



University of
BRISTOL

**Newsletter of the
Bristol Dental Alumni Association**

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BDAA

BRISTOL DENTAL ALUMNI ASSOCIATION

The aims of the BDAA are:

- to promote continued contact between graduates and the Dental School
- to support worthy causes within the Dental School

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From the Chairman/Editor



This is issue number 20 of our annual Newsletter. It is also 20 years since I was invited to take over the chairmanship of our alumni association. To mark these momentous milestones we have invested this issue of the Newsletter in a bright new cover. The image is, of course, of that great Bristol icon, the Clifton Suspension Bridge, and is taken, courtesy of Tony Cropper ('74), from a series he has taken from a kite. He does not ride on the kite (that would be truly amazing) but somehow attaches his camera to it and controls kite and camera from the ground (amazing enough !). His website informs us that he also takes photographs underwater and while he is asleep. Thanks, Tony.

There are three new faces on our committee this year: Hemendra Shah, Hajirah Mir and Alan Harrison. Hem is the new Senior President of UBDSS, having replaced Matthew Garret who has moved to London on being appointed a consultant in restorative dentistry at King's. Hem grew up in Hertfordshire and is a Bristol graduate of 2001. Following VT training and several SHO posts he undertook orthodontic specialist training at Bristol Dental Hospital and Royal United Hospital, Bath, achieving MOrth and DDS (Bristol) in 2008. He now works between the two hospitals as a FTTA in orthodontics. Outside dentistry his interests include skiing and going to the gym. Haj, who is the new President of UBDSS, was born and bred in Chatham, Kent. She is captain of the Ultrasonics dental netball team and, when not potting balls through hoops, enjoys baking

and decorating cakes. Alan is another retired 'heavyweight' on the committee, following Iain Hathorn whom we recruited last year. Alan hails from The Wirral, Cheshire, graduated at Cardiff in 1968 and climbed up the academic ladder from Cardiff to Leeds, and finally to Bristol in 1987 on being appointed Professor of Dental Care of the Elderly. He was Head of the Dental School from 1989 to 2000, Honorary Dental Surgeon to Her Majesty the Queen from 1996 to 1999, Honorary Colonel Commandant to the Royal Army Dental Corps from 1996 to 2001, and Colonel in the Territorial Army. With a CV like that we had to get him on to our committee ! His current interests include digital photography and woodwork.

Susan Hooper, who joined our committee a few years ago, deserves special mention and congratulation here. As Gordon Gray writes in greater detail in his piece, she has recently won two prestigious teaching awards: the national Dental Teacher of the Year Award, sponsored by the Dental Defence Union, and a University of Bristol Teaching and Learning Award. Well done Susan !

In my report last year I mentioned that we had created our own website, independent of but linked to the Dental School site, with Chris Stephens our enthusiastic webmaster. (For those who are not yet aware of it, it is at www.bristoldentalalumni.co.uk) A new Dental School website has now been set up (www.bris.ac.uk/dental) – it went 'live' last month and it is again linked to ours, and vice versa.

We can again point to the success of alumni reunions. Seven were held last year: 1963, 1964, 1968, 1969, 1974, 1979 and 1984. Reports of all but two of them are included in this Newsletter – it's almost impossible to get them all ! Having said that, there was a 'first' this year: receiving two reports of the same reunion ! With the authors' permission I cobbled the two together. Many organisers have taken up the offer of a tour of the School, and Gordon Gray has again been chief tour guide, greatly appreciated by all. Some have also acted on our suggestion to have a group photograph taken at their reunion, and Nikki Attack has collected and framed them all. Our initial plan was to hang each photograph, together (where possible) with the one taken at graduation, on the walls of the students' common room. This plan faltered when the major works of 2007-2008 resulted in a much smaller common room with inadequate wall space. The current plan is to use wall space in the 1985 building along the staircase leading up to the library and beyond. The display of photographs should be of interest to returning alumni, but how much will they slow down the progress of Gordon's tours ?

Our biggest single donation (£1000) has again been to the dental school library – our donations over the last eight years now total £10,713, with which the University has bought 264 books for our library, which is immensely appreciated. But the total donated to students exceeds this – supporting electives, Final Year Dinner, Dental Ball, and more (this year including buying kit for the rugby team – see page 29). In addition to the six 'year 4' electives, we made a donation to a group of nine 'year 3' students, led by James Pang, who volunteered to join a charity-based project in Kenya last summer. Our BDAA Elective Prize, which we established last year, was won by Elizabeth King for her project entitled 'Factors Affecting the Size of a Cavity When Removing Composite Resin Restorations' – the prize will be awarded at annual Prize Giving Ceremony in July.

Finally, I want to draw your attention to a great party being planned for 11th September: a birthday celebration for Sybil Moores (better known to most of us as Sister Davison) who will reach the ripe old age of 95. She is an amazing lady – active and bright as a button. She retains a keen interest in all dental and nursing staff and students of her days at BDH, and especially in her dental nurses (her 'girls' as she still calls them). She is delighted to be invited to alumni reunions (I am honoured to be her official chauffeur) and has the stamina to stay till the bitter end (possibly held up by the chauffeur). Her 'girls' organized a great 90th birthday party five years ago and are doing so again this year – and getting ready for the really special one in 5 years' time ! Details are on page 42 – she would be thrilled to see a big crowd of you there on 11th September.

My thanks to all contributors, to Dominic Alder who puts it all together, to Nye Fathers who takes most of the reunion group photographs, and to Tony Cropper for the cover photograph.

Dumbing Down

Gordon Gray, Dental Clinical Dean



Today, there would appear to be an ever-pervasive attitude of 'dumbing down'. This ranges from the achievements of A Level students to the output of students from our dental degree programmes. Achievements should be recognised and celebrated by all. Sometimes though, I cannot help but question if we could all be our own worst enemy by the manner in which we fail to sing our own praises and only choose to dwell on the more negative aspects of life, as people's expectations of us can seldom be achieved. These people live life as the 'glass half empty' brigade and can never see the 'glass half full' as a viable option.

I read an opinion recently from a retired geriatrician who was somewhat disillusioned at the changes to occupational names. The friendly neighbourhood 'Chemist' has given way to the more glitzy title of 'Pharmacist', and the corn and callus-removing 'Chiropodist' has gained the firm footage of 'Podiatrist'. It does not take the expert care of an 'Optometrist' to allow us to see that these changes of job title have spread outside the allied field of medicine. Even our 'Garbage Collectors' have now gained street credibility with the title of 'Refuse Operatives'.

One casualty of this trend has been the title of a medical or dental Consultant. In my formative years, this title invited genuine esteem and admiration from patients and peers alike. In lay circles this title demonstrated having achieved the pinnacle of a career

devoted to helping others. It is uncertain for how much longer this will continue as the modern menace of 'dumbing down' advances steadily.

Today, if you can apply a puff of powder and smear of lipstick, you can be a 'Beauty Consultant' or, if you have the ability to put together a sentence in grammatically correct terms and correct spelling, you could become a 'Literary Consultant' – don't remind me that I have failed miserably in this area! However, dentistry still doggedly continues to use this term to 'award' its top people who have undergone full training, certification and accreditation. The fact remains that junior trainees for this topmost accolade are referred to as 'specialist registrars'. We have the grade of 'associate specialist' so why not the term 'full specialist' or simply 'specialist' to separate them from those other ladder-toppers in Beauty, Finance, Information Technology and Sales. Let me climb from my high horse and tell you what has been happening around Bristol Dental School. I will try to do so of course with a 'glass half full' attitude.

Staff were sad to learn that Professor Daryll Jagger was leaving to join the Peninsula Dental School where she will be based at their Plymouth centre. Daryll was a stalwart of Restorative Dentistry at Bristol and also held the post of Chair of the Dental Education Committee. We all wish her well in her new post as Director of Clinical Dentistry. If this blow were not great enough for the staff in Restorative Dentistry, it was knocked sideways to learn that Sally Hanks would also be leaving. Sally was successful in gaining the post of Lecturer in Dental Education at the Peninsula and will leave us at Easter. We wish her well in her new post where her outright enthusiasm will stand her in good part. Part of her new job will be to embark on a PhD related to dental educational matters. During the past year, Sally has been working with Susan Hooper to develop some new teaching material for the Clinical Introductory Course that consolidates students' knowledge before they enter the clinics. She has had a good teacher in Susan Hooper who has obviously enthused Sally in this area of education.

