

Dr Eric Battison honoured with BDA Life Membership

The British Dental Association (BDA) was proud to honour Dr Eric Battison with Life Membership, celebrated at a special award ceremony at the East of Scotland AGM on 16 March 2022. Dr Battison was a member of the BDA from graduation in 1966 until his retirement in 2013. A long-standing member of the East of Scotland Branch, he also served as its President from 1984–1985.

Qualifying in 1966 from the Edinburgh University and Dental School with the Class Medal in Operative Dental Surgery, Dr Battison worked as a general practitioner in Kinross and Edinburgh before becoming principal in a three-surgery practice in 1969.

He worked as a visiting dental practitioner to Edinburgh Dental Hospital and School supervising final year students in the conservation department from 1977–1979. During the 1980s, he was occupational dental surgeon to the staff at Bangour Hospitals, and from 1988–1995,



BDA Past President Roz McMullan presenting Dr Eric Battison with his award

he became visiting dental surgeon to Marks & Spencer Stores in Edinburgh.

He was one of the first group of GDPs to receive MGDS RCS (Edin) in 1982, and in 1983 gained MGDS RCPS (Glasg). In 1997, he received FDS RCS (Edin) by assessment.

From 1993–1995, he was Chair of the Scottish Dental Vocational Training Equivalence and Certification Committee, and from 1998, he served as a Non-Executive

Director of the Medical & Dental Defence Society of Scotland (MDDUS).

As one of the Dental Practice Advisors to West Lothian Primary Care NHS Trust from 2000 to 2013, he supported and maintained the quality of dental practice in Lothian. He wrote the *Lothian Practice Support Manual* which was the forerunner for the SDCEP's practice support manual and informed much of the current Scottish Combined Dental Practice Inspection.

Dr Battison always had a keen interest in dental politics and attended his first LDC meeting in 1967 in Edinburgh. He was elected to the LDC in 1969/70 and was an active member until his retirement.

This award was given early at the request of the recipient.

Nominations for this year's current round of BDA Honours and Awards close on 27 May 2022 (or 29 April for the BDA's Joy Harrild Award for Young Dentists) and recipients will be announced later this year.

Birmingham dental student comes out on top



Clinical skills winners Jae Eun Lee (left), Philip Eburne and Alice Sherrard

A dental student from the University of Birmingham has come out on top in a prestigious national competition featuring entrants from 17 of the most acclaimed dental schools in the UK.

Philip Eburne, from Acocks Green, Birmingham, was announced as the winner of the Royal College of Surgeons of Edinburgh (RCSEd) Faculty of Dental Surgery's 'Dental Clinical Skills' competition for 2021/22, sponsored by Dentsply Sirona.

Jae Eun Lee from Queen's University Belfast, and Alice Sherrard from the University of Liverpool, came second and third, respectively.

Sixteen of the best entrants from a series of regional competitions were chosen to go to Edinburgh for the grand finale, where they were tested on their skills live. All finalists received an overnight stay at Ten Hill Place Hotel, part of the RCSEd's iconic headquarters in the Scottish capital.

For the renowned Faculty of Dental Surgery, it was an important return for in-person competitions, where the final year students can put their hard work to the test against their peers: especially important after many missed out on practical experience throughout the pandemic, causing the cancellation of the 2020/21 competition.

Winner, Philip Eburne, said: 'I really enjoyed the experience. I was initially nervous, but it felt less like a high-pressure competition and more like a beneficial learning experience.'

'It was a little overwhelming to hear that I'd won it. I felt like I was a bit of an imposter amongst the crème de la crème of my peers.'

'It's definitely something I'd recommend to others in the future. It's a fantastic opportunity that allows you to hone and demonstrate your skills.'

Philip was awarded a £2,000 cheque, a digital SLR camera and a trophy to recognise his achievement. The state-of-the-art digital camera was generously donated by Dr Tom Bereznicki.

All participants in the competition will receive two years' affiliation with The Royal College of Surgeons of Edinburgh.



Top tips for incorporating research

By Zoë Brookes,¹ Ian Mills,² Robert Witton³ and Ewen McColl⁴

The COVID-19 pandemic has had a significant impact on all aspects of society, with dentistry facing specific challenges in maintaining access to dental services within a safe environment.

