main oral medicine textbook, although within a library this could be a helpful addition to complement other oral medicine textbooks.

Konrad S. Staines

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