Susan will be known to most alumni as she has been at Bristol for over thirty years but, this year, she has won two prestigious teaching awards in quick succession. University of Bristol dental students nominated her for the Dental Teacher of the Year Award. Dental students at each UK dental school are invited annually to nominate a teacher for this national award, sponsored by the Dental Defence Union. From these nominations, the overall winner is

selected at an event held in London following presentations by two shortlisted finalists. Following on her success at the DDU Awards, Susan learned that she had also won one of only three University of Bristol Teaching and Learning Awards. This is an outstanding achievement and we wish her well with her application for a National Teaching Fellowship. Susan enjoys teaching and attempts to do her best to pass on clinical skills in Restorative Dentistry to a new generation of dental professionals. She has always been enthusiastic about dentistry and hoped that she managed to transmit something of this to her students. She feels privileged to work with a group of young people keen to learn and that makes her job all the easier and more enjoyable.

In the past year two members of staff have retired. Tony Telford worked in the dental laboratories in the Dental School for over thirty years. Many of you may remember him as a teacher of dental technology before he took over the post as Head of Laboratory Services. His health had been suffering for a few years so we wish him well for a long and happy retirement. The other member of staff to retire was Theresa Munns who shared her retirement lunch with Tony last July. Theresa was very much my right-hand person and one that I relied on greatly. She ran the Dean's Office with great efficiency and was a fund of knowledge for students and staff alike. She hopes to spend more time on the golf course and having long holidays in her new apartment in Bulgaria. Geraldine Vines, who worked in the Dean's Office with Theresa, has taken over many of her duties as well as being the contact for dental undergraduate admissions.

The past year has been a busy one in many respects. I have never known such a busy calendar with regard to reunion tours. It is always a pleasure to meet new people from years I have taught or those who escaped long before I arrived. Their stories about the miscreant deeds they got up to and the scary staff from the past are always a delight to hear. I was saddened to hear of the death of Alan Lawrence whom I met last summer on such a tour. I think past graduates are eager to see the new facilities and the excellent working environment in which today's undergraduates study. Many have commented that the clinical bays are superior to those in their practices and how sure they are that graduates will be disappointed in their VT surgeries!

The Research and Development Group at the University of Bristol was given the task of streamlining the number of research

groups within the University. One of the casualties was the Experimental Pathology group which has had a long-standing interest in the pathogenesis of oral cancer and is an important public health problem, with over 400,000 new cases each year world-wide. In the past, this group had attained an international reputation for its research. The closure of this group has seen the loss of Dr Ian Paterson and Dr Jason Mansell. Dr Maria Davies and Dr Angela Hague have been redeployed within the School and will continue in their roles. Professor Stephen Prime will also continue as the lead for Oral Medicine but has decided to reduce his commitment and work part-time for the next three years before his final retirement.

It has not all been doom and gloom however, as we congratulate Dr Nicola West and Dr Steve Thomas who successfully competed for the Chairs in Periodontology and Oral and Maxillofacial surgery respectively. Dr Nicola Kilpatrick is soon to join the staff as Professor of Paediatric Dentistry. She is a British graduate who is currently working at the University of Melbourne in Australia where she is an Associate Professor. Her working philosophy has been to improve the health and well-being of children through improvements in oral health and oral health outcomes. We look forward to her arrival. We have also welcomed back two former students who return as Academic Teaching Fellows: Jennifer Howarth and Holly Cole Hawkins who graduated in July 2008. It is hoped they will join Helen Petersen in finding research funding and completing a PhD.

In a further attempt to improve our staff-student ratio there have been some new posts advertised in Restorative Dentistry, Oral Medicine and Paediatric Dentistry. The University of Bristol is currently facing challenges with its financial position but the above posts have been scrutinised carefully at all levels up to and including the Vice Chancellor. The expansion in student numbers is now complete and we have five years of approximately 75 students each who are being accommodated in-house until the outreach facility in South Bristol opens. This is now anticipated to be in April 2012. Until this time, we are trying to accommodate this outreach activity within the Dental School using some clinical space on the ground floor. The main problem will be finding adequate nursing support to allow our students to gain maximally from this experience.

As we go to print I have just learned that the Faculty of Medicine and Dentistry is to be re-organised from five departments into three schools. This will have minimum impact for us as we will

become the School of Oral and Dental Science – the only downside will be the abbreviation of SODS, which may be hard to live with.

We had some good news earlier in the year with the National Student Survey that is completed by MORI for all university students in their final year. Our dental students rated Bristol Dental School to be the top dental school in the UK in almost all categories, and our department to be the top department in the University of Bristol. This is no mean feat and is due to the hard work by a somewhat depleted staff. I am pleased to say there does not appear to have been any ‘dumbing down’ in the teaching and support we offer our students, and we need to sing this news from the roof tops and ensure that it is incorporated into the academic league tables. Once again I will look forward to writing a report for the alumni next year and hope to have some more good news to impart.

The Students’ Year

Hajirah Mir, UBDSS President



We’re coming in to the last term of what has been a busy year at the Bristol Dental Hospital. Time definitely flies when you have to balance getting patients in (always an uphill struggle), getting your totals done and, of course, getting some quality time in down at the dental bar.

Bristol punked it up at the BDSA sports day in Preston at the beginning of the academic year. It wasn’t just our outfits that exceeded expectations but also the skills of our rugby team! Despite being hungover and noticeably smaller than the average rugby player, we managed to beat Cardiff and Liverpool and gave a good effort against Newcastle –which a dislocated shoulder can vouch for! We couldn’t have a Sports Day and not have a traditional rush in to A&E now could we?!

We’ve had numerous themed socials throughout the social calendar, from pyjamas and headgear with people sporting wigs and

funky hats, to ortho appliances! In December we had our annual Bristiff social – I think it's fair to say Bristol students held the flag high and successfully conquered Cardiff (again!). In the near future we're looking forward to a social aptly named 'young and unprofessional' which will bring together Bristol dentists, medics and vets. The rivalry has been there for years, but I know dentists will always come out on top!

This year, the student website (www.ubdss.com) was relaunched by our hardworking webmaster, and a new Dentaaid post was introduced to the committee, a worthwhile cause that we are proud to be more involved in. The hospital hosted a charity slave auction and raised over £2,000 in order to help raise awareness in improving oral health worldwide. Thankfully, the alumni also played a role in supporting this, from drinks to offering things to be auctioned. Some of the most bidden-for items being drinks and dinner with Mr. Bob Miller, an Aga-cooked dinner by Mrs. Louise Nash, your ironing done by Mrs. Risley Pritchard, dinner cooked by Mr. Matt Garrett and Dr. Sally Hanks, and students offering themselves to be butlers in the buff – just to name a few!

The notorious Hathorn Bar has had a change in managers when the new committee got elected, and they have been doing an amazing job at keeping it alive and certainly kicking, with Sky installed and numerous plasma screens. The managers certainly know how to keep the punters happy as they now even serve Zero Degrees beer from the tap. With summer coming closer, I can't wait to get some new outdoor seating so we can enjoy some BBQs in the rays.

In January, the Dental Ball committee did a fabulous job in organising a 'Secret Garden'-themed Ball. It was the first Ball I had ever been to whilst being a student here and it really didn't disappoint. With real-life statues, face painting and ivy sprawled across the tables and chairs for décor, it really set the mood. The alumni also hosted the champagne reception which I know is always much appreciated.

At the moment Year 4 are getting prepared for this year's revue! With scripts written and filming already started, it looks like the final years are going to receive a very memorable send off – more for some particular individuals than others! On that note, I would like to thank Sarah and the 2009 committee for all their hard work for us students last year.

The new committee have got 2010 off to a brilliant start, and I know there will be much more to come from us before we pass the baton on again!

STUDENT ELECTIVES

Survey of referrals to BDH for oral surgery

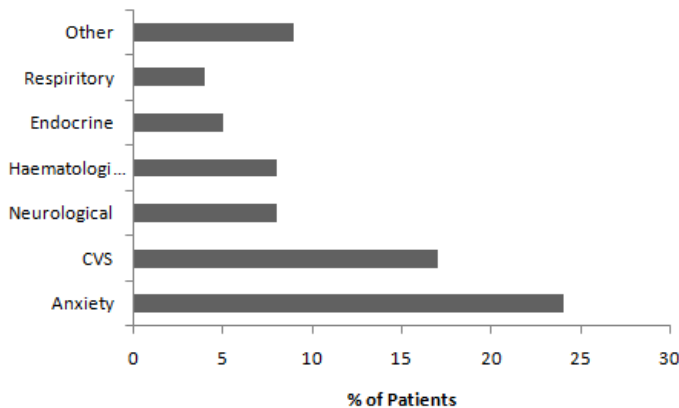
Guy Laffan



Some might argue that I didn't quite make the most of my elective period by staying in Bristol, and not travelling abroad like many in my year. However, I completely disagree! Not only did we have a tremendous heat wave, I just thought it was a thoroughly enjoyable experience wandering around the student-free hospital for two weeks, and I did note how much happier all of the staff appeared to be! I've been kidding myself for four years, thinking we bring joy into their lives! Oh well!