One of the key challenges in early 2020 was the lack of knowledge and understanding around the risks of transmission of a novel coronavirus in the dental setting. The lack of credible research, particularly within the primary care setting, led to challenges in developing reasonable and informed guidance to support the profession. As a consequence, research from other settings was translated to dentistry which was viewed by some as inappropriate. Dental academics were keen to contribute, but with limited research capacity, particularly within primary care, the lack of empirical evidence undoubtedly hampered progress in dealing with the threat of coronavirus.

In the UK, over 90% of dental care is provided within general dental practice, yet only 2% of current published research relates to primary care.¹ Evidence-based dentistry (EBD) is a vital aspect of delivering high standards of care for our patients, and this should be informed, wherever possible, by high-quality empirical research. The majority of research is conducted in academic settings or secondary care, and this may not necessarily translate to primary care.²

Primary care dental services provide the ideal environment for clinical research given the wide range of patients and applicability of research findings to real world circumstances. In our experience, busy practitioners often find it difficult to get going with research in practice, whilst recognising the value of being involved in research. In this short paper, we hope to give some tips on how to get involved in research in primary dental care.

1. Why bother?

Working in general practice can be extremely challenging, particularly at the present time. The thought of taking on additional responsibilities, such as research, may seem like an unnecessary burden. However, there are many positives in getting involved with research in primary care and some of the benefits include:

- Developing new skills and knowledge
- Working as part of a wider team
- Involvement of staff and patients
- Variety within your working week
- Professional fulfilment through advancing knowledge of the profession
- Potential for future career advancement including publication
- Point of difference in terms of practice promotion or staff recruitment.

2. What level of involvement?

You can become 'research active' at many different levels, and for many this may be a convenient way to get started and make contact with more established researchers.

- **Research participant** – get involved as a participant in an existing study or trial. Many researchers are keen to recruit participants in a variety of projects
- **Data collector** – participate in a study by collecting data for a colleague, perhaps through a questionnaire at the practice or collection of clinical data
- **Collaborator** – more active involvement as a member of the research team, perhaps providing clinical expertise and advice or interpretation of results and their relevance to the clinical setting
- **Clinical lead (CL)** – direct involvement in the design of the study including funding application and research and ethics, as well as clinical input, analysis, interpretation of findings
- **Principal investigator (PI)** – responsible for all aspects of the study and likely to be undertaken by experienced researcher or someone in academic post.

3. Getting started

It can be difficult to know where and how to start, and the importance of professional networks cannot be understated. 'Local knowledge' is always a good place to start and colleagues will often be able and willing to signpost you accordingly. Groups, such as the LDC, BDA Section, FGDP/CGDent, IPG, will often be able to help.

- **Find a supportive practice** – it can be difficult to conduct research in isolation, particularly if your practice is not engaged or supportive. There are others who are, and colleagues will often be delighted to act as a mentor. Dental body corporates will potentially have research opportunities due to their size and management structure, and it is always worth enquiring
- **Dental school** – the majority of dental research is linked to universities or dental schools, and many academics are keen to collaborate with colleagues in primary care. It is worth contacting the research lead or a named academic at the School, and you may be pleasantly surprised at just how keen they are
- **University** – contact your nearest university as they may be grateful of your input with ongoing research projects by providing clinical expertise, also in non-dental disciplines
- **College of General Dentistry** (formerly FGDP UK) – CGDent provides support, advice and information on research in general dental practice (<https://cgdent.uk/research/>). An introduction to research for primary dental care clinicians was previously published in 2010 and can be accessed online: <https://cgdent.uk/standards-guidance/>
- **Society for Academic Primary Care (SAPC)** – the SAPC has a special interest group 'Academic Primary Dental Care Group' which provides an academic platform to nurture academic careers in primary dental care: <https://sapc.ac.uk/special-interest-group/dental-care> ▶▶

