Newsletter of the Bristol Dental Alumni Association

University of

BRISTOL

No. 21 May 2011

CONTENTS

From the Chairman/Editor

A Successful Year – Gordon Gray

The Students' Year - Shadi El-Basyuni

Student Electives

- Management of patients receiving radiotherapy for oral cancer in Bristol and in Sydney, Australia *Kunal Patel and Anne Green*
- Oral health of aboriginal and non-aboriginal populations in Saskatchewan, Canada *Fawad Amin*
- Patient satisfaction of orthodontic treatment at Bristol Dental Hospital
 - Hajirah Mir
- Oral health care in Cambodia Sundeep Patel and Jayen Patel

It's an Uphill Struggle for Mouth Cancer – Andy Toy

Reports of Alumni Reunions - 1975, 2000 and 2005

Forthcoming Reunions

Appeal for Graduation and Reunion Photographs

Alumni News

Sister Davison's 95th Birthday Party

Centenary of Bristol BDS

Obituaries

Income and Expenditure

From the Chairman/Editor



Perhaps the most significant news from our committee this year is the retirement of Alun Jones, who served as Honorary Treasurer for over 50 years – what wonderful commitment ! He is a Bristol graduate of 1954 and worked in general practice on the Gloucester Road from 1955 until his retirement in 1988. He has always been a fervent Welsh rugby supporter and had spells as honorary dental surgeon for his home club Pontypridd and for touring international teams during the 1960s. He has been a stalwart for our alumni association – we will miss him at our committee meetings and he will miss the camaraderie of the Hathorn Bar after the meetings. Iain Hathorn, whom we recruited in 2009, has agreed to take over the treasurer's duties.

Exit one stalwart, enter another: Ken Marshall, who was a member of our committee from 1991 to 2001 when he was Clinical Dean. He agreed to re-join us last year and has taken over membership secretary duties from me. Our membership has grown from about 200 in 1990 to about 850 now, so I am pleased to hand this job over to him (his email address is on the inside front cover). Ken came to Bristol in 1967 and remained until his retirement in 2004. He hails from Perth in Scotland, attended Stirling High School and graduated from St Andrew's University in 1963. After spells in general practice, a house job in Dundee and a locum registrar post at Aberdeen Royal Infirmary, he was appointed Lecturer in Dental Surgery (Conservation) here in 1967 and became Head of Restorative

Dentistry in 1997. He was Senior President of UBDSS for two separate terms and actively encouraged staff/student events, including a variety of sporting encounters. He founded the Dental School Golf Society which involved a mix of staff, students and former students, and he set up the Hanover exchange (which was instigated by Professor Eric Bradford) in the early 1970s and played a principal role in its activities until his retirement – which was officially recognized by being awarded an Honorary Senatorship of the Medizinische Hochscule Hannover in 2001. All in all, Ken contributed greatly to the Dental School and to student life over 37 years and we are pleased to have him with us now.

The UBDSS elect a new President every year and that person joins our committee. This year it is Shadi El-Basyuni. He says he is "a bit of a strange one" because he was born in Canada of Egyptian parents and lived there during his toddler years before moving to Egypt. In 2002 he came to England and attended Sevenoaks School in Kent. His interests include football (a huge Arsenal fan) and squash. He also has a passion for Apple computer products – is that what makes him "a strange one", or is it being an Arsenal fan ?

Last year the cover of our Newsletter, which for the previous 19 years had a simple plain cover, carried an image of the Clifton Suspension Bridge, provided by Tony Cropper (74). It was so admired that we have another Bristol icon on the cover this year – the Wills Memorial Building tower, for which we are again indebted to Tony Cropper. He didn't have to mount his camera on a kite to take this one (as he did for last year's) !

Four year-group reunions were held last year, three reported here. The fourth, the '66Soc', who have held a reunion every year since they graduated, can be excused from writing a report every year. We have bought a copy of all group photographs taken at reunions by BDH's Nye Fathers and Nikki Atack has framed them in readiness for eventual display. The article on page outlines the background to this project and how Chris Stephens's initiative has carried it forward. Chris went to considerable trouble to obtain from various sources other reunion photographs as well as corresponding graduation photographs, then to frame them and personally fix them to the walls. Action-man Stephens is not only an expert dry-stone waller (among other things) but also pretty nifty with a power drill !



A great event last November was Sister Davison's 95th birthday. Organised by Vicki Townsend (who has written an account for this issue) it was attended by a large number of Sister's former trainee nurses (her "girls" as she calls them) and by former staff and students.

We again gave some financial support for student electives and our Alumni Elective Prize was awarded in July to Elizabeth King. Our annual £1000 donation in support of the dental library now takes our total since January 1992 to £11,713. These funds come almost entirely from your annual subscriptions, but some individual donations are also received, for which we are grateful - any of £100 or more qualify for a book plate in a new book carrying the donor's name. An unexpected but welcome windfall came recently from the 1975 year that held a reunion in November – they raised £1300 which they have generously donated and which we will use for the benefit of the Dental School.

Finally, my thanks to all contributors, to Dominic Alder who puts it all together, to Nye Fathers who takes most of the reunion group photographs, to Tony Cropper for the cover photograph – and my best wishes to you all.

A Successful Year

Gordon Gray, Dental Clinical Dean



Another academic year has passed and it is time to take stock of the developments that have taken place. Of course, they happen so gradually that it is quite difficult to recall the detail of these changes. Changes do take place though and some are quite significant and involve matters that we are only too pleased to intimate to you.

'Top marks for the University of Bristol' was the report in the Dentistry Magazine. Each year, all students at Universities in England and Wales are asked to complete a confidential on-line survey to provide their experience of the course they have studied. The findings of this National Student Survey are important for everyone but we were delighted to find that Bristol Dental School had won the honour of the top place in England for overall student satisfaction. While the report was generally glowing, it highlighted an area that we could improve: to provide our students with greater access to library facilities. A committee was set up to canvass staff and student opinion on how matters could be improved. As the BDS programme is exceptionally busy, students seldom find the time to visit the library during the normal working day but would have liked access in the evening and weekends. In addition, they would have liked to have seen greater electronic access and study space provision. It was not possible to provide longer opening times within the Dental School but, by moving the Dental Library and citing it within the Medical Library, students will have access in the evening and

weekends. The space vacated by the dental library will provide muchneeded study spaces and more computer terminals for our students to use during the day. Core text books will be held in clinical areas that students can still access during the day but with an increasing number of books being held in an electronic format, students will still be able to access these easily. The way in which library facilities are used has changed in recent years and reference to books for information is no longer the key way that students learn. The Dental School has listened to the students and reacted positively to provide an improved service for all. Our dental alumni have been great supporters of the dental library over the years and will continue to be so.

There have been some other areas that have brought Bristol Dental School to the media's attention over the past year. In November 2010, Bristol University swept the board at DDU Educational Awards in London. Earlier in the Autumn, dental students and staff at all UK dental schools were asked to nominate who they believed to be outstanding educators in their school in the two award categories of 'Dentist Teacher of the Year' and the 'Dental Care Professional (DCP) Teacher of the Year'. Citations for the nominees were written and on the basis of these and the nomination details, the national judging panel short-listed three finalists from the entire UK for each category. The finalists attended the awards ceremony in London and made a 15-minute presentation on how they had made a positive educational impact on the students they teach. The DDU's 8th Educational Awards Ceremony was held on the 17th November 2010 at The Royal Society in London. The meeting was attended by Earl Howe, Parliamentary Under-Secretary of State for Quality, who provided a short address and congratulated the award winners. Bristol Dental School and Hospital swept the board with both awards, the first time that one school has won both in the same year. Professor Stephen Lisney won the 'Dentist Teacher of the Year' award and Mrs Nikki Rogers achieved victory in the 'Dental Care Professional Teacher of the Year' award. These awards are prestigious and competed for by all 18 UK dental schools. Each finalist received an award of £250 and the overall winner in each category received an additional cheque in the name of their School for \pounds 1,000, which will be used towards educational material. Susan Hooper won the 'Dental Teacher of the Year' award last year, and in 2008 Alison Grant won the 'Dental Care Professional Teacher of the Year' award. Thus, Bristol Dental School has won a DDU award every year for the last three and this exemplifies the commitment of the staff to providing the best possible education for both dental students and dental care professionals.

