Letter from the President

As this is the first Presidential Newsletter of this century, I would like to wish all members the very best for this for the year 2000. With the start of a new era, it gives me an excuse and an opportunity to reflect on the past and consider the future activities and direction of the Society. However, in doing so it must be remembered that that the change from one century to another, or indeed one year to the next, is but an arbitrary one and it is only the date, and not the time that makes it significant. Yet somehow, in moving from one millennium to another, there is an expectation of great.

So what of the past. Well, the Society has certainly grown and developed particularly during the latter quarter of the twentieth century. Its inception was due to the vision and dedication of a small group of enthusiasts, who saw the need for the formation of a group to discuss ideas and promote the speciality, rather than work in isolation within their own institutions. Perhaps, this was the beginning of clinical governance and audit in dental radiology. Initially, the membership was small and at meetings it was possible to hold members case reports by discussion around a viewing box! Since then, the Society has grown as the Specialty has developed and grown and, I believe, come of age. This growth has mirrored the advances seen in technology from panoramic radiography to magnetic resonance imaging, the improvements in dose reduction and the need to raise standards in education and radiographic techniques.

There are a number of people who have played a major part in the development of the specialty and the Society and whilst I apologise for not including everyone, I would particularly like to mention Peter Bird, David Smith, Brian O’Riordan, Peter Hirschmann and Douglas Lovelock. I believe the formation of the Diploma in Dental Radiology and the affiliation with the Royal College of Radiologists, was for the speciality, the most significant development of the last century. Without it, the Specialty would not have the prominence it now enjoys and indeed it may have become just a subspecialty within dentistry. The Society has played its part by providing a forum for education and discussion through its Scientific and Council meetings. But is should not be forgotten that the Society has also flourished because of the support and enthusiasm of its growing membership.

So what of the future? Now that the Society has grown up, it falls on its membership, to develop it further and promote the specialty. As with the end of the last century, this one will see the development and maintenance of standards. This year will see the expansion of clinical governance and continuing professional development and education. Later this year the Specialist list for dental radiology will be introduced. One of the Society’s main roles will be to encourage standards. This starts with undergraduate education and continues throughout professional life. I am sure that the Society will not only play its part, but also take a lead in this respect. For example, I believe the Society should through reasoned debate, actively support the need for all Dental Hospitals and Schools have at least one full time
dedicated Consultant Dental Radiologist, as occurs with almost every other dental specialty. Until this happens it is difficult to see how all Dental Hospital and Schools can undertake appropriate teaching and testing at undergraduate level, and provide essential postgraduate continuing education. However, this will not take place unless it can be shown clearly and unequivocally of the need for this to happen.

As far as technological change is concerned, I am no Mystic Meg. However, I feel certain that digital imaging will become increasingly commonplace and will eventually replace film. But I still have reservations about intra-oral digital imaging, which still has some way to go, as far as hospital X-ray departments are concerned. No doubt computers will continue to become smaller and faster and some new imaging modality will be discovered.

I wish all members of the Society all good fortune for this year and well into this century. I hope that as many of you as possible will visit Birmingham for the Spring Scientific meeting and perhaps take the opportunity to visit Birmingham and its changing city centre.

John Rout

President BSDMFR

**Autumn Scientific Meeting**

The Autumn Scientific Meeting was held on 25 September 1999 at The British Institute of Radiology in London.

Elizabeth Connor opened the meeting by describing her experiences going digital at Dundee Dental Hospital. In her experience the CCD-based systems are of limited use for posterior teeth and for bitewings because of their bulk. Laser printing on to film did away with paper copies (and also the need for extensive storage facilities?). The second speaker Mr Charles McCaffrey from Kodak Health Imaging talked about Computed Radiography with particular reference to its use in PACS.