I have always been quite puzzled by the number of referrals received by BDH, bearing in mind that most cases are treated by undergraduates or junior members of staff, albeit under supervision. I took it upon myself to investigate how appropriately the referral system was being used. My plan was simple enough – I had five weeks to collect and read the first 75 referral letters specifically for oral surgery that had a specific request for treatment due to a medical condition, and make notes of the age and sex of the patient, the source of the reference and reason for referral, and appropriateness based on a large set of criteria. These criteria included treatment that was deemed as suitable for a primary care setting or for a hospital setting.

Fifty eight of the patients were referred by GDPs, which was expected, 13 by GMPs and 4 by the community dental services – again, expected results. The reasons for referral were as follows:



All groups are self-explanatory, but the category ‘other’ encompassed individual issues such as difficult procedure, complications, pregnancy, lack of equipment etc. The most significant result was that 24 of the patients were referred in because of dental phobia. I found this hard to believe, as the dental hospital itself is a much more fear-inducing environment. Imagine it: hundreds of people in white coats, all sorts of strange noises, smells and movements and, to add to the anguish, a student providing the treatment (not saying that students are that bad, however !). Should qualified professionals really be referring patients to hospital for reasons of anxiety, as was done with the following letter?

*“Dear Bristol Dental Hospital,
Thank you for seeing this pleasant 46 year gentleman with regard to his Dental Phobia.”*

Of course there are a few cases where the hospital setting is the best place for their care. But the behaviour management skills adopted in the hospital are no different than they should be in a primary care setting. The biggest difference is the time the hospital is prepared to spend treating such a patient, and the fact that the idea of financial benefit does not exist. The new NHS contract will not award UDAs for simple acclimatisation appointments, and for a money/target-driven practice it is not financially viable to treat such cases. Is this where the hospital picks up the pieces? Of course, the hospital is a fantastic facility open to all, and should be regarded as a safety net for any dental professional.

The remainder of the referrals were considered appropriate and included problems such as epilepsy, ischaemic heart disease, complicated drug lists and disability. In my initial criteria I made it clear that sedation and GA should be welcomed into the hospital as it

is fully equipped for both. So too should cases of seriously ill patients. The hospital has many qualified staff in all fields of healthcare and is prepared to deal with all types of situation.

There were a few noteworthy referrals for simple procedures that had only been made due to the patients having hepatitis C and HIV. Current GDC guidelines state that this is highly inappropriate, and in fact I believed these referrals to be complete misuse of the system. Another was for an extraction of a lower central incisor and advice on its replacement followed by “the patient has asthma and I therefore believe the hospital is the best place for their treatment.” Bearing in mind I am an undergraduate, and after assessing all of the patient’s medical history and radiographs, I am almost 100% positive that this case could have been treated by a dental graduate.

My research concluded that inappropriate referrals occur daily and place unnecessary strain on an already overworked NHS system. In the worst case scenario, resources and time may be redirected away from those in real need of it by those manageable in the primary care setting. However, many referrals are appropriate and I am glad to see clinicians using the hospital as the safety net it really is – Bristol Dental Hospital is a source of second opinion, expert advice, practical assistance, complication management and, overall, assisting those in most desperate need.

I am glad I exposed myself to so many referrals and scrutinised them in the way that I did. Aside from learning obvious trends in referral and understanding what is and isn’t appropriate for treatment in the hospital setting, I feel that when I come to write my own referrals in the not too distant future, I’ll think twice about whether they were really necessary.

After working so hard for two weeks I had an incredible weekend at Glastonbury music festival and a month away in Thailand! What a summer! Shame it’s my last!

Patients' satisfaction with orthodontic treatment

Beth Keenan



When making the decision about what to do for my elective project I decided to combine my interest in orthodontics and the current 'Duty to Involve' legislation within the NHS. This legislation is working to include patients in changes that are being made to the services provided by the NHS. To do this they have been collecting patients' opinions on the NHS service they have received and how they think the NHS organisation that provided this care can be improved. A legislation was put into force in 2003 which was designed to involve patients; however, this legislation was not clear and NHS organisations were confused as to when and what to include patients in. As a result of this, a new, revised 'Duty to Involve' legislation was introduced in November 2008, ensuring that patients are included in:

- The planning and provision of services.
- The development and consideration of proposals for change in the way services are provided.
- Decisions affecting the operation of services.

The latest development is the 'Duty to Report on Consultation', which came into effect in October 2009. This requires NHS organisations that receive feedback through any means, such as consultations, complaints or surveys, to provide a report on how this feedback has shaped or changed the way in which the organisation is run.

In view of the 'Duty to Involve' legislation, my elective project aimed to collect and compare information about how satisfied patients were after receiving NHS orthodontic treatment. It involved two groups of patients: one group of 30 patients that had received NHS orthodontic treatment at Bristol Dental Hospital, and a second group

of 30 patients that had received NHS orthodontic treatment at a specialist practice in the Weston Orthodontic Centre. The patients had received post fixed-fixed orthodontic appliance treatment. They were asked to provide information about how satisfied they were with the overall service they had received throughout treatment via a questionnaire. A comparison of the two organisations was then made.

Being a student at Bristol Dental Hospital I was able, with the help of students and staff, to hand out my questionnaires within the orthodontic department in the hospital. To get my questionnaire handed out at the specialist orthodontic practice I required the help of my supervisor at the Weston Orthodontic Centre. It is a modern surgery, treating both NHS and private patients, and spending time there was a very interesting experience. All notes are kept electronically, appointments are swift and many patients are seen every day. This was extremely different to my experience at Bristol Dental Hospital where all notes are still hand-written, appointments usually last at least an hour and I only see one or two patients in a morning. This visit helped to remind me of general practice life in the UK. With the help of the staff at Weston Orthodontic Centre I was able to hand out questionnaires for my project.

Compiling the questionnaire was a lot harder than I thought it would be. Lots of research has been done into the best designs for questionnaires, which I had to consider. Short questionnaires bring the best response from patients. However, there is also a lot of research into the aspects of treatment that affect their satisfaction. I obviously wanted to include as much of this information as possible in my questionnaire in order to gather as much information from the patient about their experience. To get my questionnaire to a point where it was ready to be distributed I had to obtain approval from a variety of different people and committees, which was a very beneficial exercise as it gave me an insight into the amount of time and effort that goes into completing a research investigation.

The results of my investigation showed that there was no statistically significant difference between the satisfaction of NHS patients that were treated in Bristol Dental Hospital and the specialist orthodontic practice at Weston. It demonstrated differences between the experiences of patients, such as patients waiting longer before appointments in the dental hospital compared to the specialist practice, and the average age of the patients being older in the dental hospital. However, none of these aspects seemed to affect the overall satisfaction of patients who had completed treatment. The majority of

patients were very satisfied with the treatment they had received. In order to further this experiment, I would ideally like to get more dental hospitals and specialist orthodontic practices involved, with more patients from each.

I really enjoyed completing my elective project. At times it was rather lengthy and difficult knowing what to do next when trying to gain approval for certain aspects of my project. Also, once approval had finally been given, getting more senior members of staff at the Dental Hospital to distribute my questionnaire was challenging, as they were obviously very busy. Nevertheless, looking back I feel it taught me valuable lessons about how research projects are completed, and in the future, if I get the opportunity to complete another research experiment, I will feel more confident about how to go about it.

Aesthetic scale for Class II div. 2 malocclusion

Georgina Padgett and Jenni Robinson



Having a general theme of 'aesthetics', and an interest in orthodontics, we decided to try and create an aesthetic scale for Class II division 2 malocclusion. This would be part of the IOTN (Index of Treatment Need) classification, currently used to assess whether a patient requires orthodontic treatment. There are two parts to this classification, one assessing function and the other assessing aesthetics. We decided to tackle the aesthetic component, as a scale has not been previously created for this malocclusion.