Bristol also hit the headlines in October 2010 when the Dental Schools Council met for a two-day meeting at the School of Oral and Dental Sciences. The Dental Schools Council was joined by the Chief Dental Officers from England, Northern Ireland and Wales. The General Dental Council was represented through Professor Kevin O'Brien, Chairman of the Specialist Dental Education Board, and Mr Paul Feeney. The Chief Dental Officer, Mr Barry Cockcroft, also attended and a wide range of issues was discussed. This is a difficult time for all dental schools, with the Browne Report and the Comprehensive Spending Review having all had an impact on future planning in dental research and education. The Council is influential across a wide range of issues within the health services and universities, and these meetings establish common ground and share common problems.

We are delighted to welcome two new members of staff this year: Professors Nicky Kilpatrick and Jim Middleton. Nicky was appointed to Chair in Paediatric Dentistry in August 2010 from her previous post as Director of the Department of Dentistry at the Royal Children's Hospital in Melbourne. She graduated from Birmingham Dental School in 1985 and, after the usual round of House Officer posts around London, went to Newcastle to work with Professors John Murray and John McCabe, and completed a PhD in the management of dental caries in children. She was awarded a fellowship to go to Australia for a year to study cleft and craniofacial disorders. She liked life out there so much she stayed for a further 17 years before being enticed back to Bristol. In her current post she will promote the speciality of paediatric dentistry and, in doing so, will promote oral health and general wellbeing of children in South West England. In her post, she will support not only the dental practitioners but the nondental care specialities to improve oral health of children. When she is away from the Dental School Nicky is an accomplished musician who plays the viola, and loves to run marathons.

Professor Jim Middleton joined the staff of the Dental School at the beginning of the academic year as a Reader in Cellular Immunology. He graduated from University of Bath in 1979 with a BSc in Biological Sciences before continuing his studies at Lancaster where he gained a PhD in 1985 for his work in cartilage research. He was so inspired by research that he continued his studies in bone and cartilage research at Cambridge, with a year spent at Novartis Research Institute in Vienna. When he returned to the UK he was appointed as a lecturer at the University of Keele where he was promoted ultimately to the post of Professor. We were delighted that he was attracted to a position here in the Dental School where he will continue his research theme of immunology and inflammation with respect to periodontal disease as well as collaborate in work with the oral microbiology group.

Professor Jenkinson, who heads the Oral Microbiology group and is the Research Director of the Dental School, was interviewed on BBC Radio with regard to his latest research findings which provides a key link between periodontal disease and heart disease. While this link has been established for some time, it has not been until now that a clear connection has been established. Professor Jenkinson and his research group have shown that streptococcal bacteria enter the bloodstream through inflamed gingivae and deposit a clot-forming protein which increases the risk of heart disease. His research group has shown that once the bacteria enter the bloodstream, they create a protein which causes the platelets in the blood to stick together and clot. The platelets encase the bacteria, protecting them from both the immune system and antibiotics that might be used to try and treat the infection. This research further demonstrates the systemic links between oral health and general health and is a key finding.

You may remember that I have mentioned Helen Peterson who is one of our recent graduates who has been an Academic Clinical Fellow here at the Dental school and has been involved with research studies for her PhD. She has just recently submitted this work and we wish her well for a favourable outcome. Recently, she won the President's Prize from the Royal Society of Medicine and has been nominated by the Odontological Section for the Hiscox Young Trainee of the Year Award. We wish her well with this. However, Helen has shown that despite developing appendicitis on the day of her presentation, she could still win second prize in the Senior Colgate Award at IADR in Barcelona.

Congratulations are also due to some of the current staff. Dr Steve Thomas and Dr Nicola West both successfully competed for Chairs in Maxillofacial Surgery and Restorative Dentistry respectively. In the meantime, Dr Michele Barbour will assume the role of the new Admissions Tutor and will take over from the current post holder in the next academic year. Michele has also been successful in obtaining MRC funding for a PhD student who will study the role and effect of antimicrobial nano-particles in a new restorative material. We will eagerly await her findings.

The new Outreach facility at the South Bristol Community Hospital at Hengrove is progressing well and on schedule with a building that is visibly taking shape, with a completion date of April 2012 becoming a reality. As our increased student numbers were fixed with such an operational facility in mind, the Dental School is currently running at maximum capacity. A plan has been evolved to use some of the ground floor clinics and chairs for an 'Inreach' to reduce the demand on chairs on the Restorative Clinic. Louise Nash, who will be well known to many of you, has been appointed to lead the Outreach facility and its planning. Some of the other staff who will work at Hengrove have already been appointed and are currently working within the Dental School to become familiar with the teaching philosophy and to make the transition to the new facility much easier.

So, as you can see, Bristol Dental School has been quite 'a happening place' over the past year. We hope to see this continue into 2012, which will mark the centenary of the first award of a BDS degree at the University of Bristol.

The Students' Year

Shadi El-Basyuni, UBDSS President



It really is a great time to be a dental student at the University of Bristol; we have the perfect balance of work and play. Every student has unique background, talents and interests yet we still manage to create such a close, friendly community year in year out. I can hardly believe that I am already well into my fourth year; it is indeed true what they say: time does fly by when you're having fun!

As always early in the academic year, it was time for the famous BDSA sports day. The hosts this year were

Liverpool, and Bristol took its finest athletes (and/or drinkers) to

represent us. After a four-hour minibus journey (that started at 4 am) the odds were against us to perform. However in true Bristol style... perform we did! The girls put on a gallant effort in football and netball, which was matched by the boys reaching the final of the football, narrowly losing to Manchester thanks to a freak goal. The sorrows were quickly forgotten largely due to a Star Wars-themed party. Back in Bristol the boys football team (Oral Intruders) continue a successful intramural campaign after an unbeaten season last year and the girls netball team were just crowned champions of their league.

Another big event in the calendar of all dental students is the annual ball. This year the ball committee put on a very caries-friendly theme of 'Charlie and the Chocolate Factory'. It proved to be a huge success yet again with memories to last a very long time. As you can see, socials are in no way in short supply at Bristol dental school and at the heart of our social life is the loved Hathorn Bar. A place to go on Tuesdays and Fridays after clinics and open 'till late' on special occasions. It gives us the opportunity to relax after a busy week and it's not uncommon to find supervisors mingling with the students. Future socials to look forward to are the BDSA conference in Newcastle and the Review night, in which we will comically say farewell to the final years who will truly be missed.

Moving on to the more academic side of life, the students are very proud after another year filled with awards for our university. Huge congratulations and pride go out from us to both Prof. Lisney and Nikki Rogers, who won the two 'teachers of the year' awards at the DDU Educational Awards.

We have a busy life here as undergraduates, filled with exams and patient management amongst other things, but the great relationship that the students have with the staff lifts a lot of the stress off our shoulders and make the experience very enjoyable. It is this healthy dialogue with the staff that I feel pushes our university forward, as can be seen by the recent purchase of many eBooks and the 'future proofing' of the dental library that will finally have longer opening hours!

So to sum-up I would like to thank everyone involved with the Bristol dental school and hospital; the students for creating such a cozy environment; the staff for teaching and guiding us in the best possible way; and of course the alumni – your support in all aspects of our university lives is not unnoticed. A big thank-you to all of you from the students at Bristol.

For the past two years in the National Student Survey we have been rated the top dental school in England and I am confident that, with the continued thirst for improvement that we have here, this title can be with us for years to come.

STUDENT ELECTIVES

Management of patients receiving radiotherapy for oral cancer in Bristol and in Sydney, Australia Kunal Patel and Anne Green



Our project was undertaken to survey the dental care provided for patients undergoing radiotherapy. Radiotherapy is one of the three mainstays of cancer therapy; however it comes with many potentially devastating side effects, particularly on the oral cavity, which must be minimised at all costs. In addition it carries a lifelong risk of osteoradionecrosis which can occur following infection, trauma or, in particular, tooth extraction.

There is no doubt that the oral cavity will undergo many detrimental changes during and after radiotherapy, and some of these changes can be reduced or avoided with careful planning and good care. To this end guidelines have been published in the UK to ensure optimum oral care for these patients, including those by SIGN (2006) and RCS (2004). However, guidelines need to be followed in order to be of any practical help, so our audit was to assess compliance of these guidelines in the UK, and to compare current levels of care with those in another country, ideally one where currently no guidelines have been published. We were very happy to find that Sydney in Australia fitted our requirements nicely! We were also able to find a very helpful supervisor there who is currently in the process of drawing up a set of guidelines for radiotherapy patients in Australia, soon to be published following peer review.

The patients considered in this audit were undergoing radiotherapy where the oral cavity was in the path of the beam. For the UK the survey was carried out at the BRI Hospital in Bristol, and for Australia at Liverpool Hospital in Sydney.



