

Summary of: An audit of prosthodontics undertaken in general dental practice in the South East of England

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FULL PAPER DETAILS

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Aims Before embarking upon changes to teaching in prosthodontics it is important to identify what techniques are being used in general practice. The aim of this study was to assess the current range and quantity of fixed and removable prosthodontics reported in general dental practice in the South East of England. **Method** Structured questionnaires were sent to 191 randomly selected dentists from the GDC list in the South East of England, with 71% of the dentists completing the questionnaire. The questionnaire included demographic data, NHS/private and the range and quantity of fixed and removable prosthodontics. **Results** The reported number of removable prostheses undertaken was low; most metal dentures were made in private specialist practices, whereas most acrylic partial and complete dentures were made in NHS general practices. The number of bridges, in particular minimal preparation bridges, was low as opposed to the number of crowns, which was high in all types of practices. Implants were provided mainly by the specialists. **Conclusions** Dentists reported prescribing low numbers of removable and fixed prostheses with the exception of crowns. Metal dentures and implants were mainly provided by specialists. The implications of this study emphasise the importance in teaching crowns to undergraduates.

EDITOR'S SUMMARY

Over the past few years, a number of papers in the *BDJ* have investigated prosthodontic teaching in the UK and Ireland and have found significant variations in the amount of teaching that undergraduates receive in this area.^{1,2} Among their conclusions, these papers suggested that changes need to be made to the prosthodontic training that dental undergraduates receive, in order to prepare students properly for future practice.

This paper by Bartlett *et al.* approaches this subject from a different angle, by investigating the prosthodontic work undertaken by general dental practitioners. The suggestion is that the information acquired by assessing the types of prosthodontics most frequently provided in general practice could then be used when designing new dental curricula, in order to concentrate on the areas that are most relevant.

The study found that the number of implants and removable prostheses

provided by general dental practitioners in the South East was low, with conventional and minimal preparation bridges more commonly prescribed. However, the number of bridges provided was also low compared with the number of crowns, which was high in all types of dental practice surveyed. As a result of these findings, the authors emphasise the importance of undergraduate teaching in crowns and raise the question of whether in future, more of the curriculum should be focused on the provision of bridges. Although the number of implant restorations provided was low, the authors also suggest that undergraduate implant teaching may need to be revised in future if demand for implants increases.

In their introduction, the authors make the important point that new curricular requirements cannot be met without first removing from the curriculum techniques that may no longer be relevant to modern practice. Investigating current

practice undoubtedly has merit as a potential method for identifying such techniques. However, as pointed out by the authors and the commentator, a larger study is required in order to see whether the results hold true nationally. Investigating the reasons for practitioners' choices of prosthodontic work is also important if we are to obtain the clearest possible picture of modern prosthodontic provision and requirements.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 207 issue 8.

1. Lynch C D, Allen P F. The teaching of removable partial dentures in Ireland and the United Kingdom. *Br Dent J* 2007; **203**: E17.
2. Addy L D, Lynch C D, Locke M, Watts A, Gilmour A S M. The teaching of implant dentistry in undergraduate dental schools in the United Kingdom and Ireland. *Br Dent J* 2008; **205**: 609-614.

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IN BRIEF

- The most common prosthodontic treatment provided by GDPs in the South East of England were crowns.
- Few dentists reported making acrylic partial or complete dentures and most reported not providing implants.

COMMENT

It is perceived that there are changes in the provision of some treatment modalities within the UK (for example, a decrease in complete denture construction). These changes may necessitate a need to alter both under- and post-graduate dental education and possibly workforce planning decisions.

Bartlett and his co-workers randomly selected a group of GDPs (191) from the GDC register and audited the 'range and quantity of fixed and removable prosthodontic' procedures that each individual had completed had in the preceding 12 months. Data was collected in 2008 using a postal questionnaire that had been piloted on both hospital and practice practitioners. The response rate was 71% after two reminders, yielding data for 136 practitioners. It is worthy to note that 17% of those questioned worked less than five sessions per week, 41% worked under solely under private contracts and that 17% regarded themselves as either restorative dentists or prosthodontists.

Acrylic partial dentures were more commonly fabricated than metal-based prostheses, and this difference was especially evident within NHS-based practices. A large proportion of those surveyed fabricated a surprisingly small number of partial dentures: 74% and 31% of practitioners placed fewer than five metal-based and acrylic dentures respectively whilst 88% placed fewer than five mandibular dentures with a free-end saddle. This trend was repeated when complete dentures were

constructed (64% made fewer than five), with fewer being made in specialist practice.

The majority of those surveyed placed single crowns regularly, although 10% had not provided a crown in the preceding 12 months. Minimal preparation bridges were not prescribed at all by 29% compared to 18% for conventional bridges. This perhaps indicated a reluctance to provide minimal preparation bridges. Unfortunately, it is unknown if the practitioners that did not prescribe crowns were the same as those that did not provide bridgework. If this were true, these dentists may restrict their practice to other restorative disciplines (removable prosthodontics). Implant dentistry was less commonly practised than others: 71% did not place implant fixtures and 60% did not restore implants. Predictably, more implants were placed and restored in private practices.

The results provide workforce demographics and indicate the incidence of prosthodontic procedures in the South East of England. The authors acknowledge that their results are unlikely to reflect other areas of the UK.

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AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research?
Prosthodontics is changing and as teachers we need to consider how these changes may affect tomorrow's students. An understanding of the frequency and range of treatment carried out in general practice is essential for university teachers to plan future courses. Far too often university teachers are told that their teaching is not relevant to general practice. Now for us in the South East we have a better idea of what is happening in practice. We know that implants are not being carried out by many and that the numbers of bridges and dentures are also low. However, crowns seem to be very important and therefore our teaching needs to reflect this so we can prepare our students for their practising careers.

2. What would you like to do next in this area to follow on from this work?
The next stage is to see if these findings are not just a local indication of GDPs' practising lives, and to see if a national picture is possible. Perhaps with the relevant funding this might be achievable.