

STATISTICS: DENTAL SCHOOL STAFF

The number of clinical academic staff in UK dental schools is at its highest level in more than a decade. The overall increase is in the context of an expansion of dental student numbers between 2000 and 2013 (up 35% in the last decade), and three new dental schools at Peninsula, Aberdeen and UCLan.

The overall steady increase, however, masks a decline in the number of research-active and 'traditional' academics in post as professor, reader/senior lecturer and lecturer, 11% (-47 FTE) less than in 2006 when clinical teachers were first recognised by this survey, and -19% (-89 FTE) since 2000.

Key findings of the Dental Schools Council survey as at 31 July 2013:

- There were 575 FTE (full-time equivalent) clinical academics (956 individuals) employed by 18 UK dental schools

- 67% (387 FTE) of the clinical academic team are professors, readers/senior lecturers and lecturers, and 33% (187 FTE) are senior clinical teachers, clinical teachers and researchers
- The majority of clinical academic posts are funded by the Higher Education Funding Councils (75%), with the remainder funded by the NHS (21%) and research councils, charities and endowments (5%)
- Women make up 40% of clinical academic staff, compared with 32% in 2004, and 17% of professors are women, compared with 11% in 2004
- There were 39 reported FTE vacancies in 2013, 6% of all available posts, with 15 of 18 schools reporting difficulties in recruitment, particularly at senior level in periodontics and restorative more generally.

CALL TO ACTION ON CARIES IN CHILDREN

Following the broadcast of *'The Dentists'*, a behind-the-scenes documentary filmed by ITV at the University Dental Hospital of Manchester, the British Society of Paediatric Dentistry (BSPD) wants to make it easier for children with caries to get early access to a paediatric dentist.

BSPD representatives want to engage with the Department of Health and colleagues in the dental as well as health and social care professions in order to come up with a co-ordinated approach to tackling the issue of caries in children.

The Dentists showed the operations and procedures provided at the University Dental Hospital of Manchester, including two general anaesthetics on children undergoing multiple extractions and interviews with their parents.

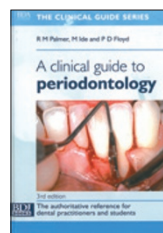
Claire Stevens, a Consultant in Paediatric Dentistry at the University Dental Hospital of Manchester, and spokeswoman for BSPD, said: 'If these children had seen a paediatric dentist earlier, it might have been possible to save their teeth, instead of removing them and potentially triggering dental anxieties for life.'

The BSPD is concerned because some community dental services are cutting back on paediatric dentists. The society is grateful to ITV for highlighting the challenges hospital dental teams face as well as the work of specialist paediatric dentists and their teams. What the programme did not show was the follow-up preventive advice to parents to get those child patients on the road to dental health and visiting a dentist.

Dr Stevens said: 'It should be borne in mind that some children are inherently more susceptible to dental decay than others. A number of our patients end up in hospital because of a hereditary or medical condition and not because their parents are at fault.'



BOOK REVIEW



A CLINICAL GUIDE TO PERIODONTOLOGY, 3RD EDITION

R. M. Palmer, M. Ide, P. D. Floyd
British Dental Association

price £40.00 BDA members;
£70.00 non-members; pp 128

ISBN 9781907923067

This hard cover book comes from the clinical guide series and is written by senior staff and specialists with a plethora of letters suffixing their names from King's College London Dental Institute, as well as a private periodontal practitioner employed by Periodontics UK.

As the preface acknowledges, the period of time between the first and third editions of this book is 17 years, however, the basic outline of treatment for periodontal disease has remained generally the same, although this edition more strongly emphasises the link between systemic and periodontal disease as well as updating the reader of more contemporary thinking in terms of the pathogenesis and surgical treatment of periodontal disease.

The book brilliantly summarises in 128 pages the aetiology, classification and treatment of both the classic periodontal diseases and also the acute or infective forms whilst also - in the chapter entitled 'Effective communication with patients to improve motivation' - giving significant weight to the communication of this pathology to the patient with empathy and without the use of jargon. This edition is divided into 12 chapters each beginning with an 'in brief' box, which is clearly shaded in purple and summarises the key points from the chapter.

Throughout there are clear, excellently labelled photographs including those demonstrating the use of various periodontal scaling instruments, flow charts, tables and radiographs, as well as example proformas for anatomical periodontal charting, disease information in basic and 'higher level' terms and bleeding on probing charts. At the close of each chapter there are suggestions for further reading split into systematic review and background literature so that the evidence base for each point can be clearly located.

The chapters encompassing multidisciplinary integrated treatment and patient presentations are particularly helpful as they include case reports and examples of how to provide patients with information about what their treatment will involve, whether this be superficial/deep cleaning with or without the addition of adjunctive therapy or surgery.

As a recently qualified dentist I can safely say that this book acts as the only resource I require on a daily basis to provide patients with detailed and evidence-based information about periodontal disease and would be equally helpful for the trainee dentist or general dental practitioner as well as those newly starting in secondary care.

M. BAILEY