Liverpool Hospital, Sydney

The study objectives were as follows:

- to draw up a questionnaire based on the most relevant guidelines relating to oral care of radiotherapy patients, both before and during radiotherapy treatment;
- to source 50-60 sets of notes from one hospital in the UK and from one in Australia;
- to review these notes and answer the audit questions using simple 'yes or no' answers where at all possible; and to
- to use this data to evaluate compliance with guidelines in the UK, and compare current best practice with that in Australia.

Firstly we sought approval from the audit committee in both countries, which was subsequently granted. The RCS (2004) guidelines were found to be the most comprehensive and clearly written so were used for this study. We converted the requirements of the guidelines into a questionnaire that could be answered 'yes' or 'no'; for example: "was a pre-radiotherapy oral assessment carried out?", and "were procedures put in place for post- radiotherapy check-ups?". Where the answer was 'no', we divided this into further categories to provide reasons; for example 'patient choice'. In addition, questions were added to assess timing of assessments and treatments, to find out whether dental care was taking too long and affecting compliance with UK cancer care targets.

We found that in most areas of patient care guidelines were being met, not at 100% but to a reasonable level. We also found many similarities between the two hospitals studied, despite only the UK having guidelines to follow. Many of the shortfalls were due to inadequate note-taking and quality of record-keeping, particularly in Some interesting differences were that, in Bristol, pre-Bristol. radiotherapy assessments were carried out by specialists or by SHOs under specialist supervision and then referred to other departments for treatment, whereas in Australia assessment, treatment and follow-up care was all provided by the same dentist. Neither hospital appeared to provide a dental hygienist for every patient as the guidelines In Bristol many patients do not benefit from postsuggest. radiotherapy care at all, whereas in Australia the majority do (a requirement of the UK guidelines).

Based on these findings the following recommendations have been made:-

Both hospitals:

- Patients' notes should be of good quality and adequately completed. Dates must be written in the notes for patient referral and assessment.
- Patients' notes should clearly state whether preventative advice/treatment was provided.
- The current referral system should be assessed following record-keeping improvements.
- Ideally each patient should be assigned to a hospital hygienist prior to, during and following radiotherapy.

Bristol only:

• Patients' notes should clearly state which member of staff assessed the patient, what grade they are and, if

applicable, the name of the supervising specialist present on clinic.

- Following completion of hygiene therapy the patient should, if possible, be reviewed by the same member of staff that carried out the pre-dental assessment.
- Ongoing care following radiotherapy for all patients should preferably be carried by the same member of staff that carried out the assessment (as is the case in Sydney) involving, at least, a follow-up appointment during or following radiotherapy, again preferably with, or supervised by, the same member of staff that carried out the pre-radiotherapy screen. A letter should be sent to the GDP for all patients discharged, following a clinician-specified period of monitoring and maintenance.

Sydney only:

- A record should be kept of the patient's hygiene treatment pre- and post-radiotherapy, including, in particular, a record of periodontal treatment, scale-and-polishes and who provided this care.
- No other improvements can be recommended until an audit is undertaken of the practices of the Sydney Liverpool clinic in relation to new Australian guidelines.

Overall the study taught us a lot about the care of radiotherapy patients and their ongoing needs, as well as giving us the opportunity to explore a beautiful country on the other side of the world, which neither of us had ever visited. A good follow-up to this study would be to assess compliance with the RCS guidelines in other UK hospitals, and also to audit Australian guidelines following their



Sydney Harbour Bridge

publication in the near future.

Carrying out part of the study in Australia gave us the advantage of being able to explore some of this amazing country, a new experience for both of us. We had two weeks in Sydney, and on



With an Aboriginie in the Blue Mountains, near Sydney



Meeting a crocodile in the wild

the days we were unable to visit the hospital we explored the city, some highlights being the Sydney tower and skywalk, koalas and kangaroos at Taronga Zoo, surfing at Bondi and Manly Beach, and visiting the Blue Mountains. Once the trip to Sydney was over we travelled up to Cairns where we visited the tropical rainforest, encountered crocodiles in the wild on the Daintree river, and took a boat trip out to the Great Barrier Reef. Anne then left for the UK while Kunal stayed on, enjoying the serene lifestyle on Hamilton Island and the golden beaches of the Whitsundays before returning to the UK via Hong Kong.

Oral health of aboriginal and non-aboriginal populations in Saskatchewan, Canada

Fawad Amin



During previous visits to Canada, I became interested in the Aboriginal people that live there. Aboriginals were the first inhabitants of Canada, often in the past referred to as 'Red Indians' but now more correctly and politely called 'Aboriginals'.

Canada is the world's second largest country (in terms of land mass) but only has a population half the size of the UK! In fact where I went, Saskatchewan, the population is only about a million. Nevertheless, Saskatchewan is Canada's sixth largest province, with 15% of its one million inhabitants being of Aboriginal descent.

In July 2010, after a somewhat tiring 12-hour journey, I arrived in Saskatchewan. I stayed in Regina, the capital city of the province, where I have some family. In the following days, I met up with my supervisor, Dr Ibrahim Khan, who is the regional medical health officer for the Aboriginal healthcare branch for Saskatchewan. He was an incredibly friendly person and extremely useful in introducing me to many people and educating me about Aboriginal people. One of the introductions was to Dr Jack Andrus, a dentist who plays a part in administering dental healthcare for the Aboriginal population of Saskatchewan.

I have some knowledge of the culture and tradition of Aboriginal people but Dr Khan and Dr Andrus were keen for me to learn of their healthcare. They kindly arranged for me to visit some Aboriginal communities that lived on 'reserves', the traditional, territorial lands that are set aside exclusively for Aboriginal people and run by their tribal council, not by the federal government. About 50% of the total Aboriginal population in Saskatchewan live on reserves.



The landscape in one of the reserves



A home on a reserve

I was really surprised and shocked at what I saw. The reserves were hard to access and once there the roads were made of dirt and gravel. There were not many houses there, in isolated areas of land, not in neighbourhoods. I visited some of these houses and found that some had no clean drinking water available, and overcrowding seemed to be pretty common – sometimes as many as 10 people living in a bungalow-style property. This came as a surprise to me, especially as I was in one of the world's eight richest countries! There was only one grocery store in a reserve, and this was more like a snack shop, full of sweets, crisps and fizzy drinks!

However, there was a healthcare centre present on the reserves that I visited and most included a dental clinic. The equipment in the clinics was of a reasonable standard but their utilisation rate was poor – in fact about 70% of the time the clinics lie empty! The reason for this is because Aboriginal people have other health concerns (like TB, HIV, alcoholism and diabetes) and tend to neglect their oral health.

However, whenever the clinics were operating they were mainly occupied by children, because recently the government (in collaboration with the Aboriginal people) have launched a programme aimed at preventing decay in children – it is termed 'COHI – Children's Oral Health Initiative'. Children are screened at an early age for decay, and as they grow up they are educated about the importance of a healthy mouth. They are also given preventive treatment like fissure sealants, fluoride varnishes and even GIC fillings, but the primary aim of the programme is prevention.

When I went off a reserve on to areas administered by the government (i.e. cities and towns), I observed that the Aboriginal people there had fewer general health problems than those on the



A dental nurse in a reserve clinic

reserves, due to the better infrastructure and resources available to them. Furthermore, from a dental care point of view, dental treatment for Aboriginal people living off a reserve is at a vastly subsidised rate (almost 80% off the normal cost!) and the government covers the costs to the dentists on their behalf. I also noticed that there are a lot of community-based programmes aimed at encouraging healthy eating and good oral hygiene, and again this was not the case on the reserves.

Visiting the reserves in Saskatchewan was an eye-opening experience for me. Even though inequalities in oral health exist throughout the world, I never imagined there to be such a disparity in a country like Canada. However, I also noted that with the implementation of preventive dental programmes, the long-term health of Aboriginal people is likely to improve.

I thoroughly enjoyed my time in Canada and doing my project. I also had time to take in the beautiful sights and sounds of Saskatchewan. Road trips to the northern, more scenic parts of Saskatchewan were truly amazing, and coming within 20 yards of grizzly black bears was even more unforgettable! I would really love to go back there sometime not only to meet the people with whom I made great friends but also to see if the preventive programmes have had any positive impact on the oral health of the Aboriginal people.

