

## Editorial

# Expanding dental undergraduate clinical outreach programmes into general dental practice.

Placing dental students for part of their clinical programme in NHS primary care settings, so called outreach programmes, is now well established in many UK dental schools. The General Dental Council (2002) in its guidance to Dental Schools noted that “*an extended clinical environment and outreach teaching can potentially broaden the base of available clinical material and enhance the educational experience*” and that “*in pursuit of this students may, under supervision by University recognised teachers, operate in the following situations (among others)*”

- *all systems for the delivery of primary dental care approved by the schools for these purposes*
- *approved community dental service clinics*
- *and personal dental services”*

Outreach programmes have long been established and evaluated in the USA (Baillit, 1999) and also in Scandinavia. In the UK some of the earliest initiatives involved community dental service (CDS) settings (Holloway and Dixon, 1977) and more recently dental access centres (DACs) (Smith et al 2006a). However general dental practice was always seen, until very recently, as a step-too-far. The predominant fee-per-item payment system, the rather complex semi-detached relationship with the NHS under which these practices operated, and medico-legal issues around indemnity were all perceived as obstacles.

However new legislation has opened up new opportunities. The Health Authorities Act (1995) abolished family health service authorities and integrated primary and secondary care within the health authority structures, while the National Health Services (Primary Care) Act (1997) introduced the personal dental service (PDS). The PDS provides for much greater local autonomy for both the health authority and practitioners to agree objectives and terms and conditions of service, and usually replaces the traditional fee-for-item of service with variations on a capitation payment system (NHS (Personal Dental Services Agreements) Regulations 2005).

Lennon et al (2004) described a pilot study in Liverpool in which six students were located in two PDS practices for 11 days. The students gained a wide clinical experience including adult restorative dentistry, working with a dental team including dental nurses and dental therapists, developing their communication skills and beginning to appreciate the importance of a social history in planning an appropriate treatment plan. Patient evaluation was very positive and none raised any objections to paying customary NHS charges. The study concluded that “*it is both feasible (in terms of preparation, support and monitoring of student learning) and educationally beneficial to provide an undergraduate programme in a*

*PDS setting*” but the study recognised that further research was required into the cost of such programmes and into the availability of suitable general dental practices that would be willing to host dental students.

At the University of Sheffield a three year pilot programme confirmed the benefits of outreach for students. An evaluation based on a randomised controlled trial demonstrated that outreach experience increased students’ confidence (Smith et al, 2006b) and developed treatment planning abilities that took account of patients’ social circumstances (Smith et al 2006c). A parallel pilot study in four PDS practices confirmed the results of the earlier Liverpool evaluation.

As a result of these positive findings, and as part of its response to the recent increase in student numbers, the Sheffield Dental School has established outreach as a permanent feature of its curriculum and extended the programme from six weeks to six months. In order to provide sufficient placements it was decided to expand provision in all settings, including CDS and DACs, but particularly to expand provision within PDS. To determine the availability of willing and suitable general dental practices the local consultants in dental public health, John Green and Nigel Thomas, wrote to all practices in South Yorkshire, a total of 208 practices, of whom 20 expressed a strong interest and 12 subsequently submitted formal bids. In making a selection, local consultants in dental public health, the dental practice advisors, the postgraduate deanery, the health authority and university colleagues were involved; a final list of five PDS practices providing an additional 18 dental chairs were selected. Capital funding of £1.5 million to support this expansion into PDS was provided by the (former) South Yorkshire Strategic Health Authority and recurrent funding of around £23,000 per annum per chair will be allocated through Dental SIFT (an NHS funding stream designed to cover the additional costs of hosting medical/dental students within NHS hospitals/clinics).

Of course these are early days not only for outreach in general dental practice but also for the new NHS general dental practice contract, and continued evaluation and sharing of experience will be crucial. Nevertheless the enthusiastic response of the students and staff involved so far, careful attention to clinical and academic governance, combined with the strong support of our local PCT (health authority) allows us to be optimistic that outreach in general dental practice will make a substantial and increasing contribution to dental education.

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## Book review

*Management of Medical Emergencies for the Dental Team*. MH Thornhill, MN Pemberton, GJ Atherton. ISBN: 0-9456145-4-2. Stephen Hancocks Ltd, London. STG £29.95

This book is produced in A4 paperback style. It is a practical and informative guide to emergencies and conditions that dentists might encounter. The book is divided into 4 sections.

*Section 1* deals with equipment and techniques and importantly stresses the preparation of staff and equipment. I would have preferred if this section was more directive in the choice of equipment e.g. with inexperienced personnel pocket masks are probably easier to use than Ambu bags. I have similar reservations about intravenous access being sought by inexperienced personnel in emergency situations and clearer directions would have been helpful when this is absolutely indicated – which is probably never with inexperienced personnel in a dental surgery.

*Section 2* deals with the management of the collapsed patient. This section gives a good guide to the causes of unexpected collapse. The diagrams are good. However emphasis on the diagnosis of cardiac arrest should be on responsiveness. Modern protocols do not advocate looking for a pulse.

*Section 3* deals with the management of the causes of collapse.

The main causes of collapse are briefly but clearly discussed. In general the directions are clear and relevant and indicate what is commonly encountered. My preference is for 1:10,000 adrenaline for use in anaphylaxis treatment. It is easier to titrate, it comes in ready to use syringes and can be used in children and adults without need for dilution.

*Section 4* deals with medical emergencies in the conscious patient.

This is a comprehensive but brief account of medical conditions likely to be seen by a dentist. Its form and structure are similar to the other sections with much important information, emphasis consistently being placed on the practical and relevant.

Dentists in practice will rarely encounter life threatening medical emergencies. If they do it is unlikely that, due to lack of experience, training and the rarity of such emergencies they will deal with such emergencies adequately. Practicing dentists find it difficult to know what standards are expected of them when they have to cope with an unexpected medical emergency. Unrealistically high standards may sometimes be expected of such individuals. This book attempts and in general succeeds in giving guidance to practitioners regarding the standards that might reasonably be expected of them. It does this in a clear readable manner, with emphasis throughout on the practical and commonsense.

It is this exposition of clear practical and concise information in an informative and accessible fashion that will be of invaluable assistance in helping practitioners to deal with those fortunately rare, but extremely worrying unexpected occurrences.

In a world fraught with medicolegal hazards this book will be a reassuring presence on the book shelf of any dentist. It is highly recommended to dentists and students.

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