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Coach mentoring

The struggle within

Sir, Shaun Sellars deserves congratulations for his recent article in the Upfront section of the *BDJ*.¹ His sentiment that we as a profession need to become more compassionate towards our fellow colleagues is strongly supported by research being conducted at the University of Portsmouth Dental Academy. We interviewed 11 qualified dental coach mentors and used a qualitative approach to analyse their experiences of helping members of our profession in difficulty.

The mentors discussed mentee-related themes including: (i) the need for non-judgemental and confidential support; (ii) someone to listen to their story when things have gone wrong; and (iii) support to help them reflect on where they find themselves and how they can develop into reflective practitioners.² With reference to the 'kintsugi effect' of broken pottery being repaired with gold, coach mentoring can play a valuable role in helping dentists in difficulty to gain self-awareness and reflection. This is the gold that nurtures our broken colleagues.

Dentists falling foul of regulatory processes are not necessarily 'bad' people. Life often just snowballs out of control and a structured action plan is needed to allow the mentee to develop. Conditions imposed

by the regulator can then be fulfilled so that they can continue to work clinically and contribute to the care of patients.³

Although the General Dental Council supports coach mentoring for the profession, it does not fund it or make it a prerequisite, and consequently some dentists choose to go through a disciplinary process alone. Most dentists, however, self-fund coach mentoring with some support from either their Local Dental Committees or previously Health Education England. Funding for these services has been reduced. For UK dentistry to flourish, this decision needs to be reversed. The coach mentors in our research recognised the excellent work being undertaken by the Dentists' Health Support Trust, the Practitioner Advice Support Scheme of the Local Dental Committees, Health Education England (funding ceased in 2022) and the BDA Benevolent Fund.

However, we come back to Shaun's conclusion that if UK dentistry is to thrive, dentists and those overseeing dentistry must nurture those practising it. As a profession, we need to be aspirational in our support for dentists by making coach mentoring available to all dentists who seek it.^{4,5} A preventive approach is particularly important to nurture young members of the profession as they leave foundation training and become dental core trainees and associates.⁵

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Paediatric dentistry

Chairside synopsis for children

Sir, a recent Letter to the Editor of the *BDJ*¹ highlights that perhaps there is a time lag between antimicrobial prescribing guidelines being released and associated changes to practitioner prescribing practices.

I was pleased to see that the College of General Dentistry produced a chairside synopsis for antimicrobial prescribing for common conditions in dentistry.²

As a paediatric dentist who appreciates the benefit of prescribing the most appropriate antibiotic, at the correct dose, I was disappointed not to see a chairside synopsis for children.

Therefore, using the extensive information in the College of General Dentistry guideline² we have produced a chairside synopsis for children, which we hope will make it easier for practitioners to correctly prescribe antibacterial for our younger patients (Table 1).

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