Patient satisfaction of orthodontic treatment at Bristol Dental Hospital Hajirah Mir

In 2009, the health secretary announced that patient satisfaction will become a significant factor in hospital funding. Service improvement at a local level in a team is the building block for an improvement in quality in a region and then nationally. A five-year plan was introduced for the health service so that it is more centred on people and prevention. The satisfaction of patients will eventually determine how many payments NHS Trusts will receive. Therefore this will enable us to reward those hospitals and services that 'see care through the eyes of their patients' and also penalising those whose patients experience 'unsatisfactory levels of treatment.'

Surveys help to understand both individual feedback on the quality of care that patients have received, what their needs are and what they like. The collective ideas from patients help to understand what is important as a whole to the local population. Previously, compliments, complaints and the National Patient Survey programme have been the primary means by which health providers could evaluate their services. Some other means of feedback that have been used by service providers are questionnaires, postal surveys and feedback sheets, and patient forums, amongst others. A questionnaire is a cost-effective method used to collate information in a standardised way, making them objective. This makes them easier to analyse.

Instead of looking at the service the Bristol Dental Hospital provides to its patients as a whole, I concentrated on a particular service within it, that being orthodontics. By concentrating on one particular department, areas for praise/improvement could be more specifically identified. Orthodontic treatment is primarily involved in improving a patient's aesthetics and function, so their views can be quite subjective as each outcome is personal to each patient. This more department-specific style survey could in future be used throughout the different departments within the Bristol Dental Hospital to aid particular improvements, thus using patient opinions to shape the quality of care given as a whole.

A number of indexes have been used for many years, for example the Peer Assessment Rating and IOTN which measure improvements in occlusion and aesthetics respectively. I wanted to find out how satisfied patients were with the service as a whole, and work on improving this. McNair et al (2009) expressed that patient satisfaction as described from a clinician's perspective has an element of bias or may not be totally representative of the patient's views. Patient satisfaction should be 'based on issues that are important to patients'. Studies in the past have asked parents for their input; however, this can always be affected by their own anxieties and experiences. Studies have not always looked at both the process and outcome of treatment together.

The questionnaire I used in my study had been developed by the papers produced by McNair et al (2006 & 2009). This questionnaire had been validated and had been used successfully in a variety of settings including orthodontic practices, teaching hospitals and district general hospitals, and the survey was one formulated by the British Orthodontic Society. The survey was first proposed to the University Hospitals Bristol NHS Foundation Trust's questionnaire, interview and survey group (QIS), who then approved the survey. The project was also registered with the University of Bristol for research governance.

The questionnaire was handed out by the receptionists at the Child Dental Health department in the BDH to patients attending the orthodontic clinics during the month of July 2010. The patients were given the questionnaire to fill out during their wait before an appointment, to complete and return to the receptionist before they left the BDH. The questionnaire was composed of eight sections:

A – About the patient

B – About the patient's brace

C – Reasons why patient is wearing a brace

D –Visiting the orthodontist

E – Having treatment

F – Information given before treatment

G – Wearing the brace

H – Problems with the brace

Questionnaires were collected from 75 patients, 43 female and 32 male. Their average age was 21, older than the average age for orthodontic treatment, due to the fact that more multidisciplinary cases and adults are treated at the BDH. Most patients wore both an upper and lower fixed appliance that had been in place for more than 18 months. The majority were referred in by their own dentists, but there were also self-referrals. Patients wished to gain straighter teeth at the end of treatment above everything else. Patients found it easy to book convenient appointments, and found the orthodontist and nurse friendly. Patients understood information given by the orthodontist, and followed it. The vast majority of patients would recommend having a brace to a friend.

On the whole, patients were satisfied with their brace and with their orthodontic treatment at the Bristol Dental Hospital. It would be useful to run the survey again in the future, to see if any areas of improvement that have been highlighted in the questionnaire are acted on and if patients are, in turn, more satisfied. The results from the survey show the orthodontists and staff at the Child Dental Health Department in Bristol Dental Hospital in a positive and favourable light.

Oral health care in Cambodia

Sundeep Patel and Jayen Patel



The elective is a once-in-a-lifetime opportunity – we always hear about how amazing every medic's elective was, and where they went. Trust us – ours was better! It took us very little time to decide where to go. We thought, "where is the furthest place in the world, where we probably will never go again ?" Cambodia! Researching dentistry in Cambodia, we quickly came across 'Projects Abroad', a world-famous charity-based organisation. They were friendly, and helped us organise our visit. We flew out from Heathrow airport to Seoul, where there was a 5-hour stop-over. We arrived in Phnom Penh a day and a half after we left London, the longest flight we had ever been on. As we jumped off the plane we were welcomed by the Projects Abroad team, who took us to our accommodation. There was a group of 15 volunteers also living with us. All food was provided, and we had personal drivers to take us back and forth from the clinic.

On our first day, we had a chance to visit the city. At first glance, it looked like every other large city in Asia – lots of cars, loud hooting and food-carts. On our travels we met a lot of 'Tuk-Tuk' drivers, who naturally all bragged about them being the cheapest way to see the city. First on the list was the Palace, which was truly one of the most beautiful buildings we had ever seen. From that high note, came the very low: The 'Killing Fields'. As the name suggests, it was just that, and it brought home the effect of the massacre that had ensued during the civil war in the 1970s.

The next day we met up with Dr. Chuun Ry, our supervisor at the Khemara private clinics. So began our project! We started by finding out a little more about the clinics and the set-up of provision of dental care. In order to describe the dental work carried out and the way oral healthcare was provided we recorded information related to the facilities, screening, treatment processes and the types of treatment available within the clinics. We also spent time shadowing the staff to



The dental team at Khemara private clinic

see how effectively treatment was provided. These clinics mostly provided care for more affluent Cambodians, and the quality of treatment was much higher than in other areas – naturally, the cost of treatment was also much higher. There were a large number of private dental clinics within the Phnom Penh centre as there is no government restriction on the location of clinics, so the provision of dental care is not where it is most needed. There is great competition between the clinics, especially in terms of prices which are often altered to attract more patients. It is therefore relatively easy for people to find a dentist.

However this is not the case in rural areas where there are very few private clinics and where traditional dentists, who have no academic qualifications, are more common. Qualified dentists would like to help the poor but due to the lack of funds from the government they are unable to do so. With better funding many would compromise the amount of money they earn for a living.

Cambodians with a lower income can get treatment in government hospitals, or non-government NGOs such as the Angkor Hospital for Children. We visited the Khmer-Soviet Friendship



The surgical team at Khmer-Soviet Friendship Hospital

Hospital, where treatment was mostly for pain relief but also for more complex treatments. We also managed to volunteer in a prison, which turned out to be most interesting. The facilities at the prison were very poor, as all financial input was from charitable trusts. There was a shortage of dental instruments, such as extraction forceps which both overseas and local helpers found difficult to use. The dental units were mobile, with no aspiration or light.

Overall, it seems that treatment is being implemented competently within Cambodia but healthcare could be improved with increased government funding. This may be possible in the future with an increase in the economic growth of the nation, but given the current climate, and the fact that Cambodia still seems to be recovering from the atrocities of the 1970's warfare, the possible change is likely to take some time.

After working hard during the elective period and making a lot of friends along the way, we thought we could use the rest of the time out in the Far East to travel. So we went on holiday, visiting Laos and Vietnam. We definitely made the most of the time we had been given.



IT'S AN UPHILL STRUGGLE FOR MOUTH CANCER - ascent of Mont Blanc in aid of the Mouth Cancer Foundation Andy Toy (1980)

It's 2.30 pm on Thursday 8th July 2010, and our climbing group congregates in the crowded entrance hall of the Aiguille du Midi lift. We stand out amongst the short-sleeved sightseers, with their flip-flop sandals and handbags. We're wearing mountain boots and gaiters and carrying 10kilo backpacks of ice axe, crampons, helmets and cold-weather gear. The different worlds of valley and high alp are already defined by the dress code. At the top of the lift the tourist and climber part company. For the tourist it's up to the viewing platforms, restaurant or souvenir shop. For us, it's through the ice cave to the Alpinist's Gate, not a grand affair, but adjacent to a large sign in four languages stating the risks of venturing through – rockfall, avalanche and crevasse. No valley style fripperies here, just high alp functionalism.

