LAUNCHPAD RELAUNCHES AS *BDJ STUDENT*

The British Dental Association's (BDA's) magazine for dental students, *Launchpad*, has relaunched this autumn as *BDJ Student*.

After months of planning and preparation, the first issue is being published this September. Its new name strengthens the *BDJ* brand, which includes flagship title the *BDJ* and *BDJ Team* – an online magazine for the dental team launched in March 2014.

As well as the new name, the successor to *Launchpad*, which was originally launched in the 1990s, has a new look and a wider range of content. The *Clinical* section brings students the latest research and revision questions to test their knowledge, as well as 'how to' guides. The *Professional* section provides detailed career profiles of inspirational people in the profession; and an expanded version of the popular ethical dilemma feature from *Launchpad*. The *Briefing* section highlights the best bits from fellow publications the *BDJ*, *BDA News* and *BDJ Team*.

BDJ Student's Editor, Julie Ferry, has edited *Launchpad* since 2001. In her first *BDJ Student* editorial Julie says: 'We hope you'll agree that *BDJ Student* is the perfect accompaniment to your dental education.'

BDJ Student is available to all student and first year graduate members of the BDA and is available online at www.bdjstudent.co.uk. For information on BDA student membership please visit www.bda.org/studentjoin.

FEATURE

WHAT HAS CHANGED?

Laura Pacey meets two dentists who graduated almost 50 years apart. They discuss their view of the profession, as it was and as it is now.

Anton Healy, 1964 graduate

Anton Healy celebrated 50 years as a qualified dentist on 22 July 2014 and is triply qualified as a dentist, doctor and pharmacist. For the past 20 years Anton has worked solely as a general dental practitioner. He reflects on how things were at the start of his career.

My path to dentistry was not direct. I qualified in medicine first at University College Dublin. Having decided that I liked pathology and that there were openings in dental pathology, I then took dentistry at the Royal College of Surgeons Dublin. When I qualified I was quite surprised how enjoyable it was interacting with the dental patients that I was treating in Warrington, quite different to the interaction with medical patients.

After three months I returned to university to study pathology, but after a while I found the isolation of the laboratory was not for me. I returned to the UK and worked as a general medical practitioner. I then established my dental practice in Bebington. Business was slow at first so I worked as a dentist in the afternoons and did medical locum work in the mornings. I had opportunities for further studies but I felt that general practice dentistry suited me fine and left time for golf – a consuming passion of mine.

When I first started a large majority of patients avoided visiting a dentist until the emergency of pain occurred. If the guilty tooth could be saved in many cases it took a great deal of persuasion. The belief for many was that dentures were an inevitable and accepted end. Appointment booking was usually carried out by the lady of the house, for herself and all the family.

When a patient had been persuaded that repair was better than extraction, multiple 'repairs' would follow. If no pain was experienced the patient in many cases was converted to conservation. Crowns were a rarity; the dentist had to seek approval from Eastbourne for single replacements. Additionally, the provision of crowns was much more difficult than today. A copper ring had to be prepared once the crown preparation was completed. Then came the tricky part: green stick composition was heated until it could flow; this was then inserted into the ring and placed around the crown preparation until it cooled. An overall alginate impression of the mouth was taken with copper ring *in situ*, the ring and composition having been 'notched'. The 'notch' was to enable an accurate alignment of the crown. This exercise was also compounded by poorer quality porcelain than is available today. The weakness of the porcelain resulted in frequent fractures not seen now.

Root fillings were not very common and post crowns were supported by pre-formed metal and in some cases screw posts. When rubber base impression arrived we made cast gold posts.

The road to partial/full dentures was not as gradual as now. The norm in neglected mouths was to extract upper and lower posterior teeth, allow a three month healing period and then do F/F replacement, providing immediate replacement of upper and lower six anterior teeth. This would be followed with new dentures after six months. In the case of ladies, 'small, white teeth' were preferred

Despite the advances with digital X-rays today, they were still highly valuable half a century ago. The output beam from the machine was wider than in the machines of today. Instead of an OPG I had intensifying plates, which allowed for an accurate image of one half-face at a time, much easier than today with small images. The only difference was that we would have the patient wear a lead apron while having an X-ray.

The advent of fluoride in toothpaste has helped enormously with dental public health. In the past, there were no luxuries like dental hygienists. Team members included just the dental nurse and dentist.

Rebecca Jones, 2012 graduate

Rebecca Jones graduated from dentistry a couple of years ago, but also has a BSc in genetics. Rebecca has learned that securing a job after qualifiying is not always easy but is excited about the future.

Graduating from Bart's and The London in 2012 and after completing

my VT year in London, I decided on a change of scene and made the move up north to Yorkshire to be with my boyfriend. After an extensive search I managed to find a full-time role working as an associate dentist in a busy mixed practice owned by a dental corporate. I felt extremely lucky to find this position when I did, as I had no contacts up in Yorkshire and there were very few jobs advertised, even in the wider area. Most of the positions I did see asked for a few years' experience, which I did not have. It wasn't until I contacted a dental corporate to help me find a position that I found out a full-time role had just become available in the local area. As soon as I saw the practice and met the practice manager I knew I wanted the job and they offered it to me there and then. However, with it being a corporate practice, I still had to pass the clinical telephone interview with one of the clinical directors. This felt a little daunting but the questions were fair and straightforward.