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- **Centre for Evidence Based Dentistry (CEBD)** – excellent resource and often runs introductory short courses on research: <https://www.cebd.org/>
- **National Institute for Health Research (NIHR)** – the NIHR provides extensive information, advice and support on research in addition to providing funding for training opportunities: <https://www.nihr.ac.uk/explore-nihr/specialties/primary-care.htm>
- **Local Clinical Research Network (CRN)** – approach your local CRN for advice and support. The NIHR Clinical Research Network provides researchers with the practical support they need to make research happen. It supports the set up and delivery of clinical research in the NHS and in other health and care settings through the Study Support Service, including staff once funding has been secured: <https://www.nihr.ac.uk/explore-nihr/specialties/oral-and-dental-health.htm>. There may be other local groups such as Northern Dental Practice Based Research Network which can offer advice and support in getting research going in your practice: <https://blogs.ncl.ac.uk/northerndentres/>
- **Research groups/societies** – join research societies, present your work, get feedback and meet like-minded research enthusiasts who will help you make things happen; for example, the IADR/BSODR (<https://bsodr.org.uk/>), British Society of Periodontology and Implant Dentistry (<https://www.bsperio.org.uk/>), ADEE (<https://www.adee.org/>)
- **Existing trials** – there are several national multi-centre randomised controlled trials currently taking place in primary dental care, eg *Pulpotomy for the management of irreversible pulpitis in mature teeth (Pulpotomy for Irreversible Pulpitis – PIP Trial)* and *ENHANCE-D – Enhancing Dental Health Advice*. Search the NIHR site for ‘dental’ within <https://fundingawards.nihr.ac.uk/>. Such studies can only take place if primary care dentists are willing to take part in research and they need you.

4. Training

Dental graduates and foundation trainees are likely to have knowledge and experience of searching the literature, critical reading and clinical audit, but may not have been exposed to research. There are an increasing number of academic opportunities for the dental team, but they are often poorly understood and the opportunities under-appreciated. Your own knowledge and experience should not be undervalued, and you can make a significant contribution in helping translate research into clinical practice:

- **Intercalated degree** – an intercalated degree during your undergraduate training (BSc or MSc) will give you basic research skills training, a more competitive CV and a taste of whether research is for you
- **NHS Good Clinical Practice (GCP) training** – if you are interested in research, it is well worth undertaking this training at an early stage: <https://www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice.htm>
- **Academic Dental Foundation Training (DFT)** posts are available to combine DFT with basic research training and information

is available at <https://www.copdend.org/postgraduate-training/dental-foundation-training/872-2/>. Research opportunities have also been created within Dental Core Training (DCT). See <https://www.copdend.org/postgraduate-training/header-dental-core-training/>

- **NIHR** – offer a part-time integrated training pathway within an academic institution, whilst continuing clinical practice, as an Academic Clinical Fellow (ACF) with 25% protected educational/research time for masters level training: <https://www.nihr.ac.uk/funding/nihr-academic-clinical-fellowships-in-dentistry-2022/28684>; or as an Academic Clinical Lecturer (ACL). The latter requires a PhD but involves further academic and clinical training, with 50% protected educational research time to become established as an independent research leader: <https://www.nihr.ac.uk/funding/nihr-clinical-lectureships-in-dentistry-2022/28686>
- **University** – there are opportunities to undertake part-time masters training in clinical specialist areas, involving an element of research, or doctoral training to gain a PhD whilst continuing to work in primary care. If a PhD is something you could consider whilst working in primary care, send your CV, funding may be available. Experts in your field of interest will also become apparent through your engagement with the literature and looking through university research pages

‘Join research societies, present your work, get feedback and meet like-minded research enthusiasts’

- **Chief Dental Officer’s Clinical Fellow Scheme in England** – the Clinical Fellow Scheme was established in 2017 by the Chief Dental Officer for England. It provides dentists with dental leadership opportunities, who have not held a senior leadership role in dentistry, a unique opportunity to spend 12 months in a national healthcare-affiliated organisation outside of dentistry practice to develop skills in leadership, management, strategy, project management and health policy: <https://www.fmlm.ac.uk/programmes-services/individual-support/clinical-fellow-schemes/chief-dental-officers-clinical-fellow-scheme>.