Kitted up with crampons on the feet and ice axe in our left hands we pass through the gate – observed by a few slipping, siding tourists on the safe side of the fence. Although our preparation has

made us more sure-footed, the dramatic drop of 300m on our right and 1800m on our left does not yet allow for levity in the party. It's just an hour's trek over a soft-topped snowy glacier to the Cosmiques Refuge. We've been here before and know their routines. Crampons off outside and all



other climbing gear stored in the boot room – but where? The refuge's 137 places look like they've already been taken. There's an hour and a half before dinner, which we kill with a game of cards. The pack has been assembled from a biscuit box full of varied and tatty examples. Why didn't we bring our own from the valley? Obviously, no one wanted the extra effort of carrying the few grams to the top of Europe.

At 6.30 pm we are all gathered tightly in our groups at bench tables. The Guides have already been using their shepherding skills to organise us. The customary massive bowls of soup arrive at each table, ladled out amongst the group members who by now are friends

with a shared cause. The Guides know these ropes, too, and have no hesitation in asking for more from the busy kitchen. Beef kebabs follow on a mountain of rice to resemble Mont Blanc itself. And to match the snowy scene outside, we have fromage blanc for dessert; although I hope the red-juiced fruit that



accompanies it does not translate to blood on those white slopes tomorrow! The hut is very full and the noise levels are high – the sense of anticipation is on the rise.

As I said, we've been here before, so we're not too bothered about missing the 10.15pm sunset from one of Europe's highest hotels. We did that last time and have megabytes of photos to prove it. By 8.30 pm we're in our dormitory, shaded by a flimsy curtain to block out the setting sun. We attempt to sleep before our 12.30 am alarm call for one of the longest days of our life. At 8.37 pm we realise that someone has broken one of the golden rules of dormitory sleeping – you switch off your mobile phone before retiring. Embarrassingly, it's the familiar chimes of my own phone, followed by the regular and incessant bleep to remind me to contact my answer machine. I ignore it and hope that the Dormitory Police, a certain Trevor Riddiough, has not recognised my distinctive iPhone sound. I discover the next day that well lubricated local friends were making contact to wish us well for our Big Day. A lovely thought, but one borne out of valley thinking. In the high alp we have retired for the day, whilst their evening has barely started. I doubt whether my phone has disturbed many of the 20-odd dormitory sleepers this time, however. And it's not because they're all wearing their ear plugs. As I lie awake, I fail to hear the customary snoring of dormitory life; no one's sleeping easy tonight. It doesn't help that I'm reclining in my walking gear (no pyjamas here – that's valley style!), and leaving my thick socks on was a bad idea. As the temperature drops outside, it is rising inside our sleeping quarters – fuelled, no doubt, by the anticipation of tomorrow's challenge.

Suddenly it's 12.30 am. A tiny bleep of someone's alarm has brought a shuffling, yawning action to the dormitory. There's not much rubbing of eyes, though – there's not been that much sleep. I gather thoughts and kit, and descend back to the boot room. It's already full of people competing for elbow room, donning climbing boots and harnesses and testing their various styles of head torch. Short bursts of conversation in a variety of languages indicates a level of tension in the room. The queue builds outside the refuge dining room as we wait to be allowed in for our breakfast. The doors are opened punctually at 1, 3, 5 and 7 am for serving at this particular hotel – the high alp day starts early! Bowls of dark coffee and palecoloured tea are handed out, to be drunk with bread and jam. Ι supplement it with some banana and apricots brought up from the valley. Octavio, our Argentinean guide, is making his sandwich for the day – bread and Serrano ham. A third of this suffices for his breakfast. Although his nature is sweet, his taste apparently isn't.

It's 1.30 am and now we're outside the Refuge, grappling with crampons. Little beams of head-torch light show pale faces and wide eyes. Octavio ropes us up and Trevor and I become like Siamese twins, joined at the hip. I should mention that our respective sons, Dai and Graham, are not leaving until after 3am, their youth and superior fitness granting them a lie in.

So finally we're on our way. As we move off from the Refuge the night is very dark and very clear up here at 3500m. I have rarely seen such a star-studded sky. Ahead I can see the twinkling head torches of small groups of climbers as they wind their way up the Mont Blanc du Tacul, the first of the peaks to be scaled. They are already so far in the distance that they look like little stars climbing a stairway to heaven (hey, there must be a song there somewhere!). Octavio establishes a steady rhythm for us from the start. In the first half hour I worry about the creaks and aches in my hips and shoulders and watch out for the low throbbing headache of altitude sickness. However, the pain recedes as my muscles and joints warm up and I thank the developers of ibuprofen for creating such a wonderful product (not for the first time in my life).

Down in the valley below are the tiny Xmas-tree street lights of Chamonix and Les Houches, and in the distance the city of Geneva, 80km away. Down there sleep the tourists, wrapped in their duvets of Alpine Chalet Charm. Up here we cross the crisp, snow-covered glacier on our pilgrimage to Mont Blanc. Indeed, I have often thought of Mont Blanc as a sort of Buddha. The peak is rotund and



omnipotent, looking down on the rest of Europe; serene, still and constant. The surrounding peaks are jagged and fragile in comparison – acolytes vying for attention from the hallowed summit. Low in the eastern sky sits a mean-mouthed moon with its crooked smile, offering no assistance to the climber on this journey.

Clearing the crest of Mont Blanc du Tacul, we have a short downhill reprieve before our second climb – Mont Maudit. This provides the most challenging section of the whole experience – the

crux of the climb. Steep zigzag paths in the snow slow up some of the parties ahead of us and Octavio institutes a burst of speed to pass the stragglers. We pause briefly for breath whilst he disappears up (what, in the dark, appears to be) an almost vertical funnel of snow and ice. Soon he is tugging on my rope, indicating it's my



turn to follow. I hammer the point of my ice axe into the glistening surface and pull myself up into the funnel. I am greeted by a steady stream of snow crystals and chunks of ice and I realise why we've been wearing climbing helmets. The reason for our week's training of climbing with crampons also becomes apparent as I plant ice axe and crampons in quick succession (aided by a tight rope from our guide, too!). Within a couple of short, adrenalin-fuelled minutes I have arrived at the belay point and receive a congratulatory clasp of the hand from Octavio. He knows that once this section of the climb is cleared it's a relative stroll to the top.

Mont Blanc sits before us, at 4310m as majestic as ever. The sun is rising away to the East, a wide fiery band of light amongst the low clouds. There is little warmth, however, and the wind starts to blow strongly amongst the huge ice and snow columns of this high altitude temple. It's time for snacks and extra layers. Surely we can't be far away now. Actually, we are. Distances are deceptive, and extended by the extra effort required to walk at this altitude. It's still 2 hours of steady trudging at Octavio's one-step-a-second pace. Inevitably, we reach the top and join 20 or 30 others wrapped up in windproof jackets and joined by



ropes. It's too windy to talk easily and too cold to stay for long. I manage to orientate myself with some of the familiar lower landmarks



and record the event on camera. The hazy atmosphere does not reveal a long distance perspective, but perhaps it was the inner perspective I was interested in anyway.

I realise the value of the intelligent preparation that led to this point. Just a few days before, our bodies and minds had been severely challenged by similar exercises at a lower level and we had been found wanting. Wolfgang and his team of guides had been carefully placing the building blocks of our achievement from the very first day

of the programme. Good crampon and ice axe technique, steep long ascents at altitude, abseiling down rock and ice, the Refuge experience – all the individual elements that, combined, allow me to realise one of the dreams of my youth.

Much of our descent was a jaunty and jovial affair. Switchback uphill paths are replaced by direct downhill strides. The wind drops and the temperature rises and you feel yourself coming out of your shell. The improved light also allows for a clearer view of the route. This is



mainly a good thing, until we reach the ice funnel on Mont Maudit! Looking from above, it now appears longer, steeper and more slippery. To cap it all, at the base lies a crevasse of unknown depth which has to be negotiated with a positive and purposeful leap.

The final 300m of climb is back up to the Alpinist's Gate at the

Aiguille du Midi. After 10 hours on the mountain, the snowy ridge is taken in a bit of a haze. Dai and Graham appear behind us to join us over the finishing line – another triumph of Wolfgang's planning. Trevor and I achieve a start-to-finish time of 10h 40m, the boys a pacy 8h 58m. We shed crampons



and outer clothes and join the day trippers back in the lift station.

Our final accomplishment is to negotiate the souvenir shop without breaking anything, and pack into the lift. Whilst we are still dressed differently to the tourists, I realise we probably now smell a lot differently, too! And in the future, even when we ourselves are in the valley-dress of flip-flops and short sleeves, inside we know we can still make a claim to the world of the high alp.