We remained in Bristol to carry out the data collection. We armed ourselves with 20 laminated A5-size colour photographs of Class II division 2 cases, and these same 20 photographs in black-and-white. We asked 10 dentists, 10 dental students and 10 lay-

people to put the colour photographs in order of their opinion of 'best' to 'worst'. We then asked the same people to do the same with the black-and-white photographs. From this information we aimed to see if people were influenced by other factors, for example colour of gingivae/teeth, over-riding the malocclusion itself on the order they place the photographs. Most people took about 20 minutes to complete this, but some got so engrossed that they took 40-50 minutes! We went to get a cup of tea on these occasions!

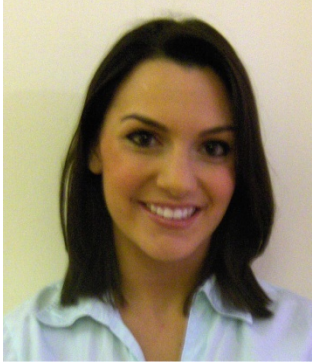
After gathering all the data, we averaged out all the results and eliminated the 10 least statistically significant photographs, leaving us with a scale of 10 photographs ordered 'best' to 'worst'. We found that there was quite a large difference in the scales created by the three different groups of people taking part in the study, particularly in the middle areas. There was more agreement between the different groups at the extreme ends of the scale, i.e. the 'best' and 'worst' cases of Class II div 2 malocclusion.

If we were to carry out the project again, we would use some way of representing the cases in 3-D. We could use 3-D digital images – this would be more practical than carrying around heavy, fragile plaster models of the cases. 2-D photographs were not able to show clearly the retroclination of the upper incisors, which is one of the main features of the Class II div 2 malocclusion. This means that the scales people decided upon were likely to be more influenced by other characteristics, such as diastemas, than the classic features of the malocclusion we were interested in grading. We were not able to use plaster models for our project because the cases we used were old cases, and the models had been disposed of previously.

From undertaking this study we learnt a lot about the difficulties of the IOTN aesthetic component (and especially with this malocclusion where the key features are not clearly visible on 2-D photographs) which is currently the main method of deciding upon orthodontic treatment need.

Formal teaching and practical skills in dental education

Sarah Buckley



My father is an educationalist. When I was little and doing my homework he would sit and explain to me why the teachers had set me the style of work – for repetition, to use old skills in a new context, to challenge my application etc etc. His passion and belief in education has created in me an innate curiosity for comprehension and, furthermore, the comprehension of learning.

My elective looked at the foundation of my learning and its preparation for the leap from undergraduate to dentist. By means of comparison, I also investigated the training and education received by dental therapist students for the skills within the same clinical remit as undergraduates. The investigation was completed through questionnaires which were sent out to participants and covered the teaching methods, frequency of skill usage and level of confidence of students prior to treating patients. It also touched on each student's opinion on the number of dentists and therapists being trained in the UK.

The dental profession has been through many radical changes in recent years, most notably, however, the modernisation of structure of the dental team. Progressing in accordance with the Nuffield Report 1993, the GDC now recognises and registers all members of the dental team, a key measure for the quality assurance and profile of all members of this dynamically evolving profession. The ties dentistry had with its 'drill and fill' philosophy are now a colloquialism found only in the history books, and thus the future of dentistry is moving to fulfil the holistic ethos and complex requirements of the public. The development of further key skills for dental care professionals (DCPs) is in line with the shift to prevention before cure; part of the greater

umbrella of 'oral health services' complementing its partners within the general health care provision. Furthermore, with the NHS push to further integrate therapists into the dental team it was intriguing to study and compare two similar curriculae (within their shared remit) that run in parallel within the same institution and occasionally with the same teaching staff.

Results were based on descriptive statistics: Spearmans rank and unpaired t tests. They showed a clear difference between practical student-to-staff ratios (12:2 for therapist students and 35:2 for undergraduates) and a great disparity between the practical experiences students received due to differences in patients' needs. This showed to be a problem for undergraduates, especially in paediatric dentistry where clinical time was less and students' experiences were greatly different, although their experiences in paediatric outreach dentistry often countered this. Conversely, therapist students had a significant amount more experience in treating children where time restraints on their training seemed not be so much of a problem.

Interesting results which arose from my study were that an increase in students' perceived confidence was not statistically related to an increase in teaching hours. The confidence was, however, significantly related to the frequency of skill use (e.g. number of times a stainless steel crown was placed) on patients. The implications of this are that there appears to be no benefit in increasing or focusing on the number of hours of teaching if it is not adequately weighted with clinical experience.

My study was fascinating to complete and gave a real insight into the curriculum planning and application challenges faced in a vocational course where the focus is not just on lectures and learning but also on honing practical skills. It also highlighted the concept that the undergraduate course is a degree-level education whereas the therapists complete a training course where the focus is on practical application.

Oral Surgery in Bristol and Zagreb

Sinead Duane and Sabine McGarry



When it came to deciding where to spend our elective period, Croatia was an obvious choice for both of us. We both have family and friends in Zagreb and were interested in finding out about the undergraduate course in the capital's School of Dental Medicine. Our elective supervisor, Mr Jagger, has strong links to professors working in Zagreb, and they were delighted that we wished to visit their establishment. Zagreb has been defined as the cultural, cinematic, economic and governmental centre of the Republic of Croatia, in addition to being their largest city.

We focused our study on the Oral Surgery department, with a project entitled 'Undergraduate teaching methods and resources in the Bristol Dental Hospital and in the School of Dental Medicine, University of Zagreb, Croatia: a comparative study.' On arrival at Zagreb's airport, we were greeted by Professor Jerilimov, who kindly escorted us to our dorms, which were actually the halls of residence of the University students. He was a wonderful guide and showed us all around Zagreb, giving us an insight into the culture. He even helped plan our post-elective holiday in Dubrovnik!

After a much-needed rest in student dorms after our budget flight, we started the next day with a tram ride to the centre of Zagreb for our first day at the School of Dental Medicine. A tour of the establishment was on the agenda, when it was immediately clear how different the Bristol and Zagreb schools are.

The Oral Surgery department is spread over two floors. The first floor consists of a small room with three dental chairs in close proximity to each other – the head of the department, Professor Kobler has his office directly adjacent to this room. This is where simple exodontia is undertaken by the students under supervision. On

the second floor there are two dental cubicles equipped for minor oral surgery procedures. Only staff work in this room – students do not undertake or assist any minor oral surgery procedures here.

We spent two weeks observing staff and students on the department, and any days that oral surgery was not being undertaken we were able to visit other departments and visit dental practices in the area. We were able to spend time on the Forensic Dentistry department in the School where we learned that a large part of the oral biology curriculum centres around bite-mark identification, and identification of people according to their dental records. In Bristol we receive no such training.

The Oral Surgery course in Zagreb has gone through a lot of change in the past few years due to the Bologna Declaration, which was introduced by higher education ministers throughout Europe to reform their own higher education systems in order to converge and create a single higher education system. This was done to improve the mobility and employment ability of European citizens. In Zagreb this required a change of the course structure from 5 years to 6 years. We learned the change was introduced in 2005, meaning that the first students to study the new course are due to graduate in 2011.

There are similarities and differences between the teaching methods and resources in Bristol and Zagreb. The students in Zagreb have no access to what we know as 'Blackboard' nor are course handbooks available. The lecture structure is similar in quantity and content, and it would appear that students in both dental schools receive a similar amount of clinical training. A difference is that students in Zagreb are encouraged to volunteer to work in the department out of hours to receive further training.

We had a wonderful time in Zagreb, and when we weren't working hard on the Oral Surgery department, we had the opportunity to spend our free time with the students who showed us a very good time! We were introduced to such delights as Šljivovica (a plum liqueur), Pelinkovac (quite certain this is just alcoholic fairy liquid) and quickly realised that the only thing acceptable to order on the menu was a meat platter!

Before setting off home on our WizzAir flight back to London (with turbulence that has made us afraid of flying!) we ended our visit in the lovely town of Dubrovnik – a real 'must see' for anyone visiting Croatia.

We send a big thanks to Professor Jerilomov and Professor Kobler, along with the (newly graduated) Juraj Brozovic for all their

help. We would also like to thank the Bristol Dental Alumni Association for their donation!

Incisal relationships of children in SW India

Catherine Martin



An array of spice, colour, fresh tea, countless coconuts and curries... it could only be India. The elective period of 2009 was an opportunity for me to head out to a country where the realms of dentistry remained relatively primitive, and help provide invaluable healthcare to a population deprived of resources so frequently taken for granted in Western societies. However, with over 1.1 billion inhabitants this was a rather large task!