5. Read the literature

- Read dental journals regularly. This will keep you up to date, help develop your critical reading skills, expand your knowledge of research methods, and provide good examples of academic writing
- It can be difficult to keep on top of the literature and you may need to be selective in what you read. *Evidence-Based Dentistry* (<https://www.nature.com/ebd/>) and *Dental Elf* (<https://www.nationalelfservice.net/dentistry/>) are excellent resources
- Search Medline, PubMed, Embase and other databases regularly on your topics of interest. Topic alerts can be created automatically to keep you up to date on published articles within a particular subject. ▶▶

6. Define your research interest

Oral health research is rich and varied with many topics to explore and methods to utilise: from dental materials to behavioural science; from therapeutics to epidemiology; and from clinical techniques to patient-reported outcomes. The possibilities are limitless, but it will help considerably if you consider the following:

- Choose a topic in which you have some knowledge, interest or feel passionate about
- Develop a research question which is focused and SMART; use 'PICO': <https://www.cebd.org/practising-ebd/question/>
- Base your research interests on real life clinical problems that you have experienced or have relevance to everyday practice
- Remember, despite your passion, only certain areas will get funded. Learn what the research priorities are in dentistry: <https://www.jla.nihr.ac.uk/priority-setting-partnerships/oral-and-dental-health/top-10-priorities.htm> and read the NHS long-term plan: <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>. How does your research fit with these?
- Aims and objectives are the most important part of project planning – define these first and conduct clear, focused, hypothesis-driven research, rather than a fishing expedition to see what you might find.

7. Funding

Leading your own research in primary care can be expensive in terms of time and resources, and the majority of research projects require funding. Research conducted within training posts may be funded, such as NIHR, but most projects need to be supported by grants.

- Start small and work your way up; you need publications, preliminary data and national/international collaborations to be competitive with large grants. There are lots of small grants available in dentistry, especially for early career researchers, and some focused on primary care; eg Oral and Dental Research Trust (ODRT; <https://www.odrt.org.uk/>), Royal College Surgeons of England (<https://www.rcseng.ac.uk/standards-and-research/research/fellowships-awards-grants/>)
- Large grants are few and far between for oral and dental research, but it may be worth monitoring funding calls for larger charities such as the NIHR, Medical Research Council (MRC; <https://mrc.ukri.org/>), Biotechnology and Biological Sciences Research Council (BBSRC; <https://bbsrc.ukri.org/>), British Heart Foundation (BHF; <https://www.bhf.org.uk/>), Cancer Research UK (CRUK; <https://www.cancerresearchuk.org/>) and consider how your research interests might fit within the research criteria.

8. Have a five- and ten-year career strategy

- Write down what you want to be doing in five or ten years; if it looks like you want a mixed portfolio career involving research, then make a map of how to get there
- Be patient; research does not give immediate rewards with results or immediate financial rewards; most of the benefits to you and patients are long term
- Be proactive, knock on doors and do not expect people to do it for you. ■

References

1. Clarkson J. Experience of clinical trials in general dental practice. *Adv Dent Res* 2005; **18**: 39–41.
2. Committee of Vice Chancellors and Principals. *Clinical Academic Careers: Report of an Independent Task Force*, 1997. London: CVCP, 1997. ✦

Dental students face wellbeing crisis



The BDA Benevolent Fund has revealed the findings from its first-ever survey into the financial and wellbeing needs of UK dental students.

Conducted in October and November 2021, the survey was designed to explore the financial and wellbeing issues facing dental students, to help the charity increase awareness and improve support.

Most shockingly, the report revealed high proportions of students experienced wellbeing challenges, most notably stress or burnout (90%) and performance anxiety (77%). Around half of students were also impacted to some degree by severe wellbeing issues such as depression (55%) and bereavement (50%).

COVID-19 had a significant impact, with 74% saying the pandemic had increased their need for wellbeing support (74%). The transition to online classes and the suspension of wider university activities were highlighted as major contributing factors. However, only 33% of students had accessed some support for their wellbeing.

In terms of financial stressors, 74% of students stated that financial issues impacted them to some degree during their studies. The main contributing factors were mental health (61%), family circumstances (59%), final-year funding changes (46%) and business closures linked to COVID-19 (44%). Despite this, 51% of students stated they had not accessed financial support even though they had experienced money problems.

Dr Ros Keeton, chair of the Benevolent Fund, said: 'This report reinforces the pressure and wellbeing issues that we have in not just dental students, but in the profession as a whole. It reinforces our understanding of how difficult the scenarios are that people are facing and how anxiety-making they are. We, in the UK, need to say, "that's not a good place for a profession to be in", we need to look at ways that we both train and support younger dentists in particular through that.