Donations to The Mouth Cancer Foundation can be made through www.justgiving.com/andytoy

ALUMNI REUNIONS

1975 REUNION, 19-20 NOVEMBER 2010 Phil Ratcliffe

The year of '75 celebrated their 35th Reunion over the weekend of the 19/20th November 2010 and a fantastic time was had by all. Barry Gilling organised an excellent weekend and we had 27 of our year present which, with partners and guests, made it over 50 in all for the dinner at the Marriott Hotel on the Saturday evening.



Karen Lintin (Rankin) and Alison McDermott (Russell)

The weekend began with our now routine meeting in the Dental Hospital Students' Common Room for drinks on the Friday early evening. Its just not the same place without a table football machine (so said Karen Linton (Rankin), or a darts board (as Avril Joy (Knowles) was heard to mention), but it does have an excellent 'Hathorn Bar' where we met up, as planned, with Chris Stephens, Reg Andlaw and Ken Marshall who had been having an Alumni Committee meeting earlier that evening. We were even graced by the presence of Iain Hathorn drinking at his own bar – I think he still has to pay for his drinks though !

After a few drinks and plenty of chat and jokes – a lot about how much hair had been lost and what was left was going grey (and that was just the girls) – about 25 of us migrated to Browns Brasserie near the Wills Building where Barry had reserved a very large table. An excellent meal followed, despite Ian Jones eating with a large chest bib and using a plastic spoon (perhaps it's normal in the USA?). Keith "Keet" Williams (hey man, what time it is?), having come all the way from Miami in the USA, was sporting a very snatty Frenchstyle black beret, which Clive Harris soon pinched to keep his balding pate warm!

Ian Jones came from Fort Lauderdale, USA, bringing his wife Marcia, who is his practice manager, and his son Warren, who has just graduated as a dentist in the States and works in dad's practice in Florida (keep it in the family Ian!). Tony Welch came all the way from Nelson, New Zealand, but I must mention that Eileen Anderson (Morrison) attended her FIRST EVER dental reunion since graduating and travelled all the way from Adelaide, Australia. Apparently it took her 35 years to work out how to get back to Bristol, but it was wonderful to see her, as she gleefully told anyone who would listen that she was retiring two weeks after the reunion... she just made it as a practising dentist didn't she ! Well played, Eileen, a top effort.

Sue Masters (Monk) reappeared after 15 years away from reunions, as did Avril Joy (Knowles) who spent the intervening 15 years colouring her hair – and it was absolutely fantastic, coloured blue... pink... biege... silver... red... superb hair Avril. What colours have you planned for 5 year's time?

No Saturday morning traditional tour of the Dental Hospital this time as it was cancelled due to a dental nurses exam, but Chris Stephens came to our rescue and gave us a fantastic tour in the afternoon. In previous reunions the Dean has done the tour and it was great, but to have Chris (sorry Professor Chris), who was our teacher of Orthodontics as a Senior Lecturer then Consultant Orthodontist when we trained, do the tour was fantastic as he cleverly explained where all the old departments we remember used to be, such as the Orthodontic Tutorial Room and the Optech Lab, long since gone. Warren, Ian Jones's son, was fascinated comparing the facilities with those at the Tufts Dental School in Boston, USA, where he trained. Chris answered all his questions, like what are PCTs etc and made the tour a real highlight for those present. We were told just how close Bristol Dental Hospital had come to being closed some years ago, which surprised us all. I suppose Chris was just pleased to be doing something else other than researching and writing his forthcoming book to commemorate '100 years of Dentistry at Bristol' for the anniversary of the Bristol BDS – someone on the tour even managed to give him an old copy (circa April 1974) of the dental students' magazine Mouthpiece to give him added information for the book.

The Saturday evening was initially a pre-dinner drinks session followed by the official group photo at 7pm. However – and I am not quite sure how this happened but after travelling all the way from



Dave Rees, Phil Nunn and Jeremy Preston wearing ties of the Hyenas 1975 club

Miami, USA – Keith "Keet" Williams managed to disappear and miss the photo (he obviously didn't know "what time it is man"?). Not to be outdone, Roger Greef, who travelled from Huddersfield (so was obviously exhuasted) also managed to miss the photo, as did Mary Calvert (Suffield) – no excuse forthcoming. Some wit commented we could add "Keet" to the photo in black felt tip – but it wouldn't work that well for Roger and Mary in white felt tip! Besides travelling all the way from Huddersfield Roger had had a very late night on Friday trying to drink the Marriott bar dry – along with your correspondent it must be said (the champagne at 2am was memorable Rog), so his absence excuse of having fallen asleep sounded realistic. Roger Robinson was with us Friday night but not Saturday but great as always to see him. Eddie Lizi, who was made a Consultant Oral Surgeon just prior to our last reunion, but which we forgot to mention, thankfully came back again and we all did congratulate him warmly this time.

Barry had fixed up music from the era when we were students (which prompted a lot of "who sang that one?") which was on in the background at the dinner, where our guests were Reg Andlaw, Ken Marshall, Chris Stephens, Eddie Crouch (Speaker) and, last but no means least, Abdul Adatia, who was "taxi-ed" to and from home. It made Sue Masters' (Monk) and Mary Calvert's (Sheffield) night to be sat next to Abdul at dinner – he's one with the ladies is our Mr Adatia. He can still perfectly describe his modified PSD injection technique, word by word, much to Sue and Mary's delight!! Before the meal a minute's silence was held in the memory of two of our year, Merv Sluming and Rosanne Jennings (Merris) who very sadly passed away in 2009 Thereafter, we enjoyed an excellent meal and were treated to an superb demonstration and explanation of the New Zealand 'Haka' by Tony Welch, now a New Zealand resident, with actions and chanting (which was filmed by Jeremy Preston and has now been posted on Youtube) which had everybody in stitches – absolutely superb Tony.

Clive Harris had organised an excellent Speaker, Eddie Crouch, a good friend of his, to tell us all how he single-handedly took the Department of Health to court at the Royal Courts of Justice in London over the non-provision of certain orthodontic services. His fellow Midlands dentists raised £50,000 to help go some way to cover his court costs, but he could have lost his home and all his possessions if things had gone badly wrong - in the end his action cost him thousands of pounds of his own money. Eddie gave us a superb description of his very brave actions, which prompted many questions. A vote of thanks was given and Eddie received rapturous applause.

Tony Welch presented Barry Gilling with a Presentation Box which contained an engraved glass tankard to thank him for organising a wonderful reunion weekend, and the evening carried on into the early hours in the Marriott bar, with wonderful conversation mainly about those who had already retired, those who were planning to soon, those thinking about it, and those just dying to get the chance! Clive Harris and Eddie Crouch kept going from person to person saying they were just in heaven as Birmingham City had beaten the mighty Chelsea 1-0 at football earlier in the day and kept repeating the score – it was only 1-0 after all !

Tony Charles was voted the youngest looking 'mature student' in history – must be because he's still doing "stoppings" and "gum gardening" and other modern dental techniques in his Bath practice.

A great big thank you to Barry Gilling for all his hard work in organising such a memorable reunion.

2000 REUNION, October 2010 Paul McGannity It's fallen upon me to write a few words on our class of 2000 10-year reunion, which is totally reasonable since Heidi and Dave did so well with organising everything else – thank you guys!

It was a small but perfectly formed group (yes, yes, bring on the vertically challenged jokes Adey and Durns) of 14 who met up last October. The afternoon was spent blending in at Bristol Zoo whilst keeping a watchful eye on offspring Sant, McCullugh, Degreave and Griffiths (nee Cull, Hussey, Green and Jenkins respectively). The somewhat refined evening at the Severnshed restaurant in the old town was a new experience with you lot but it enabled us to catch up properly with the time we had. Special thanks goes to Louise Foster who asked to catch up with her first year of grads. I must say that we have aged far worse than she has and the resin-bonded bridges that we placed. I was looking forward to the more mischievous side of Mr Popat but that really tells us that either we've all grown up or perhaps don't manage to meet up enough to dispense with the airs and graces and get down to the mick-taking and practical jokes. It would have been lovely to catch up with more of you and I was gutted not to hear a rendition of Delilah by Mr Bizby, but instead we had a great time talking about those absent! We especially missed Dave as he helped put it all together before having to pull out at the last minute.

As I draw to a close I remember fondly a very special evening, which spurs me on to make sure we (well, Heidi!) make the next one as special.