On the 4th July, seven dental students, including myself, flew to Trivandrum to assist in the dental outreach project organised by a British company, Work the World, in conjunction with the Ministry of Health and Welfare for India. Located in a Catholic school in a Keralan village called Poovar, the aim of the project was to provide



Trivandrum during rush hour!

emergency dental care for its students and the local community. In addition to this, spurred by my orthodontic interests, I was to conduct a research study entitled ‘The Incisal Relationships of 8 to 12-year-old Children in South West India’.

Arriving at 4 o'clock in the morning, I was both shocked and scared to find the people of the city waking up and going to work... it really made our 8 o'clock lectures seem very slack! Navigating cars (if you can call them that!), people, dogs, and rubbish, it was instantly clear to see that India was a country encompassed by culture, religion and tradition. Surviving the experience of our first autorickshaw journey, we spent the first day in this rural part of the country ensuring all the preparations were in place for the project, and acclimatising to the 5 ½ - hour time difference.

*School children
who were treated
during the
outreach project*



The project itself was to be conducted in two phases. Firstly, the students would be screened at the school to assess any dental problems or concerns they were having. The second phase was to treat these problems at a local dental hospital. My individual project was recorded during the screening phase. Each child within my age specification was recorded in accordance with the BSI incisal classification system as either class I, II/I, II/II or class III. In addition, complete or incomplete incisal relationships, age and gender were documented.

The school, named Holy Angels School, taught some 500 students aged between 5 and 12 years. On the first day of the screening, we were welcomed at a special ceremony during the morning assembly, at which I gave a speech (in my very best Malayalam accent!) as a gesture of goodwill prior to commencing some dental skills! After one morning of screening we soon became

aware of the enormity of the project and the dental issues faced by small communities. The screening was overseen by two very capable Indian supervisors, Dr Minu and Dr Smitha.

On examination, many of the children reported to be experiencing dental pain. Multiple carious lesions in children as young as 5 were a common presenting feature. Approximately 93% were referred to the local hospital for treatment of dental pain. After 3 days of screening our team migrated to the NIMS Dental College where treatment of the referrals was to take place. Despite initial appearances, we soon became aware of the lack of facilities and equipment faced by the hospital. Much of the equipment used in the UK was simply not available here. Many of the instruments that were available were old-fashioned and in limited supply. As we were briefed on sterilization procedures we realized that cross-infection here was very different from that practised in the UK. It was a real eye-opener to see how dentistry is practised there, and somewhat saddening to realize the extent of the deprivation faced by this vibrant country. However, it was comforting to know that despite the lack of equipment we would be making a difference.

Transport was arranged and paid for by ourselves for the children and their parents to get to the hospital, which ensured that as many of the children as possible would attend and not be discouraged by the cost of the fare. Many of the children were understandably apprehensive, having never experienced a dentist before. Fortunately, with the aid of the translators we were able to see each child in turn, relieve the child of pain or treat the most pressing dental concern, which mostly involved extractions of deciduous teeth or restorations in permanent teeth. Of the 486 children and 75 community members screened, we treated 352 children and 58 of the adults – a considerable number, given the small time-frame we were given!

The research data revealed incisal prevalences to be 79.8 % Class I, 14.6% Class II/I, 2.3% Class II/II and 3.4% Class III. A higher prevalence of Class III malocclusion was observed compared to that in Caucasian populations given by Angle in 1907. Statistical differences were not recorded between the incisal classes related to age or gender. However, differences were significant between complete and incomplete bites, with high proportions of complete bites among Class I relationships. It is hoped that the findings will be of value to orthodontic clinicians and dental personnel in understanding orthodontic treatment planning and service demand.

The two weeks of dentistry were a mix of emotions. The huge scale of the poverty faced by individuals was disheartening; however, providing such a valuable service to this community meant that even a small difference would be a worthy one. After this experience, another fellow dentist and I set off (on the trains I hasten to add!) to immerse ourselves in true Indian culture! A week of beautiful beaches, temple festivals and elephant rides ensued. On a personal level the elective gave me a valuable insight into my strengths, weaknesses and limitations. In retrospect, it was one of the most valuable dental experiences of my undergraduate career.

Volunteering in Kenya

James Pang (3rd year)



Helping people was one of the main reasons for me to choose a career in dentistry. I've also had a deep desire to apply what I've learnt at dental school to help those less fortunate than myself, and explore different cultures and 'make a difference to the world'. Hence my desire to leap at the opportunity to volunteer in Africa! I really wanted to experience a different way of life and see what the dental healthcare system was like.

Having no experience of volunteering abroad I contacted a non-profit volunteer organization, Touch Humanity International Volunteer Services (THIVS), who organize healthcare projects in Kenya. Offering the entire dental school's students the opportunity to come along, there was considerable interest and eventually it was a group of eight fellow students who agreed to go. I had not organized

an overseas volunteering trip like this before so it was also a new experience for me to plan, organize and lead the group.

The flight took over 8 hours. Arriving in Nairobi airport we were taken to the THIVS offices to stay for the night. Due to water shortages there was no running water for the toilet and we had to constantly be wary of mosquitoes biting us! We were introduced to THIVS coordinator James Mwangi and John Ngatia the next day, who outlined what to expect on our placement and looked after us. I felt glad to be with them since Nairobi can be a dangerous place – we saw a mugging on the first night we were there! They warned us to be wary of people wanting to sell things or offering to help since many were out to con or even mug you. Always be wary when abroad!

Later we went on a 3-hour coach ('Matatus') drive to Nakuru. We saw the beautiful countryside filled with grazing animals such as zebra and baboons just lying next to the roadside, and the majestic Lake Elementaita. Nakuru is the provincial capital of Kenya's Rift Valley province, has roughly 300,000 inhabitants, and is currently the fourth largest urban centre in the country.

Volunteering at Nakuru Provincial General Hospital at the dental clinic, it seemed a world away from Bristol Dental Hospital, with the latter having over 130 dental chairs and Nakuru only five split into four bays. The head nurse in Bristol would probably have a fit seeing the levels of hygiene control – patients spat into the waste bins next to the chairs since there was a shortage of running water, and there seemed no need to wipe the chairs between patients either. In the oral surgery area it was more like a factory process: give an injection, send them back into a waiting area, then quickly inject the next patient ready for extraction on the adjacent dental chair. We each managed to see over 10 patients and do over 15 extractions in just one morning! I felt a huge sense of sadness that most people had to opt for extractions for even the most minor tooth decay – this was mainly due to the people not being able to afford restorations or to keep their oral hygiene adequate enough to sustain them. An extraction cost 100 shillings, nearly the equivalent to a pound in the UK; restorations at least four times as much, a considerable sum for the average Kenyan around this area. Somehow my gripes about the NHS seemed to disappear quickly after experiencing this! We also saw oral diseases such as Burkett's lymphoma which would be really rare to see in the UK.

Trying to learn how to communicate with patients in Swahili was a challenge in itself! I did manage to speak some basic words in

Swahili – for example 'open', 'close' and, of course, 'sorry' – by the end! Necessity is an excellent way of learning. Going to work every day on three-wheeled autorickshaw (Tuk-Tuk) was also fun!

We stayed with a Kenyan host family to get the most out of experiencing the Kenyan way of life. Living like a Kenyan was a fantastic experience. We felt the warmth of their hospitality and generosity, allowing us to stay in their home and encouraging us to help prepare and eat traditional Kenyan food. There were some inconveniences such as no running water but that was all forgotten with the kindness of our hosts. We also visited and greeted the neighbours, which caused a stir since they rarely see foreigners keen to volunteer.

We also visited an orphanage in GilGil, a town outside of Nakuru. We met with the workers who dedicated themselves to providing a home for the homeless children who would otherwise be neglected. The children seemed very happy to be at the orphanage they called home. Before visiting, we purchased lots of toothpaste

*At the
Orphanage in
GilGil
donating
toothbrushes
and
toothpaste.*



and toothbrushes from Nakuru to give to the children. We had a session in the orphanage hall where all the children were given oral hygiene advice such as how to brush and not rinse.

Going to Kenya usually means going on Safari, so of course we visited one in Nakuru National Park. Experiencing wild animals up close that you normally only see on television is something I recommend to everyone. Seeing a sea of pink with thousands of flamingos at Lake Nakuru in the park is breathtaking.

In summary, I set out to help people and volunteer my skills to those less fortunate than myself, which I did and gained a huge sense of achievement from it. I feel far more confident leading people on

projects, going to different countries to volunteer. I really appreciate the things we take for granted such as the NHS in the UK now. I also know, despite only spending a relatively short time volunteering, that even just helping a few less fortunate than ourselves still makes a difference to the world.



