

DentalVets CPD Fact Sheet

How big a group is ideal for such a course?

For practical/wet lab courses we book a maximum of four vets or six nurses. Mixed VN and vets groups are not advised as the curriculum is different. We also advise you only to include staff that wish to progress in dentistry. They will learn well and happily and, having become converted, can pass on knowledge to others in the practice.

For our larger lecture based seminars there is no limit on number but fewer people actually learn tactile skills.

The facilities required?

We provide everything necessary for individual or small group work. This includes a high-speed/low speed dental unit, a dental x-ray machine, digital radiography and an excellent selection of sharp hand instruments.

The time that would have to set aside?

Our foundation courses run from 7pm to 9.30pm on a Monday and from 9am to 4.30pm the following day. If you wish more time, contact Fiona Johnston MRCVS.

Larger staff seminars can be run from other venues.

The costs involved?

See the website pages for up to date fees. All printed course notes and supporting documents on a USB flash drive. An interactive CD is also included along with all food and refreshments.

Other Basic Advice

Our advice is for you to clearly think through what you want from dental CPD. We advise that you consider the basic skills first. For vets, these are good, competent periodontal disease treatment, charting, flap surgery, extraction techniques, and dental radiography. For nurses the content is similar with the exception of the oral surgery and extraction modules in line with the RCVS guidelines of 2003 with regard to Schedule 3 interpretation. Separate modules are substituted including equipment care and maintenance, dental clinics set-up and peri-operative support.

Dental radiography is the key to advancement - without it you have no idea what 70% or more of the tooth is up to. This means that diagnosis, prognosis and treatment planning is guesswork at best. We aim to ensure this skill is obtained early in the day so you can use it in diagnosis and treatment planning in the afternoon wetlab.

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RCVS, American & European Specialist in Veterinary Dentistry

Dentistry Development in our Practice following our Norman Johnston Seminar

Having listened to Norman Johnston, one of the dentistry gurus in the UK, at one of the Genusxpress Dental series of Seminars last autumn, I decided that there was a lot more we in our practice could be doing in the way of dentistry. Norman's thrust was not based particularly on advanced dentistry but on the lack of awareness of pet owners in particular, but also ironically of veterinary surgeons and nurses that the majority of adult dogs and cats need some dental treatment to either treat, or prevent the development of periodontal disease.

The statistics are either frightening or exciting depending on one's viewpoint. Apparently some 85% of dogs and 70% of cats over 2-3 years old have some periodontal disease and need dentistry if they are to keep their teeth and gums healthy to a ripe old age.

Couple this with the absolute certainty that owner compliance and teeth brushing can help these animals enormously; there seemed a major opportunity for our practice to help many more animals, and also of course to increase our practice income and therefore profitability and development.

When one considers that we had as a practice been taking dentistry seriously for some ten years or so, with a theatre dedicated to dental cases, a VN specifically allocated to this theatre and to dental cases, and a veterinary surgeon who spent most of his three day week on dental cases, I was surprised at how much we could improve matters. Our dentistry turnover at our Veterinary Hospital is about 7.5% of turnover, which is good. Norman's estimate is that any practice which recognises the need for dentistry in all animals requiring it could increase this to say 15% - a big opportunity.

So how did we go about it? I decided that our own practice team needed to hear Norman's enthusiasm and advice personally so we asked Norman to come to the practice and present a modified and targeted talk on Understanding and Marketing Veterinary Dentistry for about two hours to the practice. We closed the practice during this time except for emergencies to obtain a good turn out, and we held it during the day so it was in working hours. Also while he was here we asked him to have a look at all our equipment and instrumentation and advice on upgrades or additions.

Having listened to him, we set up at Norman's suggestion a "dental sub-unit" or working party in the practice of enthusiasts and debated what to do. Some vets and nurses are not keen on dentistry, but this is OK provided they recognise the need for it in the patients and book them in for those who are keen to do. Also no one likes operating inferior equipment so it was obvious we would have to invest somewhat. We looked at our four satellite surgeries also in terms of their dentistry percentage of turnover and their equipment and noted a complete correlation between the two. Our Veterinary Hospital was well equipped, with dental x-ray facilities and a good dental unit, but not an ultrasonic scaler. Our second largest centre had a dental turnover percentage of 15% and dentals were some 48% of operations carried out there! The vet and nurse had shown interest in dentistry potential and having attended one of Norman's wet labs, came back fired with enthusiasm. One other centre had a percentage turnover of about 7%, and the other was 0.2%! All centres have now been equipped with ultrasonic scalers (*Odontoson* or *Cavitron Bobcat*) depending on the throughput, three have air driven dental units with the latest one the *Genusxpress Dental unit*, and we have installed dental radiographic facilities at our main other centre. Dental x-ray machines are available second hand from many dentists for about £200, work very well, and are unobtrusive.

Having attended the dental day at the recent (2003) BSAVA Congress, the importance of radiography in dentistry cannot be overstated - and it's simple. There's so much important information for the vet and the patient there that needs seeing to make the right decision. Because the plates are tiny and development is simple in the same room, cost to the client is not substantial, but profits increase.

The specific dental nurse admits the patient herself, discusses the need for pre-anaesthetic blood (much more important in dental cases if our findings are typical), then releases the pet with detailed instructions herself. No brushing at this stage but then recalls them a week or two later when the gums have healed, and applies disclosing fluid herself to show how much plaque has built up. This always amazes the client and increases compliance for brushing which she then demonstrates. Again according to the speakers on the BSAVA dental day, this needs doing daily or every second day at the least, to be effective. She then recalls them 3 months later for a free dental check, again applies disclosing fluid and discusses the results.

We are taking this so seriously as a preventative now by having our dental nurse talk to new puppy and kitten owners about tooth brushing after the vaccination consultation, as this is the time to obtain maximum owner and pet compliance. It is completely logical that the massive improvement in people's teeth over the last 4 decades or so is largely due to an understanding about tooth care – brushing and diet, so it's completely logical that the same applies to dogs and cats. There are some excellent extruded complete diets around now which help oral hygiene but brushing with a soft bristle brush using enzymatic or chlorhexidine toothpaste in addition makes the real difference.

Our experience is that with some new modern equipment and instruments, some specific CPD, an enthusiastic small dental group within the practice, and an awareness of the need for and entitlement for a healthy mouth by dogs and cats, our percentage turnover on dentistry can drastically improve. It does mean taking the time to notice poor mouths and explain to the owners what can and should be done, and following the case through enthusiastically afterwards.

It will be interesting to see what happens to our dentistry percentages at our veterinary Centres and whether we can emulate the 15% of turnover achieved by one of our Centres. I know we can because clients and their pets are the same countywide – the variable is the attitude of the practice team!

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