2005 REUNION, 2 October 2010 Matt Sica

Five years in the grand scheme of our working lives isn't a lot, we're still young 'uns and we still have bright futures, families to plan and the world at our feet! But, it's a whole 5 years since many of us had seen each other at all, and that's as long as many of us were together for the BDS. So it was with great pleasure that



on the first Saturday in October last year a proud 28 of us travelled from near, far and ridiculously far to meet up in the Hop House in Clifton Village. The evening had been planned by a few (thanks to Ediz, Sam, Carla, Erica and Matt) but the bigger decisions had been made by many more with the help of the oh-so-wonderful social network of Facebook.

An early evening start saw people trickling in and allowed anybody with new family additions to get some time in before parent duties took over; by 8 o'clock the upstairs bar was brimming with friends once again. I was so pleased to see such a fabulous effort made by so many, especially those with young children or are just about to have them (congratulations Anita!). I couldn't believe how little we had all changed, married, parents, fitter, slimmer, and Rhys even looked younger – how do you manage that Rhys?

The bar was kept busy (but not like it would have been 5 years ago!), the buffet was demolished and then we tucked into a celebratory triple-layer jam and cream sponge cake loaded with chewy teeth and lips, thanks to Nesh. Ediz was of course called upon to say a few words and modestly delivered an outstanding impromptu speech.

As the evening drew to a close, it was sad to part company again with so many friends, but let us all hope that the 10-year reunion will be bigger, and that even more will come back to meet up again! Again, many thanks to everybody for the huge effort put in to come back to Bristol for the night. Wine makers often know they have a good wine when it's young – we will be a good vintage so let us enjoy each other again in another 5 years!

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 – 8/9 April Reg Bleakman	email: <u>regbleakman@hotmail.com</u>
1976 – 5 November	

Paul Baines email: <u>baines@btinternet.com</u>

Geoff van Beek	email: geoff.doris@box.nl
1981 – TBA Gordon Shovlin	email: gordonshovlin@blueyonder.co.uk
1986 – 14 January 2012 Jon Moore	email: jonmoore@live.co.uk
2001 – 10 September Anna Dargue	email: annadargue@hotmail.com
2006 – TBA Katie Ernst (Noble)	email: <u>katiejnoble@gmail.com</u>

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@bristolcity.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

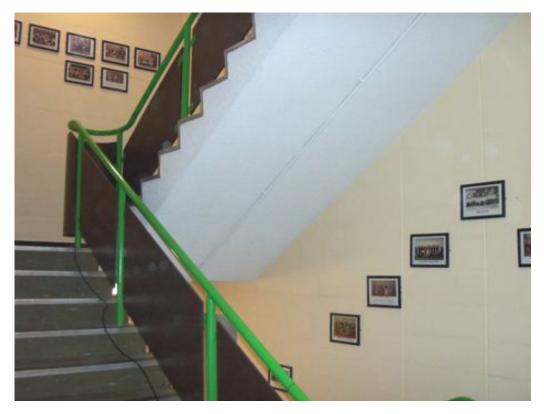
Reg Andlaw	tel: 0117 9682653 e-mail: regandlaw@talktalk.net	
Clinical Dean's office	tel: 0117 3424307 e-mail: geraldine.vines@bristol.ac.uk	
BDAA website	www.bristoldentalalumni.co.uk	

APPEAL FOR GRADUATION AND REUNION PHOTOGRAPHS

We started collecting and framing reunion-group photographs some years ago with the intention of displaying them alongside photographs taken at graduation, but this plan has been delayed by the extensive refurbishment works that have taken place in recent years. The original intention was to display them on the walls of the students' common room, but this was not possible because this room was lost in the refurbishment, replaced by a much smaller room with inadequate wall space.

Recently the all-clear was given to use space along the back staircase in the 1984 extension. What was needed now was action - and up stepped a man of boundless energy and enthusiasm: Chris

Stephens. A week of printing and framing and a few weekend hours with a power drill ended with 58 graduation and reunion photographs mounted on the walls, creating an impressive display running up two floors of the building.



Photographs had to come from many sources: *Mouthpiece* and old pre-clinical student photographs, as well as the more recent reunion photographs taken by Nye Fathers, some of which have appeared in earlier copies of the *Newsletter*. The collection is not yet complete, but Chris is eager to collect missing ones and add them to the display. The following is a list of the missing years – also given on our website, www.bristoldentalalumni.co.uk :

Graduation photos: any before 1963, 1964, 1966, 1971-75, 1977, 1979, 1980 and 1983. Reunion photos: 1958, 1959,1960, 1961, 1962, 1967, 1972, 1980, 1987, 1990, 1991 and 2002.

Chris would be delighted to hear from anyone who could help. Please contact him at c.d.stephens@blueyonder.co.uk. If you cannot scan a print Chris would be pleased to do so and return the original immediately.



1975 reunion, 19-20 November 2010

Back Row: Ian Jones, Clive Harris, Barry Gilling, Tony Welch, Martin McNally, Hedley Saunders, Peter Barter, Tony Charles, Jeremy Preston, Phil Ratcliffe, Dave Rees, Steve Kneebone, Chris Sanderson, Phil Nunn, Eddie Lizi.

Front Row: Avril Joy (Knowles), Eileen Anderson (Morrison), Sue Masters(Monk), Alison Buchan (Russell), Karen Linton (Rankin), Julia Houlton (Wishart), Chris Rickard, Guy Farrant.



2005 reunion, 2 October 2010

ALUMNI NEWS

News from alumni for inclusion in our Newsletter is always welcome. Please send to regandlaw@talktalk.net

1968

Rosemary Henderson (Chapman) is enjoying retirement after a 40 years working first in a community clinic, then in a mix of community and general dental practice, and 7 years as a dentist for British Airways. She then had two daughters and worked part-time, including treatment of patients with special needs, before retiring in 2008. She now has more time to enjoy the gym and is being lined up

by her daughters for grandma duties, which she loves. Daughter Emily is a doctor and Kate a management consultant.

1969

An obituary in this *Newsletter* pays tribute to **John Fieldhouse**, who died on 21st January. John was a well-respected consultant dental surgeon at the Great Western Hospital in Swindon.

1970

Reg Bleakman organised the 1970-71 reunion in April this year. Before that he spent two months in Australia with the Barmy Army helping to retain the Ashes.

1975

Stephen Lisney was named Dentist Teacher of the Year at the DDU Educational Awards ceremony at The Royal Society in London on 17th November last year. Stephen is a professor at the School of Physiology and Pharmacology in Bristol.

1980

Andy Toy has sold his partnership in an attempt to semi-retire, but he still works 1.5 days a week clinical and 5-6 days a week teaching, researching and FGDPing, all for a lot less income and no peace. Clearly, he still has time to climb mountains, as shown by his interesting account in this *Newsletter* of his climb up (and down) Mont Blanc, raising money for the Mouth Cancer Foundation. (Donations can be made through www.justgiving/andytoy.)

1985

Having spent a considerable amount of time and money obtaining a 2:1 LLB in 2008 and a Postgraduate Diploma in Legal Practice with Commendation in 2010, **John Carter** realised that lawyers were almost as despised as bankers, and he now has absolutely no intention of joining a law firm or sueing anyone. He is quite happy to remain working in the Arts, as he has done since leaving general practice in 2005

1988

Last year **Frin Mills** was awarded a Postgraduate Certificate in Professional and Clinical Education by Bangor University, and passed the endodontics module of the Postgraduate Diploma in Dental Studies with Cardiff University – she is now working on the dental education module. She has also increased her teaching commitments to the local dental nurse training course (she now does about a quarter of it) and has been asked to talk on Substance Abuse and Oral Health, a subject she has become interested in because she has many patients referred to her by the local substance misuse teams.

1995

After graduating in Bristol Luke Cascarini graduated in Medicine in Cardiff in 2000 and obtained FDSRCS in 2001. After House Officer jobs in medicine and sugery, SHO jobs in A&E, colorectal, general and vascular surgery, and gaining MRCS England in 2004, he trained as a specialist registrar in South Thames (East Grinstead, Guy's and King's, Canterbury, St George's) and gained FRCS(OMFS). In January 2010 he was appointed Consultant Oral, Maxillofacial, Head and Neck Surgeon at North West London Hospitals, with special interest in head and neck cancer. He also has honorary consultant posts at West Middlesex University Hospital and The Royal Marsden Hospital.

SISTER DAVISON'S 95th BIRTHDAY PARTY

Vicki Townsend

On the evening of 11th September 2010, 118 guests gathered to celebrate the 95th birthday of Sybil Moores, better known to so many as Sister (or Matron) Davison. This remarkable lady had been Sister-in- Charge of the Dental Hospital from 1953 until her retirement in 1975.

