

# Sir I.D. Gainsford

## Past president: 1973-1974

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FACE TO FACE with Ian Gainsford

FOR OLDER practitioners, the mental picture of "The Dean" is that of a slightly alarming patriarchal, l'etat c'est moi, figure who spends most of his time in committees defending his school from take-over bids or closure. Moreover, he has been appointed for life and is unlikely to have worked at the coal face since the introduction of the high-speed drill. Several names spring to mind which fit the frame but wild horses would not drag them from us; however, most of them are now in game reserves and the species is dying out.

We thought it was time to find ourselves Face to Face with someone from la nouvelle vague and who better than Ian Gainsford, the current dean of King's. When Ralph Cocker finished his long reign in 1973, Kenneth Liddelow was elected to succeed him, with Ian as his vice-dean. However, with Ken's election as dean of the Board of Faculty of Dental Surgery of the Royal College of Surgeons of England and his wish to take early retirement from King's after four years as dean, Ian was elected to follow him.

He had just completed his first period as dean and had been elected for a further term of seven years. However, he says he wonders whether he or his colleagues will have the stamina to see the term through to its completion and, bearing this in mind, there is a sensible arrangement to review his appointment on an annual basis. We talked over a glass of sherry and a sandwich in his office at the dental school under the watchful eye of his renowned and much-loved predecessor.

HCD: I am going to make a bet that almost all your students when first interviewed say that they want to take up dentistry because they like people and are quite good with their hands. Did you have a blinding vision of St Apollonia or perhaps a father who was dying to offload his practice onto his son and heir?

IG: No. My father was a minister of religion and had no family connection with dentistry, but you are right up to a point I do like working with people and enjoy the cut and thrust of competitive minds and I have always enjoyed doing precise work with my hands. I would like to take up clock repairing as a hobby if I had more time. Dentistry seemed as good an option as any nothing more dramatic than that and I thought I would like to study at King's as my father had been a student there in the early days of his career.

HCD: So, you did your basic studies in the Strand and then moved on to Denmark Hill. Those were the days when the dental school was in the main hospital building

before this new school. which Ralph Cocker worked so incredibly hard for, was opened. Who were your chief mentors there?

IG: Ken Liddelow was an incomparable teacher: few people can have been more loved by their students - he always saw the best in everyone. Wilf Collyer also helped me a lot and that remarkable polymath Edwin Rosensteil taught me the meaning of precision in gold work.

HCD: You qualified in 1955. What then?

IG: I did a house surgeon job at King's for six months and then became a full-time demonstrator in the conservation department. After one and a half years, I went part-time and did an assistantship in Sydenham. I then married and put up a plate in Sloane Square. While getting established there, I gave up my post at King's and became a part-time demonstrator at The London Hospital. However, I still felt I had a lot to learn.

HCD: So, what did you do about that?

IG: I found an excellent colleague to run my then three-year-old practice, my wife kept the home fires burning and I went off to Toronto. I was encouraged by Neil Livingston-Ward, the then sub-dean at The London, to take the DDS.

HCD: And was it worth it?

IG: Immensely so. It widened my horizons, it made me question my old techniques and look at new ones with an open mind.

HCD: How did you pick up the threads?

IG: My patients, both private and NHS, had stayed with the practice and some had even waited for me. I was appointed to a part-time senior lectureship at The London, which was in the throes of being rebuilt and was about to enter an immensely exciting new phase under the influence of Geoffrey Slack. After a few years, I realised that if I was to advance any further in the dental school world, I would have to get my fellowship.

HCD: How on earth did you fit that in?

IG: The London gave me unpaid study leave, but kept me on the staff, my wife was immensely supportive and I managed to get both parts just over a year later.

HCD: Did you never suffer from our old friend stress - you must have had some safety valves?

IG: Well, I played the occasional game of squash and golf, both very poorly and now replaced by desultory attempts at keeping fit on a rowing machine. We are keen theatre-goers and the novels or John Le Carre keep me sane!

