

BAOS Feature

There is no healthcare without self-care!

According to the World Health Organization (WHO), self-care is 'being able to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare provider'.

We all know that self-care is extremely important and is no longer mistaken for selfishness. It is critical that we look after ourselves so that we can look after others. This was one of the take-home messages from the Canmore Trust Conference I attended in Glasgow last November. The Canmore Trust was set up by John and Isobel Gibson after the loss of their son, Cameron, to suicide in 2019. The aim of the Trust is to prevent suicide.

This is the first conference of this nature that I had been to. I saw a few familiar faces, but in comparison to other conferences I have attended there were far more I didn't recognise. Not only was the conference non-clinical in nature, it was also aimed at vets, and doctors as well as dentists as these professional groups are at particularly high risk of mental health difficulties. Soon, though, there was such a feeling of camaraderie this really didn't matter.

The Conference started with a talk from Professor Rory O'Connor who leads the Suicidal Behaviour Research Laboratory at Glasgow, one of the leading suicide and self-harm research groups internationally. Prof O'Connor discussed the 4Cs of suicide prevention (compassion, complexity, care, connection) as well as the causes that contribute significantly to suicide (entrapment, shame and rejection).

Other talks we were privileged to listen to include an account of one doctor's experience of stigma and shame after suffering from mental health issues which has sadly and ultimately resulted in her leaving clinical medicine.

There was also an incredibly moving account from Fiona Drouet, whose daughter 18-year-old Emily was driven to suicide after being bullied and subject to gender-based violence whilst at university (see EmilyTest).

An amazingly inspiring talk from Richard McCann (iCan Academy), one of the children placed in a home after his mother was the first victim of Peter Sutcliffe (see 'Just a Boy'- book) was another highlight.

In addition to this we learned of R;pple which was developed by Alice Hendy after she lost her brother, Josh, to suicide in 2020. She later discovered that he had been researching harmful content online. With a background in IT and Cyber Security, Alice founded R;pple Suicide Prevention to address the lack of intervention in such online searches.

R;pple is free to install and provides an immediate, hopeful message and connects users to mental health resources like calls, texts, and apps, aiming to guide individuals in crisis toward the support they need.

We learned of the vast amount of support available to us to help us educate ourselves regarding self-harm and suicide (Distress Brief Intervention (DBI) Scotland, Papyrus, #GoneTooSoon), the power of a hug, and why we all need to be more kind to each other on a daily basis.

John set us all a challenge at the end of the conference which was to do one random act of kindness every day until we next meet and this has stuck with me. The vast majority of my random acts have been when I am driving, let people go in front of me the main one, but I also try and smile more, to strangers. Some are taken aback by this middle-aged woman beaming at them but most of the time, they beam back.

Try it. After all, what goes around comes around 😊.

References:

<https://thecanmoretrust.co.uk/>
Resilience and Well-being for Dental Professionals. Mahrukh Khwaja. December 2022 Wiley.

When It Is Darkest: Why People Die by Suicide and What We Can Do to Prevent It. 2021. Rory O'Connor (Author)

<https://richardmccann.co.uk/>

Just A Boy: The True Story Of A Stolen Childhood. 2005. Richard McCann

<https://www.emilytest.org/>

<https://www.dbi.scot/>

<https://nspa.org.uk/member/ripple-suicide-prevention/>



Julie Burke
Immediate Past President

Stagnation or Innovation: What is next for dental nurses?

With the demand on NHS dental services being critical, the labour government is pledging 700,000 more NHS urgent care appointments and now is the time for dental services to be innovative in the delivery of care.

With access to NHS dentistry being poor, Oral surgery services are seeing an increase in the number of patients requiring one or more teeth to be extracted. It is a crucial surgical service within dentistry, whether this takes place in primary care by general dental practitioners, specialist oral surgeons or in secondary care by hospital dentists and consultants. However, at the forefront of those services, supporting the patient pathway, ensuring the highest standards of safe, high-quality care are dental nurses. As dental nurses, we possess theoretical knowledge, combined with clinical skill and a compassionate and empathetic nature to advocate for and support our patients through what can be arduous times.

Therefore, it is vital that dental nurses working in the field of oral surgery are equipped with specialist knowledge and clinical skills to ensure the delivery of safe, quality care to patients. BAOS are committed to ensuring that oral surgery is a recognised specialism amongst the dental nursing profession and in doing so is currently as a group devising its very own dental nurse post qualification in oral surgery in a bid to empower and equip dental nurses working in the field of oral surgery with the specialist knowledge, clinical skills and attributes that are warranted to the continuous provision of high-quality clinical care.

The GDC recently closed the scope of practice consultation and as we eagerly await the publication, it is time to put the spotlight onto the dental nursing workforce and open discussions about extended roles that dental nurses can provide as registered dental professionals as we hope this will bring a wealth of opportunity to support, enhance and shape the future delivery of patient care.



Daniel Thompson
BAOS Council Member

One Price Fits All!

Are we being remunerated adequately for the oral surgery services we provide? I often hear this question asked and debated at length.

There seems to be a massive discrepancy in what we get paid for to perform routine oral surgery work. This is apparent under both the various NHS contracts but also within the private sector.

Extractions carried out by GDPs is covered by Band 2 charges and the clinician gets paid 3-5 UDAs depending on the number of extractions. Whilst a Tier 2 provider working under an IMOS contract gets paid a different set fee per completed treatment. Even that IMOS fee varies between different parts of the country with certain areas paying more than others. In the private sector the fee range is massive depending on where and who is providing the treatment!

Our referrals tend to have a considerable number of "Buy One Get One Free Extractions" where patients need multiple teeth taken out. Despite that, the fee stays the same no matter the level of difficulty and the amount of time needed to provide the treatment.

One thing is for certain, it is not a one price fits all solution. With the lack of confidence of new GDPs and the increased medical complexity of patients, more referrals will be coming to our services that need to be paid for appropriately.

Hopefully the upcoming NHS dentistry reforms may address some of those discrepancies for a fairer system that pays the providers adequately.



Tamer Theodossy
BAOS Council Member