The day had begun for many with a tour of the Dental Hospital, in the company of the Gordon Gray, Clinical Dean, Louise Nash, tutor in the postgraduate unit, Lucy Marsden, a visiting general practitioner, and Lyndsey Bowles, a radiology dental nurse at the hospital. For many it was the first time back in 'the old place' and the only recognisable points were the reception area and the lift ! How dental training has changed for students and chairside assistants in this high-tech. age !



Sister cut a beautiful cake



Dancing till late

The evening event was held at the Hilton Hotel at Aztec West and started with pre-dinner drinks, much chat and catching up of news, and music from Reg Andlaw's band The Muskrats. This was followed by a three-course meal, after which Sister cut a beautiful celebration cake that had been made by ex-trainee Alison Oliver, pieces of which were then circulated with the coffee. Ken Marshall gave an amusing and informative speech tracing Sister Davison's early life and his recollections of events during his time working with her at the hospital. Music and dancing followed till late.

Ex-nurses came from all parts of the country, and from Jersey, France and even one from Canada. Eric Bradford, Jim and Judy Fletcher, Chris Stephenson, Mike Cooksey, Kate Gunnery, Gwyneth Roberts, Ian Vickery and Clive Jenkins were among many former staff members who attended, together with a number of past dental students. This was surely a fitting tribute to the respect and affection in which this special lady is held by those who have known her. We await the 100^{th} celebration in 2015.

CENTENARY OF THE BDS BRISTOL

Chris Stephens

It has been decided to hold a celebration of the BDS Bristol in November 2012. Quite what form this will take has yet to be finalised but it will also be marked by the publication of a complete history of the teaching of dentistry at Bristol. The choice of this date has been debated but the reason for it being chosen rather than 2011 is as follows.

Dental teaching in Bristol can be said to have its origins in the appointment of Thomas Cook Parson to the new post of surgeon dentist at the General Hospital in 1874. When two years later the University College of Bristol was founded he was appointed as the first lecturer in dental mechanics. There was no dental course at this time; this did not appear until 1894. Initially dental students shared many lectures with their medical colleagues and both gained clinical experience by "walking the wards" at either the Infirmary or the General Hospital.

When the University of Bristol obtained its Royal Charter in 1909 the degree of B.D.S. (Bristol) and the Licentiate Diploma in Dental Surgery (Bristol) were soon available, though very few took the degree examination. C. J Kelsey and W.J Lennox were the first to achieve the new degree, in 1911, but what form this examination took is not clear, as Kelsey had by this time been qualified for 13 years and Lennox for 8 years. It would seem that as each went on to play an important role in the development of academic dentistry at Bristol they had realized that to have any influence they would need to hold a degree of the University.

The first student known to have taken the BDS Bristol was George Fawn, who is still remembered today in the George Fawn Prize in Paediatric Dentistry. He graduated in 1912 and in the same year also took and gained the LRCP and MRCS, as was the advice to students at this time "if they could afford it". He immediately joined the staff of the Royal Infirmary where he remained until he retired in1947. According to Professor Darling "he epitomised the 'visiting honorary' and was loved and respected by every student as well as by his colleagues". Thus it seems appropriate that it should be the centenary of his obtaining the BDS that is celebrated.

OBITUARIES MICHAEL DEREK PROSSER



Unusual generosity and kindness characterised Mike Prosser's full and diverse life. Mike was an outstanding member of his profession.

Mike qualified at Bristol University in 1952. After a four-year commission as a Royal Naval Dental Officer he entered general practice as an assistant to his father in Southgate in Bath, remaining a committed NHS general practitioner for his whole career.

Mike was the secretary of the Bristol and District Section of the BDA in the early 1960s and also membership secretary of the Western Counties Branch. In 1973 he was elected to the Representative Board of the BDA then to the GDSC. He served continuously in those influential bodies until 1990. Mike was courteous to all in lively debates, never known to use harsh words; at the same time he became a member of the Dental Estimates Board.

Mike was committed to team working so he strove to improve the conditions of DCPs through his membership of the Ancillary Personnel Committee and the Dental Technicians Education and Training Advisory Board. He was involved with LDCs, Executive Councils, FPCs and advisory bodies in the Bath area, chairing many of them. He was elected Chairman of the Western Counties Branch Council in the late 1970s and President in 1981. His service to the BDA was accorded by the honour of Life Membership on his retirement.

Mike loved his chosen profession and one of his greatest joys was when his son, Andrew, who sadly predeceased him, qualified in dentistry. Three generations of the Prosser family qualified in dentistry. Behind any successful man there must be family support. Jean always firmly supported Mike in their long and happy marriage. In retirement, both he and Jean continued to support patients in a practical way by being volunteers at the Royal United Hospital Bath.

Outside dentistry Mike was a Round Table member 1960-70 and later a Rotarian of some repute serving two terms as President of the Bath West Rotary Club. In 2002 he was awarded a Rotary International Citation. He was the Chairman of the Rotary Corneal Transplant Committee from 1994 until his death. Similarly he was the Chairman of the Royal Society of St. George from 1994.

We salute your memory, a full life, much lived in the service of others. You were one of the best colleagues we met in our practising lifetime. KM, FAS, AGM This obituary was published in the British Dental Journal (26 February) and is reproduced here with kind permission of the

JOHN FIELDHOUSE

Assistant Editor.



Sadly we report the death of John Fieldhouse on 19th January 2011 at the age of 64. He died of a heart attack in Buenos Aires, whilst on holiday and about to embark on a cruise to the Antartic.

The 1964 Bristol intake of dental students first met with John in the anatomy room in the old medical school. Some remarked: he'll never make a dentist with such large hands; he's from Wolverhampton! John took full advantage of his first couple of years as a dental student – if there was a party on Saturday night, John would be there, his green Mini often seen weaving its way back to Redland in the early hours. Sunday morning would often find him attending Catholic mass! That same Mini took four of us to the Le Mans 24-hours race in 1966, with John in the driving seat. Two big events changed John's life: end of year exam failure with subsequent threat of having to leave, and meeting Jo, his future wife. Increasingly, John was to be found in the oral surgery department and library; less often playing bridge in the students' common room.

John qualified BDS in 1969, accepting a dental junior house officer appointment at Bristol. He maintained he did not have the manual dexterity to do real dentistry and spent most of his time in the oral surgery department assisting Jack Ross.

In 1970, John and Jo were married and moved to Stoke, where John was appointed as SHO, and then to Leeds as registrar in oral surgery. He continued his professional career, obtaining his fellowship and being appointed the youngest UK consultant in oral and maxilla facial surgery at Princess Margaret Hospital (PMH), Swindon in 1977 at the age of 31. They moved to a suitably large house at Leigh, near Cricklade, where John and Jo brought up their three children, Stuart, Simon and Rebecca. John became an accomplished yachtsman, enabling the family to have sailing holidays together.

A spokesman for the PMH said: "John was amazingly generous with his time and with his advice. Medicine was his life and he spent his life making people better. He was a brilliant clinician and a superb pair of hands when you saw him operating. He was highly skilled, a very good teacher, kind to his junior staff. He was a very good guy".

In 1987 John helped survivors of the Hungerford massacre and tributes were received from some of those whose faces and lives he had restored by his surgical skills.

John took early retirement from the NHS in 2003 due to some health problems but also to spend time with Jo who had been diagnosed with cancer. Sadly, Jo died in 2006. John never really got over the loss of Jo, but he never fully gave up dentistry, continuing with some private consultative work, many hospital and dental board meetings and the occasional impacted 8. During the last four years he had been able to sail with friends and travel extensively, often to Australia and latterly to Texas where he doted on his two grandchildren, Alexander (2) and Inigo (11 months). At his funeral, the church was packed and this testified to what a wonderful, full and valuable life John had lived. Memories from a fellow student: "I remember John as being one who always listened attentively to what one said and his smile was unforgettable. He had a peaceful depth to him". Chris Barton

INCOME AND E	XPENDITURE	15/11/2009 -	15/11/2010
Income Subscriptions		£	3,934.00
Expenditure Newsletter Preparation Distribution		£ £	300.00 316.00
Donations Dental Sche UBDSS Electives Elective Pri	-	£ £	$1,000.00\\1,250.00\\650.00\\300.00$
Miscellaneous		£	199.22
Bank charges		£	157.80
Total expenditure		£	4,173.77
Excess expenditure over income		£	239.78
Bank balance	at 15 November at 15 November		5,984.20 5,744.42