As the first person in general dental practice in the UK to use an operating microscope, Alan Holland is used to blazing a trail – something that began at the very start of his career. The son of a farmer from Devon, Alan was the first in his family to go to university. However, early in his zoology course he realised there was a limited future in pure zoology so transferred to dentistry, where the vocational training offered a more secure job opportunity at the end of the course.

‘I didn’t fancy doing medicine, but I was practically minded, interested in science, and loved talking to people,’ he explains. ‘I knew some dentists through playing rugby at university, and it started occurring to me that dentistry would suit me.’

When Alan did take the turning into dentistry as opposed to zoology – a path of events he says he’s very grateful for now – he says that having mentors throughout his education made all the difference.

During his BDS at a dental school in Leeds in 1973, he met the first of his mentors, Dick Walker. One of the first endodontists in the UK, Dick sparked Alan’s interest in endodontics, so he followed his BDS with an LDS in 1977 and a BChD in 1978. After stints in general practices in Dartmouth and Yorkshire, he then went on to do his MSc in 1981 at the Eastman.

While at the Eastman, which he describes as ‘a vibrant place’, his mentors were Fred Harty and Michael Wise.

‘When I did my MSc, they were the two people who were my inspiration,’ says Alan. ‘It’s very important to have mentors along the way – people to inspire you and help guide you in the right direction.

‘I was also very fortunate to be at the Eastman at a time when it had astonishing teachers – they were the first tranche of people who trained in the US, then came back and taught us.’

Earning accolades
One of the defining moments of Alan’s life came slightly later, when in 1988 he met an American called Cliff Ruddle, who introduced him to using operating microscopes.

‘Everyone thought he was completely mad for wanting to use microscopes in dentistry, and so did I for a while’, admits Alan. ‘But then we already use loupes for magnification why not go the extra mile and use the extra magnification? Now everyone in a specialist endodontic practice will be using a microscope.’

Alan Holland MSc BChD LDS RCS (Eng) is founder of the Bristol Endodontic Clinic. A UK opinion leader, he lectures nationally and internationally. He has published several articles in the dental press and appeared on radio and television. He has had an endodontic referral practice in Bristol for 20 years.
To further his knowledge, he went to San Diego to meet Gary Carr. Gary is one of the most erudite and passionate endodontists in the world, says Alan. ‘I went over to see him twice to learn and work with him about using microscopes.’ As a result, Alan earned the accolade of becoming the first person in the UK to use an operating microscope in general practice.

By 1991, in an endodontic and cosmetic practice in Bristol, he had started to receive more and more endodontic referrals. But taking referrals alongside his general practice would soon take its toll on him. ‘I was working ridiculous hours trying to keep both of them going,’ says Alan.

He was also kept busy in the late 90s by achieving a place on the GDC specialist list, which he says involved a lot of expense, time and training.

This resulted in Alan deciding that he had enough referral dentists to give up general dentistry all together, so in 2002, he bought the practice that would become the Bristol Endodontic Clinic. Currently, with himself and another endodontist, Massimo Giovarruscio, at its helm, the practice enjoys the benefits of a huge referral area that includes Bristol, Penzance, Swindon, North Wales and London.

Alan admits that he did miss general practice at first. ‘I’d built up a relationship with patients; they were almost like a family. I could remember everything about my patients; when they came in I knew where they’d been on holiday.

‘But when you’re in specialist practice, you have a different family – all the referring dentists. Specialists should have an invested concern in looking after and supporting their referring dentists.’

One of the ways in which he does this is by offering postgraduate education to them in the form of seminars, courses and conferences, courtesy of his Bristol Endodontic Study Club, which has regular sessions that sees 15-20 dentists attend at a time.

‘We pride ourselves on giving very good presentations using Macbooks. The referral dentists really enjoy these presentations, and we enjoy having them in the practice,’ he says. ‘Moreover, we’re continually building on our relationships with them, which is vital.’

Medico legal issues
Trust between dentists and referral specialists is vital to any specialist clinic – using a pure specialist referral clinic ensures patients are guaranteed to return and not be lost to another practice. Specialists should also be there to mediate and defuse potentially distressing, expensive, and unnecessary litigation.
‘I used to get perhaps one lawyer’s letter a month, asking to see our notes,’ Alan says. ‘Now I get those letters on a weekly and sometimes daily basis from litigious patients trying to sue their dentists. Earlier this week, I received three letters in one day.‘ Unfortunately, Alan doesn’t see the tide of letters going away any time soon.

“We live in a very litigious society, and I think part of that is due to so much information being available on the internet. Patients can research through the internet and say, “He didn’t do use a rubber dam; I didn’t have an X-ray,” and so on.‘

‘Mediation is always the best way. Confrontation doesn’t get anyone anywhere: it just makes the legal profession very busy as dental negligence claims are rising rapidly and will continue to do so as more expensive procedures are undertaken in particular with implants.’

