



**Name:** Dr. David Radford

**Age:** 58

**Job title:** Director of clinical studies at the University of Portsmouth Dental Academy

**Teaching responsibilities:** PhD and master's students supervision KCL and Uni of Portsmouth. I oversee the outreach programme for final year dental student for KCLDI at the UPDA. Past clinical and didactic teaching on M Clin Dent and master's programmes at KCLDI. Examiner MJDF (RCS), Dental finals, Prosthodontics masters programmes and IQE (GDC)

**Where did you qualify from?**

Guy's Dental Hospital in 1981

**How would you sum yourself up in just three words?** *Ambitious* for my student colleagues, *level-headed* and *passionate* about what I do.



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### What time do you normally get up on weekdays, and how far away from work do you live?

This is the worst part of my job! I usually wake up at 4:45 a.m. and I'm out of the house by 5:30, because I live about 60 miles away from work.

### What do you eat for breakfast?

I don't usually have anything—just coffee, which I don't end up finishing.

### How do you travel to work?

By train. This is the most frustrating part of my job, with Southern Rail disputes, often at least three changes, and the train stops at more than 24 stations.

### What are your favourite areas of dentistry and what do you find most challenging?

I've always been a forward-thinking educator and have dedicated my career to supporting students, ensuring they understand what they're doing clinically and making it happen for them on that particular day.

### Has any specific patient stood out for you during your career?

A medical lab technician had a resection for an adenocarcinoma. He had a very large resection and therefore a very large obturator. Through the time I was caring for him—not only prosthetic dental needs but also the restorative clinical care—he taught me the importance of working with patients.

### Do you have any interest in business?

### Do you think there's enough in the dental curriculum about the business side of running a dental practice?

I have about as much interest and acumen in business as most of my student colleagues have in their little finger. With all education, I believe it's important to have it close to where it's put into real practice.

A hands-on, clinical skills laboratory-based endodontic course sometimes has to

be followed up with clinical assessments of those patients who require endodontic therapy. This is sometimes not the case in dental school, and I believe that of course in Year 4 partially, more importantly in Year 5, that the economics of dental care should be introduced. That is where the unique nature of the University of Portsmouth Dental Academy is fortuitous; it relies on a live NHS PDS contract, so students have to understand the rules concerning the contract, the limitations of the current contract, and how to relate to the Business Services Authority via a live computerised clinical records package.

### What are your longer-term ambitions?

The continued development of UPDA—not just in terms of the educational progression we've published in the *British Dental Journal* about including belongingness and empowerment in dental education, but also the impact that the academy has through the students' care in the community is having on the underserved. For example, there's an exciting collaboration with the school of pharmacy that performs health screenings for the homeless in the city, with the help of final-year dental, hygiene therapy and pharmacy students—true interprofessional education in the delivery of care!

### What are the major challenges that the future of dentistry has in store for us?

As pressures on the public sector continue to be stretched, it will be the need for patients to appreciate that dentistry costs money.

Patients currently think private dentistry is expensive, and perhaps do not appreciate where the costs lie. Both NHS and private practices have to pay the cleaners, for the maintenance of equipment, and the reception and management staff to ensure there's good care provision. They also have to ensure the practice is fully compliant with the Care Quality Commission—and that all costs money! ■