

# Letters to the Editor

Send your letters to the Editor, British Dental Journal, 64 Wimpole Street, London, W1G 8YS  
Email [bdj@bda.org](mailto:bdj@bda.org)

Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Readers may now comment on letters via the *BDJ* website ([www.bdj.co.uk](http://www.bdj.co.uk)). A 'Readers' Comments' section appears at the end of the full text of each letter online.

LETTERS

## BETTER PREPARED

Sir, further to the well-argued letter from Dr Len D'Cruz *A fascinating insight* (*BDJ* 2012; 212: 356), this is just what we are doing for final year students from King's College London. Working in an inner city Dental Academy with and alongside hygiene therapy and dental nursing students of the University of Portsmouth, the clinical teaching is delivered by general dental practitioners with accumulatively hundreds of years of high quality general dental practice experience. They are enthused and passionate about delivering an experience to the students that is both reflective and contemporary to modern dental practice. The aim of this primary care outreach experience is to bridge that gap between the dental school experience and FT1.

The Dental Academy operates to a PDS plus contract with UDA and KPI targets which is commissioned by the NHS commissioners in Hampshire and the Isle of Wight, with students providing appropriate care for patients. They learn to give brief interventions for smoking cessation and sign post for alcohol awareness and chlamydia screening. The restorative dentistry is far from being 'composite exclusive', with the students using both high level rotary and conventional endodontic therapy, amalgam restorations as well as getting to grips with surgical dentistry and immediate dentures. We are evaluating both the students' experience of team care provision as well as the actual dentistry they are doing with two concurrent PhD studentships. The students tell us they love the experience, which has been

reported many times previously by other outreach projects both in this country and in the USA.<sup>1,2</sup>

We are confident with this approach that these very able young dentists are better prepared for general dental practice as 'safe beginners'.<sup>3</sup> Moreover, they are well able to meet the challenges and benefit from the developments in dental practice over their next 30-40 years of practising life.

D. R. Radford, M. W. Woolford,  
S. M. Dunne, S. Holmes  
Portsmouth and London

1. Lynch C D, Ash P J, Chadwick B L. Student perspectives and opinions on their experience at an undergraduate outreach dental teaching centre at Cardiff: a 5-year study. *Eur J Dent Educ* 2010; **14**: 12-16.
2. Formicola A J, Bailit H L. Community-based dental education: history, current status and future. *J Dent Educ* 2012; **76**: 98-106.
3. General Dental Council. *Preparing for practice. Dental team learning outcomes for registration*. London: GDC, 2011.

DOI: 10.1038/sj.bdj.2012.619

## METHADONE AND ORAL CARE

Sir, it has been found that methadone patients in Scotland are not being given effective, evidence-based advice concerning their oral hygiene.

Generally, dispensing pharmacists do not feel confident giving effective oral hygiene advice. To address this issue, an oral hygiene leaflet has been created using evidence-based advice where possible, as well as adding other carefully worded and helpful information.

This will be distributed to every dispensing pharmacy in Scotland to ensure methadone patients can be given effective, evidence based oral hygiene advice.

At university, I treated a patient who had never been given any form of oral hygiene instruction. This patient was

a long-term methadone patient with several carious lesions but very motivated to improve his oral health and, in particular, the appearance of his teeth. He associated the poor appearance with a 'misspent youth' and felt this contributed to his depressed state. To me, this patient was an opportunity not only to restore the teeth but also to impact positively on the psychological wellbeing and perhaps help the patient from methadone dependence altogether.

After talking with a number of pharmacists I found that, generally, most are not confident in delivering effective, evidence-based oral hygiene instruction to methadone patients. To tackle this problem, I created a leaflet (Fig. 1) using simple instructions which could be backed-up with evidence from an evidence-based dentistry textbook. Once this was achieved and set out in an appropriate way, several consultant

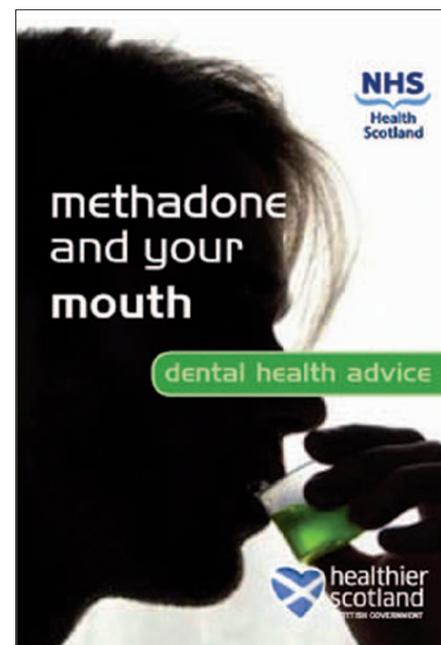


Fig. 1 Advice leaflet for methadone patients