*Outside the Dental Clinic at Nakuru Provincial General Hospital.
L-R: Rizwan Mahmood, Omesh Modgill, James Pang, Emma
Thomas and Molly Newett*

I am most grateful for the financial help received from the Bristol Dental Alumni Association, as well as for the support of the THIVS coordinators and our host family – without their support our trip would not have been possible.

ANYONE FOR RUGBY?

Guy Laffan

The beautiful game of rugby had long been forgotten in Bristol Dental Hospital. Having watched the dental football team grow from strength to strength each year, a few students thought that it was the right time to re-ignite the flame of a dental rugby team. We had extremely eager students from all years, who unfortunately all had completely different timetables and agendas. The expansive Downs were the perfect location for some summer training sessions – all we needed to do was get everyone working together.

We had the numbers and were well on our way to having a fully functional team. All that was left was the kit. Firstly, I would like to thank the Alumni dearly for their fabulous contribution. We couldn't have done it without you. I would also like to thank Wesleyan, Dental Protection, The DDU and Butcombe brewery for their fantastic contributions. The kit was designed by Guy Laffan and the questionable blue and pink colours were a unanimous team decision. Even if we lost every game, at least they would remember us from our very vivid kit!



We entered the intramural league and our first game was against Churchill Hall. It was a fabulous game and we finished victorious with a score of 27-10. We have been desperate to continue playing but unfortunately our last two games were postponed due to the horrific weather conditions and other such problems. Sadly, our final years are now committed to their revision (wishing you all the best of luck) but the other years will press on relentlessly. We will strive to continue playing as often as we can in our new, fabulous kits. Once again, a huge thank you to the Alumni – we couldn't have done it without your support!

ALUMNI REUNIONS

1963 REUNION, 11-12 July, 2009

Janet Mayes

In July, 15 of our original intake of 26, together with wives and partners, met to celebrate our 50th anniversary of 'coming up' to Bristol. Sadly, four of our number had died in the intervening years and the rest were unable to attend for health and other reasons.

On Friday 10th July, we booked in to the Marriott Royal Hotel on College Green and on Saturday morning visited the Dental Hospital where we were shown all the new sights by Dr Gordon Gray. I think it is fair to say that we recognised about 10% of the original hospital that we knew and loved and were quite in awe of the splendid facilities available to the students of 2009! (I do however believe that we had a great advantage in the innumerable 'real' patients that submitted to our care.) That night we were joined at our Reunion dinner by Mrs Sybil Moores, better known to all of us as 'Sister', certainly a remarkable lady and hardly changed at all.

On Sunday morning we all met again at the home of Norman Killingback for a delicious buffet lunch. The chat and exchange of memories, family updates and views didn't stop, and one of us summed up our gathering as 'the family of 59'.



Alan and Judith Lawrence

We had only all met once before during the last 50 years, five years ago. Both of these highly successful and enjoyable events were instigated and arranged by Alan Lawrence together with his wife Judith. We all knew Alan was ill, he had suffered from rectal cancer for some time with many complications, but his enthusiasm and energy in getting us together was boundless, as was his evident love and affection for us all. Sadly, this was to be Alan's last reunion as he died on 3rd September, but we intend to continue what he started and look forward to our next meeting...

Group photograph on centre page

1964 REUNION, 16-18 October 2009
David Lewis

The weather was kind for the '64 Reunion over the weekend of 16-18 October. A somewhat reduced gathering reflected the average age of the group, and their accumulation of ailments.

Nevertheless, a total of 25 members and hangers-on attended at some point in the weekend, most of them (including some who still live in the Bristol area) staying at the Mercure Holland House Hotel, which facilitated wider socialising than is possible at a formal meal.

A gathering in the hotel bar on Friday afternoon was followed by an evening meal at Brown's brasserie, formerly the University refectory, where 45 years before we were wont to drink coffee, our fingers still sticky from the dissecting room, as we swotted at the last moment before anatomy vivas. It's still as noisy and echoey as ever, though it has to be said there's no comparison in the food!

On Saturday morning a Blue Badge guide collected us from the hotel and took us on a walking tour of the historic centre of Bristol. This included St Mary Redcliffe church, which several admitted they had not once entered during their student days (no names!). Lunch was taken at the Ostrich, before embarkation on the Bristol Ferry for the journey to the SS Great Britain. (Note to other reunion organisers: this is a very worthwhile diversion now that the ship has been so cleverly and entertainingly restored.) The ferry returned us safely to our hotel, in time for dinner at River Station – just a short walk from the hotel.

The extended format ensured that, after the inevitable comparison of aches and pains, titanium joints, stents and hearing

aids, there was still time for reminiscence – and boasting about the grandchildren. A highly successful get-together.

1968 REUNION, 14 November 2009

Peter Easton and Tony Lynn

About 36 undergraduates commenced their dental degree course in September 1964. Chris Barton, who had organised reunions in 1989, 1994 and 1999, contacted 33 of them and proposed another reunion – thank goodness for colleagues like Chris. The reunion was based in The Bristol Hotel (formerly Jury's) on the harbourside.

We arrived in dribs and drabs, jogging our memories as we met each new arrival. Would we recognise anyone from those far-off days ? (Peter Easton spent 30 minutes chatting up a visiting rabbi thinking it was Nathan Grossman – thought he had put on some weight and gone ginger in those intervening decades.) After a few drinks in the bar the scales fell from our eyes and we all seemed to gel again.



Chris and Polly Barton

The plan on Saturday morning was to take the ferry boat from across the harbour for a trip around the docks, but many missed it because of the bad weather. However, there was a good turn-out for the visit to the Dental Hospital in the afternoon for a guided tour by Gordon Gray, the Clinical Dean, and our old mate Bob Miller. What an eye-opener ! We were all amazed how much had changed and improved over 40 years. What a surprise to find the student common room, where we honed our skills at bridge and table tennis, full of dental chairs. We were reminded of Mrs French and her tea trolley, and the day of the moon landing when one of us had said to her “Fancy that, men walking on the moon” and she, in her broad Bristolian accent, responding “Ah, they got a nice day for it”. The phantom head facility was high-tech and really impressive, with monitors at each station and close-up video for techniques being demonstrated. It almost made one want to start again, but then one thought of how much there is to learn now – not just what we were given but all that postgraduate education as well. Can they really graduate dentists as true generalists ? Our thanks to Gordon for his time, and apologies (from Pete) for accusing him of being a modern Arthur Darling.

Dinner was at the hotel and Reg Andlaw was a most welcome guest. Much talking to do before, during and after dinner, and then an invitation from Chris Barton for anyone who felt inclined to stand up and tell of their lives. Several did so, and it was gratifying to learn that, although many had retired, quite a number of us are still practising and enjoying it (but the colleague who spent half the year on his boat in the Aegean did make one think). Reg Andlaw told us about the BDAA (Bristol Dental Alumni Association) and an email from Dave Tyler in Canada was most welcome, but we were all sad to learn of the death of Roger Maden.

All problems aside, those who attended had enjoyed life and were still doing so. Bristol University, and in particular the dental school and its staff back in the 60s, gave us a good leg-up on to an early rung of life and we are very grateful

As usual, Chris and Polly Barton did us all proud, and everyone must be grateful to them for making the effort and taking the time to contact us. Our best wishes to them, particularly in their coming ventures in East Africa. Oh yes – and don't forget to organise the next one !

Group photograph on centre page

1969 REUNION, 3 October 2009

Roger Hartley

As I trudged home in the snow recently, my attention was caught by a child, sobbing that he'd lost his marbles. I was immediately reminded that I needed to file a report of our reunion – of those who qualified (or intended to) in December 1969. Ah, those heady days of polo-necks (not to be worn in the Hospital), long hair (not to be worn in the Hospital) and revealing underwear.

It had been some time since the Barbados and Co. Antrim reunions and so a return to Bristol was in order. Twenty five graduates were in evidence at some point during the weekend, plus Reg Bleakman who lied about his age.

A Friday evening in the Students' Common Room Bar set us up for supper by the harbour, followed on Saturday morning by the traditional tour of BDH. We were shown around by the Dental Clinical Dean, Gordon Gray, ably assisted by Reg Andlaw and Chris Stephens. We were very grateful to them all and will be sorry when the tour is replaced next year by a computer simulation...

How to keep our spouses entertained on an October afternoon? Obviously take them all up the back way into Bristol on a boat trip. Several spouses have fond memories of the General Hospital and our skipper obligingly took a detour into the Bathurst Basin (thanks to Rowan Moorwood for the photo).