'I hope that the profession collectively responds to the survey. Because I think that's where the answer is – it's in the collective response – it's not about passing the buck.'

View a full copy of the report at: <https://www.bdbenevolentfund.org.uk/news/uk-dental-students-missing-out-on-vital-support/>.

FROM THE ARCHIVE

Is this where I came in?

This excerpt from the *BDJ* by Edward Samson FDS of St Peter Port, Guernsey, was published on 16 October 1973 in Volume 135, pages 379–380.

For some reason unexplained, the number 100 has acquired a special significance in our lives. Why is it given greater respect than, say, multiples of seven, the mystic and sacred number of the Pythagoreans, the climacteric that supposedly governs our biological progress to the grave at three-score years and ten? Or why is 100 more popular than three, the number of countless early superstitions? Cricketers and old people are proud of knocking up a century. Centenarians happily celebrate reaching their great age, and even receive royal congratulations on the occasion; and that whether they have scored by reason of a disciplined and blameless life, or despite one of wildest debauchery. This regard for 100 cannot be a concession to decimalisation, for Moses far ante-dated our Common Market genuflections with his ten commandments. However, ten-to-one, let us say decalogically, we shall continue to aim hopefully at our centuries, and proclaim our success to the world if, by luck or perseverance, we arrive there. That being so, we ought, having passed the hundredth year of the *British Dental Journal's* unbroken publication, praise those who, by their devoted labours, have carried it thus far; which being said, and with no superstitious concern for centenaries, I claim that the Journal was no less admirable at 77, or at 83, or at any other inauspicious age than at 100.

It has inevitably changed with age, but not become prematurely senile, as its readers are said to do when far younger. Indeed, it has matured in characters, as becomes its years. If it has not multiplied as the grains of the sand, it has vigorously outlived less virile publications; has, in fact, absorbed, we will not say devoured, some of them as mere morsels.

An impressive publication

Born as *The Monthly Review of Dental Surgery*, the *British Dental Journal* was an impressive publication, at least to my archaic taste. Its contributors were mostly men of refined intellect. Their writings, if somewhat euphuistic by today's standards,

were liberally flavoured with references to the classics, and with quotations, not alone from the Greek but in Greek; a literary achievement not noticeable in today's dental press. Maybe they had handy a good book of quotations, yet even the most uninspiring subject, such as 'The Effects of Climate and Constitution on the Teeth', inspired an essay of elegance and high literary competence that would not disgrace a Lamb or Hazlitt. But alas! How they would bore our time-and-motion readers today, whose erg-conserving programmes leave few moments for even scanning the advertisement pages of the Journal, let alone for relaxing with leisurely and expansive dissertations.

Yet withal, the substance of the *BDJ* has not so greatly changed in 100 years, allowing for such minor accretions as the cry for a doctorate, some mordant criticism of the

Surgery is superior to English...? If the impression does not prevail quite so widely in England, the opinion is still strongly held, and announced, in America. But here is the quintessence of the discussion, which is certainly as apposite today as 100 years ago. The article continues, 'The discussion must not be made between the operators, but the patients; for while, in the United States, there is no difficulty whatever as to the time that they are willing to place at the disposal of their dental surgeons, we find in England, except amongst the highest and most intelligent class of the public, a great repugnance to long and tedious operations, and to frequent visits...'

Doubtless the less expensive NHS dentistry, plus ultrasonic intravenous operations have reduced the tedium of

'Dental health educationalists here are still endeavouring to inspire the British with a sense of value of their natural organs of mastication, and still they mostly prefer acrylic ones.'

National Health Service, and such advanced subjects as motivating patients to appreciate dentistry. Though this last was then being used, if not so scientifically as do our present psychodontists, for Messrs Lewin Mosley & Sons were, circa 1873, practising a very refined line of motivation by advertising themselves as 'Surgeon-Dentists to the Royal Household', as well as satisfying the urge for a doctorate, apparent that early, by adding 'MD' to their names. None of which information was correct. Happily the General Dental Council and greater knowledge and skill now guide patient-persuasion along more ethical lines.

