

Drills and safety nets



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I have a lot of respect for people who, midway through their career, decide to take the skills they've accumulated and head off in a different direction. The safety net they've built and reinforced throughout that time has suddenly gone, and it's time to sink or swim again. Knowledge accrued is stored away in boxes, to be unpacked in lightbulb moments throughout that new career as if to light the way and keep the person moving forward.

It is very different to deviating off the same path and returning. Which is why implants are such an interesting one. Dental students are not prepared for them. They're not taught, but they're given the tools to be able to unpack one of those boxes in the future when the situation dictates.

There is a huge discussion amongst senior members of the profession relating to the 'readiness' of those leaving dental school – or indeed the lack of. It is a genuine concern. I have heard stories from principal dentists about new associates not having placed a crown before joining their practice, which would have been unheard of in their day. There is an element of the 'old man yells at

cloud' meme (an image depicting Homer Simpson's father yelling at a cloud because he's angry at everything) to it, but there are also genuine concerns, which naturally have dento-legal implications.

And that's a great segue to introducing this latest themed edition of *BDJ In Practice*, looking at all things implant relating to the dento-legal landscape. In the most recent Annual Report by the Dental Complaints Service,¹ the second highest treatment type relating to the complaints raised over the last three years collectively was in relation to implants – 76 of them. Taking into account their changing of methods of reporting, for which the 2020 figure for implants includes complaints for implant retained, crown, bridge, full denture and partial denture – this made up 28.8% of all complaints – the highest by some way. Incidentally, the highest number related to orthodontic appliances.

Multi-factorial reasons can be put forward for this – is there a relationship between paying for treatment and patient expectations? Is it because they're not taught at dental school? Is it the litigious, ambulance-chasing world healthcare exists in? perhaps there's a little from columns A, B and C, but regardless of the answer, something is clearly awry, and something clearly needs to change.

Featuring contributions from some of the very best dento-legal minds in

dentistry, the issue covers everything from mentoring through to training through to the implications for indemnity providers these cases bring to light. We try to answer some the burning questions the BDA Indemnity team receive and put them into context; what does it mean for *you*. Yes, implants placed decades ago may fail, but are you liable? Yes, implant therapy is becoming easier through massive technological advances, and outcomes are far more predictable than they ever have been, but how do you assess a patient's suitability, and what are the implications if you get that wrong? Yes, patients are more aware of what's available – by and large thanks to *Dr Google* – but what happens if you fall short of the expectations set by Montgomery? What then?

Every dentist has the ability to head off onto implant courses, safe in the knowledge there's a box somewhere in the memory bank that can be opened when they need to. You have the clinical skills, and this issue aims to bring the wider knowledge to the process, the decision-making and the instructions of how to build that safety net. ♦

Reference

1. Dental Complaints Service. Review 2020. Available online at: <https://dcs.gdc-uk.org/about/publications> (Accessed August 2021).

<https://doi.org/10.1038/s41404-021-0880-7>