



WITH GEOFF LINGARD

IN HIS SPARE TIME, GEOFF LINGARD IS A KEEN FISHERMAN.

WHAT INSPIRED YOU TO BECOME A DENTIST?

It was really due to the headmaster of my high school in Christchurch, Terence McCombs, who had previously been a Cabinet Minister and was the first principal of Cashmere High School. In our final year at school he delivered a series of career talks and I was particularly taken by the way he talked about dentistry. As a profession it seemed to him to offer a good combination of academic and technical skills, an opportunity to work with people as well as providing a reasonable income. I looked at all of that and thought: that's interesting. Most of my friends were going to do science or teaching. I had been thinking of a chemistry degree myself, but dentistry stood out as being different.

I trained as a dentist at Otago University in the 1960s. I then worked as a lecturer at the School for Dental Nurses in Christchurch for two years, then as a Dental Registrar at Christchurch Hospital's Dental Department for another two years. After that I went to the UK and worked in a private practice for 15 months before doing my Master's degree in paediatric dentistry at the University of London. I returned to New Zealand in 1976 to work at Christchurch Hospital as the First Assistant Dental Surgeon and Specialist Paediatric Dentist and during that time established a part time private specialist paediatric dental practice. I eventually decamped to Nelson in 1986 to take on the role of Principal Dental Officer to the newly formed Nelson Area Health Board.

I started attending the grand rounds at Nelson Hospital and following discussions with medical colleagues, realised there was a total lack of dental input into the hospital. So I went and talked to the Medical Superintendent. These days if you want to achieve anything you have to have a business case and it's all very complex, but back then the medical superintendent and I walked around the hospital and we found some space and he said, well, you can have that if you like, we will fund the alterations if you can fund the equipment through the School Dental Service budget.

Eventually I also started a dental department at Wairau Hospital in Blenheim. We now have seven dentists working for us, all part-time, as well as a visiting OMF surgeon and Prosthodontist.

WHAT DO YOU LOVE ABOUT YOUR JOB?

When I considered this as a career, I thought it seemed interesting, and it is. I like dealing with people and helping them. I have a lot of variety in my role, a good mix of clinical work, administration and management. I also

enjoy interacting with staff, both in the dental department and in the wider hospital.

There's a reasonable amount of complexity in this role. One of the challenges of doing paediatric dentistry is that you have to communicate successfully on at least three different levels more or less at the same time - with your patient, who's a child, but also with their parents who might be anxious, and with your dental assistant about the work you're both doing.

Dentistry can be a stressful occupation. You're working with patients who, on the whole, prefer to be somewhere else. You're trying to make the experience as comfortable as possible for them. One nice thing about working in a hospital environment is that it does allow you more options, especially in paediatric dentistry and if all else fails, I always have the option of working under a general anaesthetic if that's going to be best for the patient. The really fun thing for me is that if a child enters our clinic and they're clearly apprehensive, it's really satisfying to see them leave later on feeling confident and comfortable.

WHAT IS THE MOST CHALLENGING ASPECT OF PRACTISING DENTISTRY?

For me, in terms of hospital dentistry, it's ensuring that we have enough staff, adequate facilities and an environment which is pleasant to work in which enables us to provide quality care for our patients.

We are also seeing an increasing number of patients, especially those who are older, who are basically unwell and have a range of medical issues which then complicate the dental treatment they require. For example, some patients are on IV Bisphosphonates that can cause Bisphosphonate related osteonecrosis of the jaw. This is rare but it's very distressing when it does happen.

A further challenge is caring for dependant older people. In days past, a high percentage of these older people would have dentures. However, today it is not uncommon for people in their 80s and 90s to retain some or all of their teeth. As they become less independent they struggle to care for themselves, the carers are often not educated with regard to oral health and these teeth and periodontal tissues can deteriorate rapidly resulting in infection and painful abscesses.

Access to hospital dentistry varies throughout New Zealand. It's very uneven. Most hospital dental departments have access criteria. The core patients we treat here, for example, are

those who are medically compromised in some way, or with an intellectual or physical disability, those under the care of adult mental health services, and people who are very ill and have been referred to us by our specialist colleagues. If we can, we also treat low income patients who can't afford private dental care.

WHY DID YOU DECIDE TO BECOME ACTIVELY INVOLVED WITH THE ASMS?

I've been involved with the ASMS for quite a long time. I was at a senior medical staff meeting many years ago, sitting next to a physician who was retiring as the branch secretary. He volunteered me for the role and since there were no other takers, I was it. The main job in those days was to be involved in the local negotiations.

I really enjoyed the negotiations process and later on I became involved in a couple of national MECA negotiations as well. It was a great pleasure to learn the art of negotiation, to understand the mechanisms by which you could negotiate and what you can do if you find yourself at an impasse. I learnt a lot about employment law and the MECA. I enjoyed working with members and supporting them. When members have a problem you certainly listen and try to help them to resolve it. It wasn't always easy. Sometimes you got the resolution you wanted, and sometimes you compromised. That was the reality.

I stood down as an ASMS branch officer in 2010 as I had been involved at executive level with the New Zealand Dental Association for some years and in 2011 I was elected their President.

WHAT HAVE YOU LEARNT FROM YOUR INVOLVEMENT WITH THE ASMS?

I believe we need a strong and viable industrial voice, and ASMS provides that. What I particularly like about ASMS is that that voice is accompanied by a very good knowledge of health and the ever changing political climate. ASMS has the ability to look beyond the industrial issues, the pay and rations, and to explore the creation of a much better working environment for doctors and dentists, with the ultimate aim of benefitting patients. For example, the concept of clinical leadership isn't exactly new but ASMS has really helped to reinvigorate and advocate for it. While not all DHBs embrace it as fully as we like, without ASMS' continued advocacy it would pretty much be just a distant memory.

ASMS is more than a union. It's much wider in its philosophy and culture, and it's a good voice for senior doctors and dentists.