A contemporary ring

One subject, in this very first issue, has so contemporary a ring it might have been written today and, I guess, accepted by the Editor in his correspondence column. Under the title, 'American Dental Surgery', the writer says 'There is a strong impression prevailing in the minds of many, that American Dental

dentistry for intelligent and stupid alike, as well as the necessary number of visits, yet there still persists the old 'repugnance', in all classes that is, for today we dare not distinguish between the highest class and the rest. And not only the repugnance for, as this early writer explains, American citizens 'are fully alive to the value of their natural organs of mastication, as well as to the great skill and manipulative ability of their dental advisers'. Dental health educationalists here are still endeavouring to inspire the British with a sense of value of their natural organs of mastication, and still they mostly prefer acrylic ones. And what an optimistic prophet this author was. 'One let our patients understand the importance of the services we render them, and we shall find no difficulty in obtaining the consideration and attention which is such a well-known feature of American practice.' (I had thought consideration and attention qualities of the dentist, not the patient.) ▶▶

« So, while we properly celebrate a century of the Journal's life, let us temper pride with a touch of realism. While our excellent publication continues to record dentistry's latest advances, its new and refined techniques, its elaborate and esoteric work in the rarified altitudes of research, while it faithfully brings every aspect of a progressive profession to its avid readers, the public that the profession serves is as neglectful of its natural organs of mastication as they were in 1873. There were, however, also in those distant days the hopeful missionaries and the pessimists of dental health education. An American dentist, anticipating today's propaganda by a century, wrote a book for the public, *'The Teeth, and How to Save Them'*; a pioneer, indeed, but of course, American. The reviewer wrote of this book, somewhat biliously, in our first journal, 'If Dr Meredith [the author] be credited with an honest desire to gain the end which he states he has in view, it is to be regretted that he should have devoted so much labour in a direction in which a good result appears more than doubtful, if not altogether hopeless.'

Poor Dr Meredith! He fought bravely, as do our dental health educationists today, for American teeth and how to save them, and doubtless hoped to do the same for British ones. It is well, perhaps, that we are almost exclusively forward looking and hopeful, and do not browse sentimentally (and certainly not for instruction) through the early *Monthly Review of Dental Surgery* as I did. Were we so retrospective we might disband DHE committees in despair, burn their posters and films and pamphlets next November 5, and return to our surgeries, content to work on the natural organs of mastication. Fortunately for profession and public alike, it is only the old who look back, since there is for them so little to look forward to. Our young and enthusiastic profession will continue to the look to the future. Let us hope it sees there more than a nation of plasticised edentates, ever eager to shed their natural organs of mastication; though perhaps instructed to do so during the thousandth freeze, in order to reduce the cost of the general dental service and so curb next century's inflation.

BDA MUSEUM

Manchester memorabilia 1939 and 1972

By Dr Margaret Wilson, Honorary Curator, BDA Museum



Fig. 2 Original Manchester tie



Fig. 1 The blazer and student instrument box

The British Dental Association Museum was delighted to accept the Manchester Dental Hospital blazer and Manchester dental student instrument box from retired dentist Barry Clayton (Fig. 1). Barry graduated from Manchester Dental School in 1972 and his father graduated LDS from Manchester in 1939.

The blazer belonged to Barry's father John Reginald Clayton LDS VU Manc 1939. This is the only dental hospital blazer in the collection. Although there are generic hospital blazers worn by medics and dentists, it is not known if there were any other specific dental hospital blazers in the UK. Certainly, no other dental hospital or school blazer has been donated to the museum and it might be something unique to Manchester, unless readers of the *BDJ* can let us know otherwise. The

blazer is maroon with gold vertical stripes outlined in black and has the crest of the Manchester Dental Hospital. The colours match the original Manchester Dental Hospital tie which was also maroon but with diagonal stripes (Fig. 2).

Prior to dental hospitals providing instruments for use by student clinicians, every student had to buy their own dental instruments at the start of their course. The students were responsible for maintaining, cleaning, sterilising, sharpening and oiling their equipment. The instruments were kept in boxes and had to be carried by the student to each clinic. The student instrument box in Figure 1 was used by both Reg and Barry Clayton. Student instrument boxes came in different designs and the BDA Museum has good examples in its collection.

BSSPD poster winner



At the recent British Society of Prosthodontics (BSSPD) Annual Conference, held in Aberdeen on 10 and 11 March, Stephanie King, specialty trainee in restorative dentistry, Liverpool University Dental Hospital, won the best poster prize.

