

From the President's Kitchen Table Connected to God, connected to each other and connected to CDF



At the beginning of March, I had the privilege of attending the Conference organised by CDF in Scotland. (see report p7). I love the journey to Scotland from my home in Cumbria, an opportunity to listen to the radio or to music, while travelling through stunning countryside. For me it is a returning to my childhood home and an opportunity to remember and be thankful.

We lived on the outskirts of Glasgow and the school I attended was in the west end of the city. Usually my mother would collect me at the end of the day and we would go home but just occasionally she would suggest we stop off at the Kelvingrove Museum and Art Gallery to look at the pictures. For me this was a real treat. I had favourites including impressionist works by Degas, Henry Raeburn portraits and the commanding painting, Christ of Saint John of the Cross by surrealist artist Salvador Dali. At the time this painting hung on the gallery stairs and, to the young me, was just quite amazing as I looked and stepped upwards.

Salvador Dali depicts Jesus Christ on the cross in a darkened sky floating over a body of water complete with a boat and fisherman. It is a striking image of the death of Jesus showing Him "beautiful as the God that He is". For me still, an inspiring reminder that through the death of Jesus we who believe may be saved and enter the kingdom of heaven.

If any of you have had the opportunity to watch an artist at work you will know that it takes time for the picture to be revealed. The artist may begin with sketches to form the basis of the composition, next the background is built up in layers with the detail and people added later. Colour is added from light to dark with the brush creating texture. The detail of small areas takes time with some parts left incomplete until just before the whole picture is finished. As we watch we must wait patiently for the final image to be revealed.

The greatest artist, God, is currently working on an extremely large picture; His created Universe. He allows us both to watch and to join in as He draws and paints in the details of His glorious creation, the earth and all that is in it. God's picture is marvellously complete and yet gloriously incomplete until Jesus comes again in glory.

To many of us, dentistry is both an art and a science. I remember hours spent in the dental hospital lab carving teeth from soap in order to learn their morphology and carving wax-ups for crowns or inlays. Time spent taking care with the detail of the cusps, fissures and marginal ridges produced not only a functionally good

restoration but a work of art. A direct composite carefully planned for our patient, built up layer by layer and polished to a pleasing finish can preserve existing tooth structure giving a successful aesthetic and functional result. This creativity in dentistry and its application is underpinned by our knowledge and the evidence-based principles of our approach.

We could consider ourselves as God's work in progress. Ephesians 2:10 says this;

"For we are God's masterpiece. He has created us anew in Christ Jesus, so we can do the good things he planned for us long ago." (NLT)

God is painting His masterpiece of our life. Art may be beautiful, valuable and an expression of something within the artist, precious to the owner. Each one of us is being crafted by our loving Father; a beautiful and valuable expression of the inner being of our Maker.

"For you created me in my inmost being; you knit me together in my mother's womb. I am fearfully and wonderfully made" (Psalm 139:13-14)

An old Victorian oil painting hung in the hall of my Glasgow home, a rather dirty, dark landscape of the Trossachs in central Scotland with birch trees and the suggestion of a loch in its centre; familiar, taken for granted, and not really very interesting at all. However, my father decided it should be cleaned, so off it went to the restorer for months to be cleaned, repaired and re-framed. I expect you are now imagining that it turned out

continued over...



to be a long-lost Rembrandt or Turner and priceless. Well, sorry to disappoint but no. What came back was the same picture transformed by the cleaning process, beautifully set off in its new frame nothing like the dirty old unremarkable painting. In the background the hill contours can be seen giving form to the mountain and a

surprising silver beach appeared on the loch shore. A beautiful light now diffuses the picture with shafts of sunlight illuminating a pathway. Detail once lost has reappeared; two people and a dog hidden by the dirt of years can be seen in the foreground. A delightful scene has been revealed that encourages the viewer to pause, reflect and enjoy.

And so too of our lives. God has a very clear picture of how we will look from the beginning. He builds us up with layers of colour and experience as we seek to become more like Jesus and to know God more. Like my oil painting, the masterpiece of our lives can become dirty with the passage of time and features

once seen are hidden and detail lost. God invites us to turn our faces towards Him and be transformed.

“And we all, who with unveiled faces contemplate the Lord’s glory, are being transformed into his image with ever-increasing glory, which comes from the Lord, who is the Spirit” (2 Corinthians 3:18)

My prayer is that each one of us will allow God to draw and colour in the details of our lives and through this we will be transformed into the person He wants us to be, His beloved child, filled with the Holy Spirit and radiating His glory.

