

ROYAL COLLEGE OF SURGEONS OF EDINBURGH'S FACULTY OF DENTAL SURGERY CELEBRATES 40 YEARS



The British Association of Dental Nurses (BADN) extended their congratulations to the Royal College of Surgeons of Edinburgh's Faculty of Dental Surgery on their 40th anniversary.

BADN Chairman Joan Hatchard is pictured with Professor Philip D. Taylor, Dean of the Royal College of Surgeons of Edinburgh's Faculty of Dental Surgery, at the Faculty's 40th anniversary dinner.

CHILD ORAL HEALTH ADVICE IN NINE LANGUAGES

The British Society of Paediatric Dentistry's (BSPD's) Practical Guide to Children's Teeth is now available in nine languages. It was originally published in English in 2016, then in Ukrainian earlier this year, and now seven further translations have been made into languages commonly spoken by asylum-seeking children and their families: Kurdish, Amharic, Persian, Arabic, Pashto, Dari and Tigrinya. Download the guide from <https://www.bspd.co.uk/Patients/PatientInfo>.

FROM THE ARCHIVE: WHY EMPLOY A DENTAL HYGIENIST?

This short piece written by Margaret Verity was published in the *BDJ* in January 1964 in Volume 116, pages 61–62.

An important reason for a dental surgeon to employ a hygienist is to enable him to give more time to other dental procedures which require his special skill. Scaling and polishing, while of great importance are time consuming, and it therefore seems reasonable that this repetitive task should be carried out by an operator who has been trained to a high level in that procedure only. A comparison with the medical profession can be made: the orthopaedic surgeon examines the patient, makes the diagnosis and decides upon the treatment, but the auxiliary worker, the physiotherapist, gives part of the treatment and the surgeon's time is released for the benefit of a greater number of patients.

The profession of dental hygienist is comparatively new in this country and it is encouraging to examine its growth in the USA. The first course of training was started in 1913 and there are now 33 schools with a total annual enrolment of 2,000 students. The American dental profession has over the years convinced the public that the services of hygienists add to the patients' welfare and although in Great Britain the lay public at present know little of the advantages of being treated by a hygienist they could be similarly educated. Eventually, it could be accepted

by the patient that it would be usual for him to have his conversation and surgical treatment done by his dentist and his scaling and polishing by the hygienist.

'It is practical for the hygienist to spend a proportion of her time on education'

Quite a lot of time has to be spent on introducing very young children to the dental surgery and getting them used to having their mouths inspected long before they may need treatment. To help in this, it is possible for the hygienist to take a child into her surgery and get him accustomed to the equipment and instruments while the mother has an appointment with the dentist. Education for good oral health cannot start too soon and it is practical for the hygienist to spend a proportion of her time on education (for which the NHS provides no fee) and still be an economic asset to the practice.

There is at present a shortage of dentists in the UK so no dentist can argue that

the hygienist is taking away part of his livelihood and anyone will soon find the added time given to him through employing a hygienist will be filled by new patients wishing to be treated by him.

With the increased effort being made to reduce the incidence of caries, particularly the recent decision that local authorities may seek approval to fluoridate the public water supply, the prevention and treatment of periodontal disease will become even more important. People will not lose their teeth so early in life and resort to dentures. Instead, they will require their periodontal tissues to be kept in the best possible condition well into old age. The removal of calculus to prevent local irritation to the gingival tissues is the best contribution the hygienist can make to preserve the supporting structures of the teeth.

A periodontologist who specialises in the treatment of patients with advanced periodontal disease may find most of his patients require his professional services and the limited scope of the hygienist might not be of use in his practice. However, two or three dentists, working together in a general practice, treating patients with only mild periodontal disease, should find that they can quite well arrange to have a hygienist in their practice to everyone's benefit.