Stephanie's poster looked at the development of a novel technique to transition patients from a fixed dental prosthesis to an obturator prosthesis following cancer recurrence after maxillary reconstruction. Stephanie is pictured with the BSSPD President Dean Barker.

Posthumous honour

The College of General Dentistry has recognised the late John Craig FFGDP(UK) (1943–2021)¹ with the posthumous award of a President's Commendation.

Dr Abhi Pal, President of the College of General Dentistry, said: 'John was a visionary, a pioneer in the establishment of the Faculty of General Dental Practice in the West of Scotland, and a tireless moderniser who endeavoured to keep our profession at the forefront of healthcare. He was also an inspirational colleague, whose principles, high standards and excellence earned the deep respect of all who encountered him, and I am delighted to have had the opportunity to honour his illustrious career.'

Reference

1. Renshaw J. John W. Craig. *Br Dent J* 2021; **231**: 617.

BDA AGMs



West of Scotland Branch

The BDA West of Scotland Branch AGM will be held on Wednesday 20 April 2022 at 18:15 at the Royal College of Physicians of Glasgow, 232–242 St Vincent Street, Glasgow, G2 5RJ.

All BDA members welcome. For further information and to book please visit www.bda.org/bse.

West Lancashire, West Cheshire and North Wales Branch

The BDA West Lancashire, West Cheshire and North Wales Branch AGM will be held on Monday 25 April 2022 at 18:45. This event will be held online through GoToMeetings and will feature Eddie Crouch as a speaker.

All BDA members welcome. For further information and to book please visit www.bda.org/bse.

A landmark new route to fellowship

The College of General Dentistry (CGDent) has launched a landmark new route to fellowship based on experience, and has issued an open invitation to suitably experienced dental professionals to apply.

The community of Fellows lies at the heart of the College, providing leadership and collectively supporting the development of dentistry, as well as reflecting the values of the organisation and its focus on professionalism.

In line with the College's ambitions and inclusive approach, applicants do not need to be an existing member of the College, and fellowship is open to all members of the dental team should they meet the criteria. However, a minimum of ten years' practice as a registered dental professional is required for the application to be considered.

The College has set out transparent criteria for its new Fellowship by Experience route, so that prospective fellows can be confident in their application. A straightforward application process has also been designed to suit the busy modern dental professional, with applicants needing to submit only their CV, registration certificate and evidence of meeting the requirements of three of five fellowship domains.

For each of the five domains – Clinical; Teaching, Learning & Assessment; Leadership & Management; Publications & Research; and Law & Ethics – two sets of criteria have been published.

Evidence for capability in a domain using the standard criteria will need to be accompanied by a reflective account of professional development covering that domain, which will be assessed by the College's Membership Admissions Panel.

Successful applicants will be entitled to use the postnominal designation 'FCGDent', and as members of the College will receive access to live CPD events and an online library of over 900 hours of content, an online Personal Development Planning tool, quarterly print copies of the *Primary Dental Journal* and online access to an archive of 90 past issues, heavily discounted access to study days and local and national networking opportunities.

Those applying in the coming weeks will have the opportunity to have their Fellowship conferred by the College President at the CGDent Fellows' Summer Reception in London on Thursday 15 June 2022.

The College has also recently launched its innovative new Associate Fellowship membership grade, which acts as a stepping stone to Fellowship. This confers the postnominal designation 'AssocFCGDent', and is open to those who hold the MGDS, a Specialty Membership of a UK dental faculty, or a Postgraduate Diploma level or Masters level qualification in a subject relevant to the enhancement of oral healthcare.

Full details are available at <https://cgdent.uk/fellowship/>.



CONFERENCE REPORT

British Undergraduate Dental Research Conference 2022

By Sabina Rahman, Sumaya Al-Attar and Yasmin Egonu, Dental Students, Manchester, UK



On 5 March 2022 the seventh annual British Undergraduate Dental Research Conference (BUDRC) was held at Manchester University. Organised by the Manchester Undergraduate Dental Research Society (MUDRSoc), the national conference was a huge success with tickets selling out in record time and over 300 students from 15 UK dental schools attending.