HCD: Do you ever have time for writing yourself - other than setting and marking MGDS examination papers?

IG: I wish I had more time but it always gives me a great sense of satisfaction that I wrote the first of the Dental Practitioner Handbook Series published by John Wright. Mine was Silver Amalgam in Clinical Practice and now there are 35 titles in this very useful series of publications.

HCD: So -what after the fellowship - you were not planning to do a master's degree perhaps?

HCD: But you still kept up your private practice even when you became dean in 1977.

IG: Yes - this is essential to my whole philosophy. I have no doubt that if I were full time, the administrative duties would absorb the extra sessions and I would lose the clinical skills that I have worked so hard to acquire. Maintaining a viable practice with all its running costs certainly presents this from happening. In my view, the dean of a dental school should have a first-class team of people to look after the nuts and bolts of administration and allow him to involve himself with the development and welfare of his school and the wider interests of the profession.

HCD: How do you apportion your time?

JG: I aim to work in my practice most days from 8 am to 1 pm and be at the school most afternoons from 2 o'clock to whatever time I finish. I'm normally not home till after 8 pm or later but that is due to the proliferation of committee meetings. I do most of my paperwork on Sundays.

HCD: Two last questions as I sense that you have more pressing duties. Would you encourage your students to think about taking the MGDS when the time is ripe?

IG: Yes, indeed. Too many students look upon finals as the end of studying. I consider that every professional man should be a continuing student and the MGDS is a very helpful way of providing an incentive for developing the habit for continuing reading. As one of the original examiners, it has given me great satisfaction to have played a small part in the development of this diploma based on the initiative of the BDA and Dental Faculty of the Royal College of Surgeons of England. Here again to Ken Liddelow must be given the credit for bringing to fruition the protracted discussions to establish the diploma, and to Ben Fickling must go the credit for the organisation and implementation of the examination.

One of the most pleasing things I have found as an examiner has been the high standard of work done by colleagues. As a practitioner, one invariably sees one's colleagues' failures - as indeed they must see mine - but as an examiner one sees their successes.

Perhaps while talking about the MGDS exam, I could clear up one of the misunderstandings over the log diary section that seems to have arisen and has deterred some candidates from attempting the examination. The log diaries are 'expected to be just what the term implies - a log diary with x-rays and photographs of essentially dissimilar cases and, while some candidates might wish to present their cases as mini dissertations with an in-depth review of the literature relevant to their cases, this is not the requirement.

I also feel that although the present regulations require a candidate to have been qualified for eight years before sitting the MGDS, it would be helpful to reduce this to six years, provided that at least four years have been spent in general practice. This will prevent the exam coming just at the time when mortgages and family commitments are beginning to build up.

HCD: And so, to the inevitable last and burning question - are we training too many students for our future needs?

IG: I don't think we really know what are our future needs. There is no doubt that the incidence of dental caries has been reduced, but treating caries is one aspect of the dental practitioner's responsibility for maintaining the dental health of his patients.

One often sees one problem replaced by several and the need to develop whole mouth care in an ageing population may require more, not fewer, practitioners. If the present method of dental remuneration were replaced by a capitation fee, or if dental practitioners working in the NHS were required to retire at 65 as is presently being discussed for medical practitioners, we might find ourselves being seriously undermanned.

Certainly, attempts to close dental schools because of predictions based on the incidence of dental caries could be criticised severely in future years when the demands for dental care might not be met due to a manpower shortage.

I have often thought that instead of reducing student numbers in dental schools, or even closing schools, we should use our well-developed teaching facilities to train overseas students who might then return home after qualifying. There is never a shortage of applicants. Even though any person, whatever his nationality, who is a graduate or licentiate of a dental authority is by the Dentists Act to register and to practice in the United Kingdom it would be perfectly possible for the Home Office to exercise its vetting responsibility and decide who may or may not work in this country.

In any event I have no evidence that my newly qualified students are having great difficulty in finding jobs. It is more a case of not finding them in the areas in which they prefer to practice.

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