The Reunion Dinner took place in the Abbey Well Room of the Hotel du Vin and we were kept in order by Reg and Christina Andlaw. A set of University admission mugshots, courtesy of the late Dr Annie Cole, set off a wave of nostalgia, whilst I had managed to get those apologising for their absence to send recent photos and news – Gita Abeyasinghe, Paul Allaway, Martin Brown (South Africa), Bill Browse, Bob Evans, John Garforth (Canada), Mick Hill, Alan Neale, Andy Philpott, Ronnie Ramsay, Phil Simmons, David Spriggs (Romania), Jeff Watkins, and Tony Wild (Australia) all kept in touch.

And so to the next time, with thanks to Reg and the Alumni Association, Nye Fathers for the photography and our sponsors: Werthers, Sanatogen & Tena Pads.

Group photographs on centre page

1974 REUNION, 4 July 2009
Shirley Scola

At a suggestion from members of the Bristol Dental Alumni Association (BDAA) Committee, the year of '74 decided to bring their 35-year reunion forward to coincide with the University Centenary celebrations. The usual wintry reunion weather was replaced by glorious July sunshine and the weekend activities commenced with an informal gathering at the old refectory - now Brown's – most remembered not for the meals which we may have partaken of there, but for the inoculations that we were forced to endure before being admitted to the dental course!

The problem with a summer reunion was that it clashed with other (nuptial) celebrations; however, by organising a number of different activities some people were able to meet up with us for some of the events even though they were not available for the whole weekend!

Despite the (many) bottles of wine on Friday night it didn't stop a large contingent of dentists returning to their alma mater and enjoying a tour of the dental school, kindly guided by the Clinical Dean, Gordon Gray, and accompanied by Emeritus Professor Chris Stephens and Dr Reg Andlaw. They were able to show us the new facilities, contextualised with their previous history, amid considerable nostalgia and hilarity as previous activities were remembered and recounted. We were impressed by the modern clinics, the digital radiographic department and the computerised op. tech room which was being used for a weekend hands-on course as we visited.



Tour of dental school



*Charlie and Shirley Scola
with Chris Stephens*

The Wimbledon final took precedence for many on the Saturday afternoon, with an all-time record for the most games in the final set and an ultimate victory for Roger Federer. Others took advantage of the glorious sunshine to nostalgically tread the city pavements or explore the new Bristol waterside and shops or go along to one of the many activities organised by the Centenary Committee.

In the evening we met up for a champagne reception at the Marriott Royal Hotel followed by a formal photo and the dinner. Two of the BDAA committee members were kind enough to join us and the evening flew by with much chatter and merriment, with some hardy folk continuing in the bar until the not-so-early hours!

The centenary celebrations allowed people to meet up with fellow students from their halls of residence and shared accommodations, and several of these reunions continued both formally and informally throughout the weekend. It was amazing how far people had travelled to be together and how some people dashed between venues to at least be able to meet up for a short time. The added dimension of the Centenary and the opportunity to meet up with non-dental fellow students was a unique opportunity that we were all pleased we had taken.

We would like to thank the University Alumni office for their help and the BDAA committee for their kindness in assisting in the organisation of this event.

Group photograph on centre page

FORTHCOMING REUNIONS

At the time of going to print we have been notified that the following reunions are being organised. Details of these, and of others announced later, may be found on our website.

| | | |
|------|---------------|---|
| 1970 | Reg Bleakman | email: regbleakman@hotmail.com |
| 1975 | Barry Gilling | email: bargilling@aol.com |
| 1985 | Chris Dean | email: cheerychris@btinternet.com |
| 2000 | Heidi Nuttall | email: h.nuttall@nhs.net |

NOTES FOR REUNION ORGANISERS

Addresses

The Data Protection Act does not allow the University to release addresses of alumni - in any case they are not all up to date because changes of address often are not reported. You can help by checking and, if necessary, updating your address on their website www.bristol.ac.uk/alumni/community/lost-alumni.

The most reliable source of addresses for those who are still practising is the Dentists Register, which can be found on the General Dental Council website: www.gdc-uk.org (click on GDC-Home and then on Search our Registers). We (BDAA) can give reunion organisers the names of all those who graduated in their year. We would be happy to reimburse stationery and postage expenses.

Venues

Most reunions have been centred on hotels with whom a combined fee has been negotiated for dinner and accommodation. Information about hotels that have been used in recent years may be obtained from Reg Andlaw.

For full details about Bristol hotels and information about what's on in Bristol during your reunion, contact the Bristol Tourist Information Office – telephone 0117 9260767, e-mail tiharbourside@bristol-city.gov.uk, website www.visitbristol.co.uk.

The Students' Common Room and Hathorn Bar

For those arriving on a Friday evening, the Hathorn Bar in the Students' Common Room is a convivial place to meet – students and staff meet there every Friday evening from 5:30pm to about 8pm in term time. It would be advisable to check that the common room and bar will be open by contacting the student bar manager via the Clinical Dean's office.

Group photographs

We can arrange for a group photograph to be taken (normally just before your dinner) which would be available for purchase at reasonable cost (Nye Fathers, of BDH, is the photographer). Please inform Reg Andlaw if you would like this to be arranged.

Dental Hospital tour

A Saturday tour can be arranged by contacting the Clinical Dean's office.

Contacts

Reg Andlaw

tel: 0117 9682653

e-mail: regandlaw@talktalk.net

Clinical Dean's office

tel: 0117 3424307

e-mail: geraldine.vines@bristol.ac.uk

BDAA website

www.bristoldentalalumni.co.uk

ALUMNI NEWS

1968

David Tyler, who lives in Saskatoon, Canada, retired last year from the College of Dentistry where he taught for 14 years, having previously been in practice for 14 years. He has four children, two boys and two girls, all happily married. He suffers from Parkinson's disease and has had a quintuple cardiac by-pass, but he exercises regularly and feels better for it. Four years ago he was ordained an Anglican priest and enjoys caring for two small rural churches. He contacts **Martin Betts**, who lives in Richmond, Virginia, once or twice a year.

Chris Barton, who organized the 1968 reunion in Bristol last November, made a 5-week return visit with his wife Polly to Uganda and Rwanda in February/March this year. Peter was based at the Rugarama Hospital in Kabale, SW Uganda, for 6 years up to two years ago, and they received a very warm welcome on their return. They visited three hospitals in both Uganda and Rwanda where Peter had set up Dentaids surgeries and helped to appoint a dental therapist, and found that dentistry was being practised in both hospitals and that the Rwandan hospitals now employ two or three dental therapists. However, problems persist in obtaining dental materials and in maintaining equipment. He had not planned to do any clinical dentistry but found himself assisting the surgeon at Gahini hospital with the reduction and wiring of a bilateral mandibular fracture that had been left untreated for two weeks ! The five weeks was not all work – they were able to enjoy a few days at the end at Murchison Falls National Park. Peter would be delighted to speak to any dentist who might be interested in committing two years to the work at Rugarama Hospital in Uganda – he feels this would particularly suit a young family or a semi-retired couple.

Jane Chapman (Dickinson) is happily married for the second time and has, between them, six children and eight grandchildren. She hasn't practised dentistry since having four back operations over 27 years ago. However, she qualified as a solicitor and specialised in professional indemnity, which she loved. She retired a few years ago and since then has been renovating an old farm house in Somerset and enjoying family and interests, particularly mountain and coastal walking, painting, gardening and studying foreign languages. She

lives 10 miles east of Taunton and would be delighted to have a chat with any friends passing that way,

1971

Freddy Weel lives in Barbados but has attended the 5-yearly reunions of the class of '71. He has an oral and maxillofacial practice and has received Bristol students there from time to time. He organises a good programme for them consisting of hospital practice, general anaesthesia, implantology, oral surgery and paediatric dentistry – he usually hosts them for free as part of his 'payback' for the education he received in Bristol. There are seven Bristol graduates working in Barbados: **Etwyn Blackett, Anthony McCaskie, Ann Nurse, David Jordan, Amanda Storey, Ronnie Ramsay** – and Freddy the lone Norwegian !

1974

After 24 years working in Reading and raising two sons, and after taking four years out to travel and work in India, Australia, Cambodia and Fiji, **Charlie and Shirley Scola** are now settled in Cardiff where Shirl enjoys working as an orthodontic consultant three days a week in Merthyr and Brecon Hospitals, and Charlie works one day as an associate for a corporate (“challenging”), two days for the community service (“interesting”) and one day teaching/supervising dental students at Cardiff Dental School (“just like the old days in Bristol”). They became grandparents for the first time last November.