Reinstatement of the usual in-person format was very much welcomed by delegates following our virtual conference in 2021. As it was created by students for students, the conference tagline 'A New Gap to Bridge' was selected to reflect the impact the COVID-19 pandemic has had on dental student learning. The conference not only reflected a return to normality, but also provided a much-needed opportunity for students to network, learn about research and develop and reinstate confidence in their clinical skills.

The day commenced with a trio of talks from prestigious world-renowned speakers in dental research:

- Professor Rebecca Harris (Deputy Chief Dental Officer): *Trying to Reduce Inequalities in Dental Services and Systems*

- Professor Jenny Gallagher MBE: *Delivering Better Oral Health – An Update*
- Dr Wendy Thompson: *Reducing Antibiotic Prescribing in Dentistry – The Most Ironic PhD Title Ever?*

The morning also featured live student research and clinical case competition presentations where undergraduate students could present their work nationally in front of a panel of judges and student audience. We would like to formally congratulate our competition winners:

- Research Competition winner – Haleema Rabea (BDS 4) from Barts and the London School of Medicine and Dentistry
- Clinical Case Competition winner – Reuben Arnold (BDS 5) from the University of Manchester.

This was followed by a lunch break and bustling trade fair. This year's trade fair provided ample opportunity for students to interact with clinicians, dental companies, and of course, one another. We would like to take this opportunity to thank our sponsors TePe, Synergy, Rodericks Dental, Dental Tubules, Orascope, Edudent, Wesleyan,

UKLoupes, Immersify, DDU, GSK, PÄRLA and TapNote for supporting us financially and helping to provide tickets at low prices.

The BUDRC is famous for its afternoon workshops and this year was no exception, featuring 13 parallel workshops which included more hands-on workshops than ever before. Students were able to practise fundamental skills, including but not limited to rubberdamology, composite and suturing. They were also exposed to hands-on opportunities not usually available to undergraduates such as maxillofacial fracture plating, implant placement and facial aesthetics. Seminar-based workshops were also a resounding success, as students learnt about a range of useful topics, including dental radiology, treatment planning and how to run their own practice.

The society received overwhelmingly positive feedback from delegates as they found the event 'very very helpful', 'a nice way to spend a Saturday and meet some new people', a 'very enjoyable and interesting experience' which gave them 'a good insight into the practice side of dentistry which I have not been able to experience yet at university'. Students are ▶▶

« ‘already looking forward to next year!’ and we look forward to welcoming them to Manchester again in 2023.

The society would like to thank staff from the University of Manchester for their continued support; notably, Professor

Silikas, Professor Walsh and Professor Glenny. This gratitude is also extended to the morning speakers and workshop clinicians.

This conference is organised purely by undergraduate dental students and would not have been possible without the hard work of

Sabina Rahman, Sumaya Al-Attar, Yasmin Egonu, Safa Shareef, Rashmini Arnold, Shivani Chohan, Sana Thagia, Choudhury Rahman, Celeste Ling, Daniel Westhead, Raihan Qadir, Caitlin Collins and Mariyah Aseri of the University of Manchester.

Correction to: Volume 231 Issue 10, November 2021

The issue can be found online at <https://www.nature.com/bdj/volumes/231/issues/10>

Journal's correction note:

- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3653-0>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3664-x>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3665-9>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3666-8>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3667-7>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3669-5>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3670-z>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3671-y>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3672-x>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3673-9>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3675-7>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3676-6>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3677-5>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3678-4>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3679-3>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3682-8>

- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3683-7>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3684-6>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3685-5>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3686-4>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3687-3>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3688-2>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3689-1>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3690-8>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3691-7>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3692-6>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3693-5>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3694-4>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3695-3>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3696-2>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3697-1>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3698-0>

- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3699-z>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3700-x>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3701-9>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3702-8>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3703-7>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3704-6>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3705-5>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3706-4>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3707-3>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3708-2>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3709-1>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3710-8>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3711-7>
- Br Dent J 2021; <https://doi.org/10.1038/s41415-021-3712-6>

Due to a production error, when Volume 231 Issue 10 of the *British Dental Journal* was originally published, the publication date for each article on the publisher's internal portal read 25 November 2021. This has been corrected to 26 November 2021.

In addition, when originally published, seven Research articles which were included in this issue were omitted from the online issue Table of Contents. These seven Research articles have now been added accordingly.

The journal apologises for any inconvenience caused.



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