I know a man who can...
Tim Bradstock-Smith discusses why it's okay to refer key to success

The days of Renaissance Man have long passed into history; nowadays, the breadth and depth of knowledge within even a relatively narrow area of scientific activity far outstrips the capacity of just one human being, and dentistry is no exception. It is part of the very definition of general dental practice that the practitioner can never anticipate the nature of the next case to present itself, although this challenge is part of the fascination of the profession, modern diets and lifestyles have predisposed or aggravated many dental conditions, while at the same time patient expectations have risen, and continue to rise, to a level which cannot always be satisfied by even the most talented GDP with limited specialist training, experience or equipment.

In every walk of life, knowing what you do not know, and so delegating the responsibility to those who do, is the key to confidence and success. When patients present with symptoms outside the dentist’s experience, need or seek treatment which the practice cannot provide, or require diagnostic tools which the practice cannot offer, or require diagnostic tools which are not to hand, the wise clinician seeks outside help with a referral. While this may go against the grain when many patients are reducing their discretionary spending, referring relevant cases to a specialist should remain the standard response in the best interests of both the patient and the referring practitioner.

The first duty of every healthcare professional is to provide the best possible care for the patient, and to address his or her specific needs. Over the last two decades in particular, there have been significant advances in dental techniques and technology, most notably in implants and orthodontics, which have widened the scope of possible treatments beyond the practicalities of general dental practice.

Focus
The current focus throughout society on health and appearance has ensured that these advances have attracted widespread media coverage, which coupled with the internet has hugely increased patient awareness of what is possible. With American style litigation also hovering in the background, all GDPs need to be wary of a dissatisfied patient damaging a practice’s reputation, either locally or through the courts, making a further cogent argument in favour of referral when the optimum treatment cannot be offered in-house.

Specialist referral practices deal routinely with complex cases which GDPs encounter only occasionally, and so have the experience to achieve both a satisfactory outcome and a satisfied patient. Such experience often allows a restorative procedure to be simplified and made less invasive by anticipating and so avoiding complications, thus reducing stress for the patient and enabling treatment to be completed by the referring dentist.

Aside from clinical considerations, referred patients...
also appreciate that their own dentist has put their interests first, which strengthens their loyalty to the practice and encourages word of mouth recommendation.

Demand
The increased demand for tooth whitening has led to many practices offering this service as patients seek to improve their appearance and self confidence by brightening their smile. However, those with crooked or damaged teeth are unlikely to wish to draw attention to these defects, and a corrective referral often leads to follow up cosmetic treatment carried out by the GDP as the patient pursues the maximum benefit.

Inevitably cases will occur when the GDP is unsure whether a referral will be in the patient’s interest, or which referral practice would be the most appropriate. As remedial and restorative procedures and their associated treatment tools become ever more sophisticated, more and more specialist practices are hosting open days to introduce themselves and their equipment to their GDP colleagues and explain the results they can offer.

GDPs sometimes need to be reassured that a referred patient remains on their own practice list and is only exceptionally treated by the referral practice. Once the patient has been assessed all three parties agree on a treatment plan which makes clear which aspects of the treatment will be undertaken by each practice. Patient ‘poaching’ by the referral practice, once much feared by High Street practitioners, is now largely a thing of the past. The expansion of the referral sector has also increased competition, and every referral practice itself depends on repeated referrals to survive; unethical business practice is today instantly counter-productive.

Committed
While many GDPs relish the varied nature of their daily challenges, referral practices attract the committed specialist within a particular field. As well as ensuring the patient receives the very best in up-to-date care, referred patients also benefit from the latest developments in, for example, scanning and x-ray technology. Very few general practices, likely to be encountering only a few cases a year whose complexity requires such advanced technology, could justify such a level of investment, or the time spent training to interpret the results.

Close relationships between general and referral practices also provide the often unremarked benefit which comes from the exchange of professional information and experience. For the GDP especially, new treatment possibilities can emerge offering both career and financial advantages.

The London Smile Clinic prides itself on the quality of the care it delivers and on its working partnerships with its referring GDPs. The Clinic is a renowned centre of excellence, offering specialist orthodontics and implant dentistry from an award winning team, with ‘before and after’ photographs and models presented as standard features of treatment planning to assist decision making for both the patient and the referring practitioner.