The second half of the morning continued with presentations by this year’s BSDMFR Undergraduate prize winners. The first prize winner, Hani Shafik, from Guy’s, King’s and St Thomas’s Dental School reported on his careful study comparing colour coded with conventional digital images and for film the diagnosis of occlusal and approximal caries. Colour coding is of no benefit. Lesley Rooney and Alison Whiteside (joint second prize winners) from Glasgow Dental Hospital described their attempt to examine the effect of fluoride on the prevalence of occlusal caries in Glasgow and Hong Kong. The interesting concept was in the event undermined by poor data recording at Glasgow Dental Hospital in particular.
The morning concluded with three members’ case presentations. Laetitia Brocklebank described the latest developments in digital subtraction radiography making use of the Glasgow algorithm and Douglas Lovelock the latest modifications of the Newcastle sialography catheter. Martin Payne presented the case of Gardner’s Syndrome on a panoramic radiograph which led to appropriate treatment not only of the patient but also her previously undiagnosed father.

After lunch Nick Bowley who described himself as a Consultant Head and Neck Radiologist from Queen Victoria Hospital, East Grinstead spoke on Maxillofacial Trauma concentrating on those aspects which are otherwise neglected in assessing jaw injuries.

Jackie Brown reviewed her experience to date of basket retrieval of salivary gland stones and Peter Hirschmann concluded the day with an Update on the New Ionising Radiation Regulations. In view of the controversy that ensued he was readily persuaded to re-visit the topic in April.

Society News

Congratulations to:

Jane Luker on being appointed Consultant in Oral and Maxillofacial Radiology at Bristol Dental Hospital, and Paul Nixon at Liverpool Dental Hospital.

Wing Commander Colin Cook, Clinical Adviser in Radiology, Dental Defence Agency on receiving the Lean Memorial Award for his outstanding contribution to patient care in the Service.

Hani Shafik, Guy’s, King’s and St Thomas’s School of Dentistry, London, for winning the first prize in the Kodak BSDMFR competition for his report: An in vito comparison of the diagnostic yield of E-Speed radiographic film, grey scale digital images and pseudocolour digital images of approximal and occlusal carious lesions. The second prize was awarded jointly to Lesley Rooney and Alison Whiteside, Glasgow Dental School and Hospital for their study: Fluoride : the effect of occult occlusal caries.

British society for Dental Research

Any members interested in forming a Diagnostic Systems Chapter of the BSDR should contact Fiona Carmichael (desfac@leeds.ac.uk).

The 7th European Congress of Dentomaxillofacial Radiology, Athens 15-18 June 2000

Council is offering two £800 bursaries to enable non-consultant members of the Society to present a paper or poster at this meeting. Closing date for submission of
abstracts to the Hon.Secretary is Friday, 7 April.

**Distinction Awards for Consultants**

The Society can nominate members for distinction awards directly to the ACDA. The closing date for the current round was January 28 2000, but in future members wishing to take advantage of this arrangement are asked to send their CV questionnaires to the President.

**The Senate of Dental Specialities**

The Senate of Dental Specialities was established in November last year to provide a forum for communication between the Dental Faculties of the Surgical Royal Colleges and the Specialist Associations (such as the BSDMFR). This body will be particularly concerned with those aspects of clinical governance relating to continuing professional education and fitness to practice.

**Specialist Registration**

The GDC intends, if all goes well, to commission the specialist lists in Oral Radiology, Oral Pathology and Oral Microbiology on 1 June 2000. As part of this process, JACADS will be replaced by ADSSAC, an Additional Dental Specialities SAC, one for each speciality. The main difference will be that in view of the GDC's role as the sole competent authority for dental specialist training, visits to approve training programmes will include an ADSSAC representative. The RCR will establish a CME scheme for its members who are dental radiologists once the specialist list is commissioned.

**And Finally:**

**An Item from Oradlist**

On the midterm test for my second year dentistry class, one of the questions asked them to list 5 things they would say to reassure a nervous mother is hesitant about allowing the dentist to take bitewings on her 7-year-old-son. One of the answers reads:

"I would explain that we ourselves produce internal radiation by just eating beans, so that there is more radiation than what the rest of his (the patient’s) body is receiving. Therefore, he is more a danger to himself than the x-ray machine is to him".