CALL FOR COORDINATED OFFENSIVE ON OBESITY AND DENTAL DECAY

The British Society of Paediatric Dentistry (BSPD) is calling for a coordinated offensive to tackle both obesity and dental decay in children and young people.

A new position statement from BSPD highlights the diet and lifestyle factors common to obesity and dental decay which are both alarmingly prevalent among under 16s.

The most recent (2013/14) National Child Measurement Programme (NCMP) showed that 33% of 11-year-olds were overweight or obese and research shows that obese young people are more likely to have decay in their permanent teeth.

BSPD spokeswoman Claire Stevens said: 'Poor nutrition poses a clear health risk to children and young people. We support all calls for clearer food labelling and our members wish to be part of a co-ordinated approach to raising awareness of the damaging impact of foods and drinks which are high in sugar or fat, or both, and low in vitamins'.

The British Dental Association (BDA) has announced that it supports the BSPD's call for a coordinated offensive to tackle obesity and tooth decay.

The BSPD supports national healthy eating campaigns such as the change4life *Sugar swaps* and the BDA's *Make a meal of it* campaign, the Action on Sugar campaign and NHS Choices Eat well plate.

The BSPD's position paper, which advocates clearer food labelling, close liaison with dietitians and a coordinated, multi-agency approach, can be found at http://ow.ly/Jz2Hd.

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CAREERS

WHAT IS COMMUNITY DENTISTRY?

Nikki Patel graduated from King's College London in 2010. Having completed a Foundation Training Year within the Oxford Deanery, Nikki spent two years as an associate in general dental practice. Following this she decided to gain secondary care experience working as a DCT in oral and maxillofacial surgery, before securing a post as a community dental officer within Berkshire Community Dental Service.

An unknown species

Throughout dental undergraduate training and foundation training, there seemed to be such little exposure to the community dental service. It was a field of dentistry that wasn't talked about a lot. We all knew it existed, but we hardly knew anything about it, aside from that community dentists seemed to be an unknown species gifted by God who could get a drill into the mouths of the most frightened and awkward children. Throughout DFY1, we had a study day for every sector of dentistry, apart from community.

A one-day stint shadowing a community dental officer in my fifth year as an undergraduate dental student was about as much exposure as I had to community dentistry. I remember quite vividly going out on a domiciliary visit feeling anxious as to what I would find when I stepped into somebody's home and thinking how on earth are we going to perform any dentistry without a dental chair, let alone without a proper drill and suction. It was daunting but eye-opening. However, we managed well, and the end result was that we restored a broken tooth for a bed-bound lady, who was then able to eat again without traumatising her tongue from the sharp cusp. The one thing that stuck with me to this day though was the sheer gratitude she expressed and how appreciative she was that we had come to her home to help her. That feeling of satisfaction is what brought me to explore community further.

> 'I now know there is a lot more to community than treating terrified and uncooperative children. And it is a lot more than just teeth. That is just merely scratching its surface.'

Upon further delving, I heard rumours flying around about community being for those dentists who were too slow to perform sufficient UDAs to keep their principals happy.

How wrong was I?! I now know there is a lot more to community than treating terrified and uncooperative children. And it is a lot more than just teeth. That is just merely scratching its surface. Community is about tailoring dental care for a patient around their individual circumstances, medical conditions and social care.

What do we do?

There is so much scope within community dentistry. You can provide inhalation sedation and intravenous sedation for anxious children and special care patients, whilst general anaesthesia in the hospital is reserved for patients who cannot be treated by sedation. This is a wonderful opportunity to gain skills and knowledge in these methods, hence increasing your scope of practice.

Furthermore, if you have a passion for helping people who cannot help themselves, there is the ability to go on domiciliary visits and provide basic dental care for patients in either their own homes or in residential care homes. There are not many other fields of dentistry (if any at all) that allow you to escape to the outdoors and get some fresh air during the day whilst doing the job!

You can also spice up your week by treating patients in young offenders' units and within the prison service, being involved in dental public health and epidemiology surveys, performing school inspections, and assisting the oral health promotion team in projects to improve oral health in your local community. Not only are you a dentist treating individual patients: community allows you to influence communities on a regional or even national level.

No one day is the same in community. One morning you could be restoring teeth for a nervous child, the next you could be sitting in a best interest meeting to devise a treatment plan for a patient who does not have the capacity to make their own decisions

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regarding their dental care. The afternoon could comprise a special needs dental list at the hospital where some patients require even a simple dental exam under a general anaesthetic.

You will see some interesting patients with rare and complex medical histories, hence every day brings a new challenge. Subsequently, it is imperative that you are flexible in your treatment plans. You need to take the individual and their social and medical circumstances into account and use that to formulate dental care in the best interest of that patient. As I mentioned earlier, it's not just about teeth. Often there are limitations to the dental treatment that you can provide, but it is incredibly satisfying to know that you are providing the best oral care for this patient within their own limitations.

Who are we?

Community is comprised of a large team; the majority have a wide array of experience across many fields of dentistry: from paediatric and special care specialists, sedationists, community orthodontists, StR and foundation trainees, to dental nurses and therapists and general dental practitioners, some of whom have spent many years in general practice before joining the community dental service. The experience gained has enabled colleagues to pursue specialist training in special care, paediatric dentistry and dental public health, alongside entering general dental practice after gaining invaluable skills.

There is a multi-disciplinary team approach to our patients as we often are required to liaise with other healthcare colleagues for their treatment, especially those with complex medical histories. This allows us to work closely with paediatricians, orthodontists, maxillofacial surgeons, anaesthetists and other medical specialists as part of a team for the overall care of patients.

Furthermore, we work closely with health visitors and social workers in the management of vulnerable children and adults.

Learning opportunities

The first thing which struck me about working in community was the support available from other colleagues. In contrast with general practice, which can be rather isolating, there truly is the sense of being part of a team. It is a nurturing environment enriched with support, willingness to learn and training opportunities. I've never met a more compassionate bunch of dental professionals who want to make a real difference in the local communities they serve – ensuring that the best oral healthcare is accessible to all.

I can almost relate it to the study days during foundation training, where all the trainees would meet up from across the region once a week. In the community dental service, we have regular meetings where everybody across the county comes together for a day to discuss issues, enhance learning, and more importantly it provides further educational support.

Moreover, a study leave allowance is provided for each staff member and this can be used to pay for a wide range of courses to improve clinical skills and knowledge.

The patient comes first

In community, there are no individual UDA targets, hence no worry or stress if you have not met your monthly UDA goals, leaving you more time to focus on those who matter the most: patients. We concentrate our time and resources on providing oral healthcare to those who need it the most, with a strong emphasis on prevention. We have service UDA targets and KPIs, which are closely monitored; however, it is recognised that due to the complexity of our patients, individual UDA targets are inappropriate.

Skills and knowledge

Even if you don't fancy community as a long-term career option, the skills and knowledge you will gain will benefit you in any path you decide to take. By gaining experience in different fields of dentistry, you not only identify your strengths and weaknesses, but it also gives you a wide range of skills that employers are looking for.

There are fewer young dentists within the community dental service, and this may be down to the lack of exposure of this service during undergraduate and foundation training. I hope this article provides further insight into community so young dentists can appreciate the incredible role it offers.

After having worked in general dental practice and within the secondary sector in maxillofacial surgery, I can wholeheartedly say that community is the most rewarding dental field I have worked within.

If you feel like there's something more out there for you than drilling and filling or if you feel like you want to make a real difference to the community, I would strongly encourage you to consider gaining valuable experience within this important and special field of dentistry.

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