

To: Michael Donaldson
Head of Dental Services
SPPG

Sent by email

17 April 2024

Dear Michael

A number of issues relating to the Northern Ireland Hospital Dental Workforce have been raised at recent BDA Northern Ireland Hospital Dental Services Forum meetings. I am therefore writing this letter in my capacity as Chair of HDS Forum to ensure that the Department of Health is aware of these issues and the potential risks that they may pose.

Dental and Maxillo-facial Radiologist

The first relates to the lack of a Dental and Maxillo-facial Radiologist (DMFR) in Northern Ireland. The role of a DMFR specialist is to inform assessment and provide interpretation of images to aid the diagnosis and management of patients. They have skill sets that are beyond the scope of practice of General Dental Practitioners as well as the currently employed cohort of Northern Ireland Hospital Dentists. Recent technological advances in imaging not least the greater use of Cone Beam CT scans by dentists means that access to a DMFR is more important than ever.

The Belfast and South Eastern Trusts have an ad hoc arrangement to obtain reports from a DMFR at Leeds Dental Hospital while the other Trusts and indeed all General Dental Practitioners do not even have indirect access. You will recall a recent query from a high street specialist whom was unable to commence orthodontic treatment for a patient because they were unable to obtain a report on a dental radiograph.

I therefore requested advice from a DMFR in Great Britain and they have provided me with a brief report, which I would be happy to share with you. It highlighted potential clinical risks, potential professional risks, IRMER issues and a disparity in dental education in Northern Ireland and it recommends that healthcare organisations in Northern Ireland ensure that there is direct access to DMFR services.

I also understand that average monthly cost of obtaining reports for Belfast Trust patients from Leeds amounted to £6240 (based on the last three months of 2023). This would extrapolate to £74,800 per annum for just one Trust. It would therefore appear that a regional DMFR would be a much better and more cost effective way forward.

Regional Cleft Orthodontist

Northern Ireland is the only region in the UK or Ireland that does not have a dedicated Regional Cleft Orthodontist. In November 2017, Billie-Jean Rainey and I agreed to "temporarily" take on the shared role of cleft orthodontist in addition to our existing work commitments, on the understanding that the Department of Health would employ a dedicated Regional Cleft Orthodontist. Along with the Cleft Surgeon, we set up and ran Northern Ireland's first ever Alveolar Bone Graft (ABG) clinics.

However, Billie-Jean resigned from the post in January 2022 and in January 2024, with still no sign of a dedicated Cleft Orthodontist on the horizon I also resigned as I felt that I could no longer continue in the role and simultaneously meet the demands of my main role as the sole Orthodontic Consultant for the Northern Trust. With no one else to take on the role ABG clinics will cease to operate in a matter of months thus jeopardising the very provision of alveolar bone grafting for cleft children in Northern Ireland. In addition, the continued lack of a dedicated Regional Cleft Orthodontist means that our provision of cleft care in Northern Ireland does not meet the UK national recommended model.

Yours sincerely



Darren Johnston
Chair, Northern Ireland Hospital Dental Services Forum

Cc: Caroline Lappin, Chief Dental Officer; Sinead Preston, SPPG