



“Five days a week? No thanks, I’m a dentist,” by **DR NILESH R PARMAR**, one of the few dentists in the UK to have a degree from all three London dental schools...

**T**HERE has been a subtle trend developing over the last few years, more so in dentistry than in any other profession. The trend? Not working a full week. “What’s a full week?” I hear you ask. Well, for office, bar and restaurant workers (but not Tube drivers, grrr!) that means a five-day week, Monday to Friday, 9am to 5pm, every day, with weekends set aside for family, friends, and, in my case, studying (or partying).

Dentists don’t fit into that category anymore, especially associates. My own associates both work four days a week and have Fridays off. Don’t get me wrong, they work very hard when they are here, but have learnt that working four days a week whilst making a decent living and having enough time to put energy into relationships, fitness and great holidays is just as beneficial.

There are, however, some dentists who perhaps don’t quite understand this, myself being one of them. My friends

think I am mad to work on a Saturday morning, even more so when I tell them that I actually enjoy it. I have inherited that hardcore, Indian work ethic from my father, who, for as long as I can remember, has worked six days a week, every week. Time off was only taken if there was an event or a holiday planned, otherwise the attitude was “just get on with it”.

Over the years, dentistry has been invaded by what I call “non-productive” pursuits. A lot of these are thrust upon us by the powers that be. Some, such as regular BLS training and cross-infection training are wholly necessary; others, such as PCT box ticking audits, etc., much less so.

Worryingly, it’s only getting worse! My poor dental nurse now has to write down the batch numbers and serial numbers of almost everything I touch in all these little books. Not only are things recorded in the patient’s notes, but also in separate

audit forms; essentially doubling up on information. And there was me thinking we were meant to be working towards a more digital, paperless practice. But, what’s the point? All this really leads to is more paper cuts and clinical staff spending less time doing what we do best, which is performing dentistry. The carbon footprint of my practice is so large, I keep expecting the Greenpeace boat to park outside with protestors tying themselves to my dental chairs.

What I wonder is, who are these people who fabricate some of these pointless form-filling exercises? I am yet to meet the person who came up with the idea of central sterilisation. Whoever it is, I imagine them to wear a hemp jacket with a BSc in English, with no clinical experience, and no real understanding of, well, anything.

Come to think of it, now I understand why so many dental professionals choose to work a four day week, at least that way there is less paperwork to contend with! ■



**DR PETER CROOKS**, Chair of the BDA’s Northern Ireland Dental Practice Committee (NIDPC), discusses the proposed cuts to Health Service dental provision in Northern Ireland...

**T**HIS year marks the 90th anniversary of the Northern Ireland Branch of the British Dental Association. Not only is it a significant milestone for the BDA, but it also provides a real reason to celebrate all that the profession has achieved for patients and communities in the last 90 years.

It is with some cruel irony that we begin this auspicious milestone year by facing proposed cuts to Health Service dental provision in Northern Ireland. The Department of Health, Social Services and Public Safety (DHSSPS) proposes to limit the Health Service care available to patients, including moving to a core service of treatments, introducing a system of prior approval so that clinical decisions on some treatments such as root canal work on molars are deferred to the HS, while changing the eligibility for the Practice Allowance and scrapping Commitment payments to dentists.

The BDA in Northern Ireland has, and will continue to be, opposed to these proposals in the interest of patients, as well as the profession. It is clearly

a case where, undesirably, finance considerations are being put before long-term health solutions, as the chief dental officer acknowledged in a BBC Radio Ulster interview. We know that communities in Northern Ireland can ill-afford this response; the standard of oral health is already low, so the impact of restricting Health Service dental provision will not be a positive one.

In a period where the economic climate has worsened, there has been real growth in the number of patients accessing HS dentistry in Northern Ireland, and this has been down to dentists working hard to increase the availability of dental care to combat existing oral health inequalities in communities which have been recognised as being some of the worst in Europe. Now, that work is at risk of being undermined with the progress of oral health improvements coming to an end, as dental health services take a retrograde step of 50 years.

The DHSSPS proposals, which aim to cut £6m from the annual general dental services budget, are available for

public consultation until April 3. These are significant sums and the impact on patients, as well as practitioners, will be wide and deep. The BDA will be responding in full and has launched a campaign to raise awareness of the proposed cuts and what they will mean for patients and services. Practitioners contracted in health service general dental practice across Northern Ireland are urged to study the details of the proposals and communicate their own points and concerns to the DHSSPS by the deadline.

Health service patients need to be made aware of the proposals, and that they too can contribute their concerns by responding directly to the consultation.

So, in our 90th year, we need to come together to celebrate dentistry’s achievements and turn that energy and momentum towards a collective campaign to save health service dental care from effective relegation, and work to drive forward oral health improvements for the sake of our communities and our profession. ■



Past-President of the BACD, **DR TIF QURESHI**, acknowledges, arguably, the greatest dentist who ever lived...

cosmetic dentistry is now carried out. True or not, it’s actually irrelevant, because the fact is that someone changed me, and this person was hugely responsible for the type of dentistry I do and now teach, and I so wish he was able to influence more of us.

That is Dr Sverker Toreskog (pictured). Born in Sweden in 1936, this legend of a dentist is the example of enthusiasm, joy, professionalism and ethics that every single practitioner out there can learn from. He graduated in 1960 in Sweden, went to the US in 1962 and met his mentor, Professor Ralph Philips – who Sverker says changed his life by instilling an ethos that, “Yes you can have fun and enjoy dentistry, but you can also contribute and change dentistry for the better.”

Sverker learnt about metal ceramics in the US at a time when only gold and gold with acrylic veneers were available, which, of course, looked poor from the start.

Sverker brought metal ceramics to Scandinavia in the early 60s, making much of the early lab work himself, working as a technician at night and a dentist by day.

It took 18 years, from 1964 to 1982, for the Swedish Odontological Society to accept this technique. The dental public

just did not believe it would work.

In 1985, Sverker became fed up with the aesthetic problems with metal ceramics – with the issues of dark margins showing after the gingiva had receded. He then went to New York to hear Richard Simonsen and John Calamia talking about all ceramic restorations and super thin laminate veneers. This changed Sverker’s approach again, but he took the idea and refined it further, documenting many cases from that time and showed how truly minimal invasive ceramics could provide far better outcomes for patients when done properly. And that is the key; Sverker was doing these things properly, on the right cases, and with tremendous technique, at a time so long ago. Most dentists were only starting to consider metal ceramics – to watch a lecture by him showing case after case of documented ceramic work done 25 years ago and still looking great today is something that will always live with me. Age was never a barrier for him, and he has been working right up to his late 70s.

At the BACD conference this year, we honoured Sverker with the President’s Award, which was to acknowledge his amazing contribution to dentistry. Due to ill

health, he could not attend, but recorded a message of thanks and another interview with a link below.

The fact that the majority of the British dental public will not have heard of him is a shame, but much of his work is out there to look at and read about, and I would encourage you to do so. He was the reason I became part of the minimally invasive concept, and I hope he can influence you too.

His short interview is here: <http://youtu.be/6RXWILFgKU>. ■