To try and protect his referring dentists, Alan takes steps right from the start, which starts with reacting to patients in the right way.

If a patient complains or is critical about the work their GDP has done to them, he remains impartial and reminds himself that he doesn’t know the circumstances. Through no fault of their own, patients can sometimes be misguided about the facts or realistic expectations of procedures, says Alan. ‘We’ll try and give patients the facts about what’s happening, and diffuse the situation that way.

“We won’t protect a dentist who has blatantly been doing something very wrong, but the majority of dentists – definitely the ones who refer to us – are doing the very best they can in the circumstances they’re working in,’ says Alan.

‘I take my hat off to anyone who goes out there and does endodontics for the NHS – it can be very difficult.’ Secondly, Alan takes particular care with his notes, making sure they are meticulous and thorough. ‘Whenever I write a letter, I’m always aware that that letter could be presented in court. I have to be very careful about what I write to patients, what I write to dentists, the way I say things – those kinds of things have to be on your mind all the time, he advises.

Reassuring the patient about their dentist is also important to Alan and his team. ‘When the patients come to us, we can always find something complimentary to say about the referring dentist, an important aspect of building confidence in our profession and cementing patient/dentist relationships.’

**Practice development**

Alan admits that it’s a fine line that he has to walk between giving the patient the best service possible, while supporting his referring dentists. However, what he and his team are doing seems to be working.

Having started off as a single-surgery practice, the Bristol Endodontic Clinic now has three surgeries, with all administration being done from the third floor that was created with a loft conversion.

Since the practice first began, the team has also expanded. As well as a specialist oral surgeon working in the practice, who does grafting, implants, and other advanced treatments that general practitioners wouldn’t want to do, the other endodontist Massimo (who currently splits his time between the practice and Italy) is soon coming to work full-time at the practice.

The equipment itself also matches the pace of the team’s development, Alan says, as they continually strive to improve their service. A CT scanner was installed in January – one of
only two in Bristol, and which he says has transformed the way the team performs endodontics.

‘We got it because our oral surgeon does a lot of grafting work, so we thought the CT scanner would be used mainly by him, but actually 80% of what we use it for is endodontic,’ says Alan.

‘It’s a fantastic tool. A lot of dentists now refer to us for CT scans. It gives you so much more information than you can get with just a normal X-ray. All the time, we’re trying to stay ahead of everyone else.’

Patient care is not neglected, either: Alan and his team supply regular feedback forms for patients to fill so he can check that there’s no particular area of the practice that needs major improvement. The feedback has always been very good, he says, with the only complaint being that sometimes they can’t see patients as quickly as they might like due to high demand.

Follow-up calls after treatment are also a permanent fixture. ‘Patients often seem surprised to hear from us when we call them up the day after and ask them how they’re doing and if they’re comfortable,’ says Alan. ‘But having good communication with your patients is essential to their experience of your practice.’

**Looking to the future**

As far as his chosen career goes, Alan says that he’d definitely recommend it to young dentists. ‘I think endo is a fantastic specialty to be in – it’s demanding but very rewarding,’ he says. ‘It’ll also go in some very interesting directions in the future.

‘Stem cell research is fascinating but according to the research I’ve read probably won’t happen for the next five to 10 years at least. When it can be used, it will probably concentrate on Parkinson’s and other things like neuron regeneration, which are much more important than worrying about replacing teeth – there are bigger issues as far as stem cell research is concerned.’

**Fact file**

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Hobbies outside of dentistry: Sailing and golf

However, the face of dentistry will look very different shortly, he warns. ‘What happened to many independent opticians will happen to smaller practices. The corporates will buy up more and more practices and move dentists into larger practices. The days of the independent single practitioner are sadly numbered – there’s now more of a corporate society in dentistry.’

But the future’s not necessarily so corporate for endodontists, according to Alan. ‘Most specialists don’t want to work in a corporate environment so I think specialist practices will come into their own. Endodontists will be in greater demand, as will periodontists.

‘There’ll be a lot of general practitioners out there who don’t want to do more advanced techniques, which is where specialist practitioners come in – specialising has a very rosy future’

Alan doesn’t have too much time to think about the future for now, though: for four days of the week, he works long days that start at 8am, end at 6pm, and involve staying on for a couple of hours afterwards. He doesn’t mind, though: ‘I have great fun working with patients. My wife, who’s a nurse here, always asks how I manage to find out so much about patients, but I always say that I just enjoy their company and talking to people. I’m passionate about my patients, endodontics, and I’m very fortunate to be doing work that I enjoy.’

Alan was the first person in the UK to use dental operating microscopes, something he was introduced to by Cliff Ruddle