Angela and Tony Cropper still live in Bristol. Ang is doing the minimum amount of work – Monday mornings doing hygiene, which means no work on Bank Holidays ! Both of them are busy and enjoying life – in fact Ang finds it difficult fitting one sessions a week in. Both 'kids' (now 26 and 28) are now away, in Cambridge and Leamington Spa.

1975

After his family holiday in Antigua early last year (and after consultation and approval from his wife Ros who returned home) **Phil Ratcliffe** went on to Barbados (test cricket), Florida, Augusta (The Masters), Las Vegas, and New Zealand, rushing home for what turned

out to be one of the best days of his life: seeing Burnley clinch promotion to the Premier League at Wembley.

1976

Raman Bedi was awarded an honorary degree last summer by the A.T. Still University (Arizona) School of Dentistry and Oral Health.

1978

Maria Cockle has returned to Cornwall where she grew up, having worked since 1982 with her brother in his south London practice until his retirement. She is working at the St Austell Community Hospital in access dentistry, which she finds very different from the work she was doing in London - treating people who really need her skills, instead of tooth whitening and so on. She has fond memories of Bristol but has only managed to attend one reunion.

1981

Clive Marks finally relinquished his bachelorhood on 22nd April 2009. Having got engaged at the top of the Eiffel Tower, he and Mark Riley had their Civil Partnership recognised, after which they set out on the Orient Express for a mini Grand Tour (Venice-Florence-Siena-Milan-Verona), during which they met David Suchet (aka Hercule Poirot), who was making a documentary about the train prior to making his own version of 'Murder On The Orient Express', and were one of only three couples interviewed for the documentary. No murder victims were spotted on the train. Another nice surprise was finding that among the guests in their 26-room Venetian hotel were Prince Charles and the Duchess of Cornwall. As a souvenir of their honeymoon they commissioned a chandelier for their dining room from a workshop in Murano. Clive continues to sing in various choirs and for the last five years has been sitting as a magistrate in Southampton, a role that he feels keeps his feet firmly on the ground and is very useful background for his work with the Dental Complaints Service. *(Clive's news was received just after our 2009 Newsletter went to print – Ed.)*

1986

Shahin Lalani owns a private 3-surgery practice in Croydon. He loves the work but hates the admin. !

1988

Katherine (Frin) Mills continues her always-busy family life in Anglesey. She has increased her CDS hours to meet increased school fees. She is teaching more topics on the Dental Nurse 'National Certificate' course and has enrolled on the Diploma in Postgraduate Studies course at Cardiff University, undertaking the module on endodontics.

BIRTHDAY CELEBRATION

Sister/Matron Davison will be celebrating her 95th birthday this year. An event is being planned to mark this milestone on Saturday 11th of September, at The Hilton Hotel, Bradley Stoke (M4/M5 junction) on the A38. A 3-course meal, with a welcome drink, is planned, 7pm for 7.30pm, at a cost of £22.50 per head.

The Hilton Hotel is offering a special 1-night rate for bed and breakfast of single @ £60, or double @ £75. Please contact sales office on 01454 893437 to make a booking. The Travelodge and Premier Inn are also nearby.

A tour of the Dental Hospital is being organised to take place in the afternoon of the same day, for those who may like to view the changes.

Our invitation is extended to all dentists and hospital staff who would like to join us. We look forward to seeing as many people as possible on this very special occasion.

If you wish to attend, please contact Vicki Townsend, 47 Wolfridge Ride, Alveston, Bristol BS35 3RL, or email vit@blueyonder.co.uk

OBITUARY

Alan John Lawrence OBE (28/10/1940 – 3/9/2009)



Alan joined Chichester High School for Boys in the autumn of 1953 when his family settled in Selsey after living for three years in Australia. In 1959 he entered Bristol Dental School where we met as fellow dental students. We married in 1963 and graduated in 1964.

While at dental school Alan became an active Christian. He worked in general practice for a few months and then spent 9 months at Tyndale Hall Theological College in Bristol before we moved to Kisumu in Kenya to set up a dental clinic for the local Anglican Diocese. Son, John, and daughter, Mary, were born in 1966 and 1967 and at the end of 1969 we returned to England and moved to Eastbourne where Alan worked for the School Dental Service.

1974 saw a move to Barnet where Alan was appointed Area Dental Officer, and this was followed by a move to Berkshire, first as Area Dental Officer and later as Consultant in Dental Public Health. He retired in 1998 because of serious back problems but continued to run retraining courses for dentists who had been out of practice for a while and to deliver post-graduate lectures. In 1999 he was appointed OBE for services to dentistry.

While in Kenya, Alan became a Lay Reader in the Anglican Church and continued in this role in churches in the various places where we lived. (The official title has recently changed to Licensed Lay Minister.)

Diagnosed with bowel cancer in 2006, Alan had a difficult illness with many complications. He continued to lecture several times each year and to advise local dental practitioners on audit, and continued to preach in church. By the summer of 2009 he was becoming increasingly unwell but managed to visit Sussex and take his five grandchildren on holiday to Felpham, though sadly for the first time ever he was not well enough to join them in the sea. He died on 3 September 2009 and the large crowd at his funeral was a measure of the many people who had known him and held him in high esteem over the years.

Judith Lawrence

INCOME AND EXPENDITURE 15/11/2008 – 15/11/2009

Income

| | |
|---------------|------------|
| Subscriptions | £ 4,614.00 |
|---------------|------------|

Expenditure

Newsletter

| | |
|-------------|----------|
| Preparation | £ 300.00 |
|-------------|----------|

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| Printing | £ 312.00 |
|----------|----------|

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| Distribution | £ 354.00 |
|--------------|----------|

Donations

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|-----------------------|------------|
| Dental School library | £ 1,000.00 |
|-----------------------|------------|

| | |
|-------|------------|
| UBDSS | £ 2,240.00 |
|-------|------------|

| | |
|-----------|------------|
| Electives | £ 2,300.00 |
|-----------|------------|

| | |
|---------------|----------|
| Miscellaneous | £ 254.23 |
|---------------|----------|

| | |
|--------------|----------|
| Bank charges | £ 327.98 |
|--------------|----------|

| | |
|--------------------------|-------------------|
| Total expenditure | £ 7,088.21 |
|--------------------------|-------------------|

| | |
|---------------------------------------|-------------------|
| Excess expenditure over income | £ 2,474.21 |
|---------------------------------------|-------------------|

| | | |
|---------------------|----------------------------|-------------------|
| Bank balance | at 15 November 2008 | £ 8,458.41 |
| | at 15 November 2009 | £ 5,984.20 |



Class of 1969 at graduation, Wills Memorial Building, January 1970

Front L-R:

Penny Leggott, Emily Tingle, Rob Grocott, Chris Bell, Derek Blackwell, Rowan Moorwood, Anita Hedgcock, Roger Hartley, Paul Hughes, Neil Spaven.

Middle:

Andy Philpott, John Green, Clive Wilkins, Sue Browse, Bill Browse, Ronnie Ramsay, Dave Coupe, Mick Whitehouse, Graham Wickens.

Back:

Jeff Watkins, Alan Neale, John Hart, Nathan Grossman, Chris Barton



1963 reunion, 11 and 12 July 2009

*Front L-R: Janet Mayes (Fillmore), Judith Lawrence (Hayes), Sybil Moores, Karol Bernstein (Goldberg), Brenda Maddick (Longworth)
Back: Alan Lawerence, Steven Culling, Norman Killingback, Alan Bailey, Harry Mayes, Paul Sayzeland, John Shield, John Hughes, Keith Osterloh and Paul Genney*



1968 reunion, 14th November 2009



1974 reunion, 4 July 2009

Front L-R:

Willis Kabambe, Angela Cropper (Crabb), Anna Holder (Wysocka), Janet Barnes (Reynolds), Shirley Scola, Patricia Musgrove (Latham) and Stephen Pritchard.

Back:

Paul Williams, Rob Pierce-Williams, Mike Coakley, Rob Salvin, Charles Scola, Michael Li, David Wong, Mike Fleetwood, Rob Goodrum and David Robinson.



1969 reunion, Hotel du Vin, 3 October 2009

Front L-R

Emily Tingle, Anita Hedgcock, Penny Leggott, Pamela Kedge, Sue Browse.

Holding up the Bannister (or vice versa):

Roger Hartley, Paul Hughes, Mick Whitehouse, Dennis Hutchinson, Kate Gunnery, Terry Boyd, Graham Wickens.

Support in Depth:

Tony Mercer, Paul Garton, Rowan Moorwood, Rob Grocott, John Green, Dave Coupe, John Lover, Lyn Holding, Neil Spaven, John Stone (almost), Clive Wilkins.