The practice I work in is new, having opened in 2011, and is fitted out with all new fixtures and fittings, new equipment, digital X-rays, R4 computerised records and an online booking system for appointments. Our dental team is comprised of dentists, nurses, receptionists, a hygienist/therapist and the practice manager. The dentists are from various backgrounds and experiences and have continued to develop their skills over the years, with some offering additional services such as implants and Invisalign. This mix of skills is extremely valuable within the practice in terms of offering patients a wide range of treatment choices.

It is becoming more and more important for general dentists to acquire extra skills and experience and to continue their training; I am sure this is a trend that will continue into the future, as competition for jobs is on the increase and patients' demands and expectations continue to rise. My main area of interest is in periodontology as I feel it's an area that is still not very well understood. I completed a BSc in genetics before I went into dentistry and think there may be some exciting new developments to learn about in the future. I want to continue working in general practice but would like to further explore this area of dentistry, perhaps ultimately working towards a special interest.

The practice hygienist/therapist does both private and NHS referrals, but has chosen at present not to offer direct access. Referrals of fillings and periodontal treatment helps the practice improve productivity by freeing up more dentist time and also means that patients can often be seen sooner for their treatment.

Many of the qualified dental nurses at the practice did their training here and some are still training. However, this does not end once qualified, as many have gone on to do further training in areas such as fluoride application, impression taking and implant nursing to name a few. This extends to giving patients oral hygiene advice, something we are currently hoping to get the receptionists on board with too, so they can discuss the different oral hygiene products available and help to advise patients following an appointment.

Our patients come from all walks of life and have varying needs, wants and expectations. Some need basic pain relief and stabilisation of oral health; some need very little treatment other than some preventive advice; and some have very heavily restored dentitions that require ongoing maintenance. Appearance and aesthetics is also a major concern of patients, be it tooth-coloured restorations or restoring gaps, or interest in cosmetic procedures such as stain removal, whitening or orthodontics.

A particularly difficult challenge is finding ways to restore gaps that are both acceptable and affordable to patients, particularly in the older population for whom dentures are becoming seen as more and more undesirable. In these situations it can be difficult explaining the limited options available and it depends on either modifying patients' expectations or making private treatment more financially accessible, such as providing access to interest free loans.

DENTAL CASTS DEMONSTRATE GUNSHOT WOUNDS

A series of four dental casts taken from patients at the jaw unit of Croydon War Hospital, 1915–1919. From the Hunterian Museum at the Royal College of Surgeons of England

The cover of this issue features dental casts of patients treated at the Croydon War Hospital jaw division between 1915 and 1919 under the consultative care of Sir J. Frank Colyer (1866-1954). These objects illustrate jaw injuries resulting from machine gun and rifle bullet injuries treated by Colyer and his Croydon colleagues. Mounted together, these casts were likely used for teaching to demonstrate the mandibular displacement and bone loss resulting from gunshot wounds. These examples form a part of a larger collection of casts and radiographs donated by Colyer after the hospital's closure in 1919. The Colyer Collection of First World War dental casts and radiographs are a reminder of his important role in the treatment of jaw injuries in this era.

At the outbreak of the war, Frank Colyer was already an established figure in dental surgery holding posts at the Royal Dental Hospital and the Charing Cross Hospital. To assist in the war effort, Colyer was appointed Honorary Consultant Dental Surgeon to the jaw division of the newly established Croydon War Hospital. At Croydon, Colyer laboured to treat the un-united jaw fractures he received from the Front. He believed that all teeth must be removed from the fracture line, famously contradicting French-American dentist Charles Valadier working at the 83rd (Dublin) General Hospital in Wimereux, France. Colyer was also involved in the establishment of the Queen's Hospital in Sidcup and served as an Honorary Consultant after its opening in 1917. He was knighted for his services to Britain's wounded in 1920, ten years before pioneering plastic surgeon Harold Gillies. Frank Colyer was closely associated with the Royal College of Surgeons of England and served as the Curator of the Odontological Museum from 1900 to 1954.

With thanks to Kristin Hussey, Assistant Curator, Hunterian Museum.

PROFESSOR IAN DAVIES

We are sad to announce that Professor W. Ian R. Davies died in London on 24 July 2014.

Professor Davies was Dean of the Hong Kong University (HKU) Faculty of Dentistry from 1983-1989. He was subsequently appointed as HKU Pro-Vice-Chancellor from 1991-2000, and 13th Vice-Chancellor from 2000-2002. On his retirement in 2002, he was made Emeritus Professor, and in 2006 was conferred an Honorary Doctorate by HKU in recognition of his contributions to academia and to the dental profession.