

Letters to the editor

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NHS dentistry

Making adequate pension provision

Sir, those with long enough memories will recall the extremely negative effect on the mental wellbeing of some dental practitioners before the generous NHS pension was introduced in the latter part of the twentieth century (on the same basis as that of the doctor's pension, final salary based and index linked). Dentists by whom as retirement approached, it was realised that no strategy could build up a pension pot adequate to maintain the standard of living to which they and their families were accustomed.

At the time also, the sale of a flourishing practice for which the goodwill could be calculated would be counted on to provide a lump sum, but even there, illness – physical or mental – could make the value of a practice share vanish.

A dental surgery is expensive to establish and run, the NHS Dental Rates Study Group, and their Target Annual Net Income (TANI) never made a dentist working with (NOT 'for') the NHS rich, but once the initial heavy cost of starting off – by buying into an existing practice, or for the courageous few a 'cold start', it did provide a decent living. The workload and need was high, but the job satisfaction of providing a service in which maybe 30 or 40 people every day were better off because of their dental attention cannot be overstated.

Added to this were other positives, the fact of never having to send anyone away from the door because they could not afford treatment, of keeping patients in the practice solely on the basis of the reputation of the practitioner, of freedom to refer to a consultant who fitted the patient and the condition, and often for those given freely their dental training and career the opportunity to repay that

gift, and it can be seen why a career as a dentist was vastly rewarding. And then – wonderfully – that pension.

Recent rapid change, on top of some years during which the relationship of practitioners to the NHS approached more that of employees rather than professionals, and the status of patients changed to that of 'consumers', together with the great success of fluoride and the profession (and hygienists!) and materials science in massively reducing the disease load of the population had cumulatively required a reassessment of the profession.

That is very obvious, and perhaps the past as described can look like a golden age, but it is the present that must be lived in – and the purpose of this letter is to remind today of the position of practitioners once more facing (eventually) a retirement for which they may not have made adequate provision, and to pre-empt, by paying attention to that essential activity, the sometimes distressing consequences seen in the 'bad old days' for those no longer cushioned by the benevolence of the NHS, benevolent as it indeed was for a while.

M. Bishop, Hertford, UK

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Microbiology

Virome

Sir, I read with interest a recent letter in the *BDJ* entitled 'Bacteria are like humans'.¹ Akin to the bacterial microbiome (bacteriome), the gut virome plays an important role in health and disease.² The bacteriome and the virome are two sides of the same coin. Trans-kingdom interactions between virome components and bacteria highlight that there are additional layers of complexity to consider in terms of host-microbial homeostasis.³

Viruses outnumber bacteria by a ratio of 1:1 to 10:1 and have gained attention recently due to advancements in sequencing technologies. Emerging data indicate that factors like diet, lifestyle, geography, and urbanisation, influencing the human microbiome, also tend to impact the virome.^{2,3} To build the framework for future studies, more attention should be paid to understanding the human microbiome from a holistic perspective.

A. Kaushik, Chandigarh, India

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Oral health

Vaping accuracy

Sir, in reference to a recent letter published in the *BDJ*¹ which attempted to provide certain clarifications on the serious issue of EVALI and e-cigarette/vaping-related oral health issues, I believe there needs to first be complete accuracy in the claims being made.

Firstly, it would be incorrect to state that no cases were seen in the UK.^{2,3,4}

Secondly, there is evidence in literature to support a negative association between vaping and gingival/periodontal as well as peri-implant health.^{5,6,7} This claim was made in the referenced study from the original letter citing the references I have now provided.

Thirdly, the scientific way to deal with findings from the referenced research would be to take cognisance of what has been

reported and bear in mind that such curious patterns may be observed in the cohorts mentioned in light of the limitations already discussed.⁸

This would keep dentists and the general public aware.

V. Sahni, New Delhi, India

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OMFS

Pre-cardiac surgery screening *pro forma*

Sir, I read with interest the paper by G. Allen and A. Brooke regarding devising a *pro forma* for dental screening of patients prior to invasive cardiac surgery.¹ From this, a two-cycle audit was carried out looking at whether there were similar issues with referrals to our oral and maxillofacial surgery (OMFS) department here in the Southwest. The initial findings showed that only 20% of referrals included crucial information which would help inform our decision-making and treatment planning; eg medical history, drug history, social history, dental history and patient mobility. Following this, a *pro forma* was created, incorporating elements of the *pro forma* devised by G. Allen and A. Brooke and upon reaudit, the findings showed a 90% compliance with the information required.¹

Patients having certain types of invasive cardiac surgery are potentially at higher

risk of developing infective endocarditis from dental pathology or invasive dental treatment; therefore, it is essential that they are screened in a timely manner.^{2,3}

I would encourage other units to adopt a similar screening *pro forma* in order to facilitate effective patient flow and reduce any delays in patient treatment. This also allows other medical teams to collaborate in a multi-disciplinary manner to reduce post-operative complications, optimise treatment plans and establish a coordinated approach that benefits the patients' overall dental and systemic health.

Y. Lin, Plymouth, UK

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Dental careers

Accreditation pathway for oral surgery

Sir, I would like to draw your readers' attention to an exciting development which has recently taken place in Wales. Health Education and Improvement Wales (HEIW) have launched a 'Dentists with Enhanced Skills' accreditation pathway for oral surgery, the first of several Tier 2 pathways planned.¹ This means that dentists with higher oral surgery skills will now be able to receive formal certification for the knowledge that they have built up through managing complex cases. As these skills can be developed through many different routes and at the dentist's own pace, the DES-OS accreditation pathway provides a flexible career pathway for dentists interested in oral surgery.

'Dentists with Special Interests' in a particular field (DwSI) have existed since at least 2005;² however, to my knowledge, this is the first time a whole-nation approach

to accreditation and development of Tier 2 Oral Surgery services has been attempted. By taking a 'Once for Wales' approach, this pathway aims to ensure equity and consistency in Tier 2 Oral Surgery services across the system. The value of intermediate-tier services in reducing waiting times and pressures on hospital services is well-recognised,^{3,4} and by bringing care out into local communities, accessibility for patients can be improved.

DES applications are assessed by a panel of subject experts via a flexible portfolio of evidence. Once approved, the applicant's name will be entered onto an NHS Wales Shared Services Partnership (NWSSP) held national register,⁵ available for Local Health Boards to consult when issuing Level 2a Oral Surgery contracts.⁶ This system will therefore support dentists towards receiving NHS remuneration for the work that they enjoy. It will also act as a quality control mechanism for the Health Boards to have confidence in the skills of the dentists they contract to. Applications are free of charge and will be open twice yearly.

For someone like myself just starting out in their career, DES-OS accreditation is a flexible and achievable alternative to entering the increasingly competitive oral surgery speciality training. I am personally applying as it offers a firm step towards my career goals, and I encourage all of my colleagues working at a similar level to do the same.

A. A. Rawlins, Nantgarw, UK

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