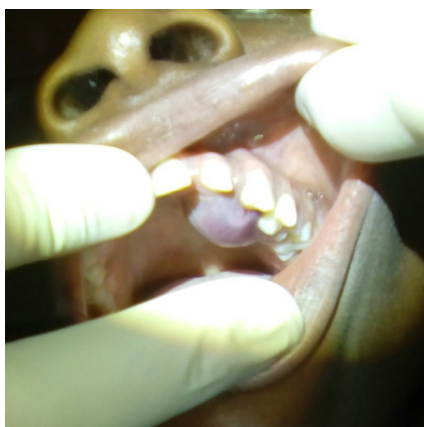
Susie Matthew
CDF President

Challenges in Liberia

Grace and I were just finishing breakfast and looking forward to a change of pace after busy days in the Dental Clinic and hospital. A call from Jen in the Emergency Room changed our plans.

Would I come to see a couple of patients please? A four-year-old boy who had fallen off a bed and knocked his front baby teeth – these were loose and easily removed without anaesthetic; then a nine-year-old girl knocked over by a motorbike taxi whilst crossing the road. She had knocked out her two front teeth and had a third hanging loose. Grace acted as my assistant and the loose tooth was removed under local anaesthetic, leaving the young girl permanently without three adult teeth. After this we called in to the hospital to visit Ann, who has given us permission to tell her story.

Ann is 22-years-old, in her third year at University studying biology. She would like to then train as a doctor. She first visited the Dental Clinic in early November 2017 with a raised purple swelling in her palate which seemed to be growing quickly. Some of the adjacent teeth were a little loose. It looked to me



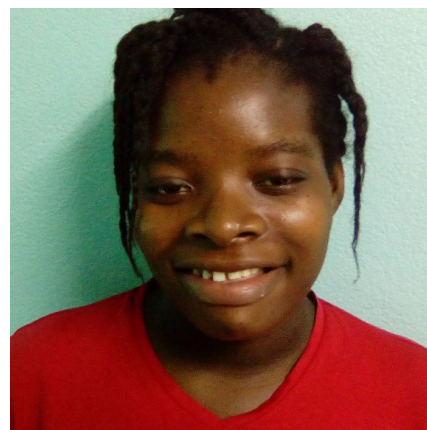
Ann on presentation

like a cancerous tumour. Following an exchange of messages, photos and X-rays with Tony Giles, my friendly, online Consultant Maxillo-Facial surgeon, I took a sample of the swelling. This was sent (via someone flying home) to a pathology lab in Michigan, USA. After a few weeks the result was posted on the lab website, indicating a rare, but benign, tumour. Good news.

I returned from the UK in January to drive up to Guinea, where Tony was coming to operate, amongst many others, on two of my patients with very large, but slow growing benign tumours. As soon as I saw

Ann, I knew she had to go too. Her tumour had grown much larger and was bleeding easily. Ann and her father travelled with me up to Guinea where Tony quickly realised how serious her situation was. She was losing a lot of blood. He agreed to operate straight away. The day before the operation her haemoglobin level was only 4. Normally, it should be 12-14. Several people in the team donated blood.

During the operation, Ann’s tumour was removed – both the swelling in her mouth and six upper left teeth, along with the bone in her palate – the source of the



Ann wearing her new denture

tumour. This left her with a large area of exposed bone on the roof of her mouth, and a big hole through into her nasal sinus. Tony said that if we had waited more than a few days she would have bled to death.



Ann's new denture/obturator

Once back in Liberia, larger samples of Ann's tumour were sent to the USA for further biopsy, as the original diagnosis did not seem to fit the way the swelling was behaving. At the same time, Sheriff, the Trinity Clinic dentist, made a simple plastic denture/obturator to which I added a soft lining, using material Grace brought back from the UK. This covered the large hole in her palate and gave her something to smile with.

A few weeks later, the biopsy result came back – malignant osteosarcoma. Bad news. A fast growing, cancerous tumour with a high risk of spreading to other parts of the body.

the north of the country. Ann and her Dad immediately set off. Two days later, they returned with the result – the lungs were clear of any visible spread of the cancer. But what about microscopic spread?

The oncologist in the USA said chemotherapy would be the next step; to try and stop re-growth of the tumour in the mouth and to kill any microscopic spread. Research shows that long-term survival is significantly improved with chemotherapy.

But chemotherapy treatment is not available in Liberia – there are no cancer specialists. I went online and contacted a Clinic in Ghana, two countries to the East of Liberia. Treatment was available, but was expensive. Dr. Rick said he had treated one patient, a few years ago, with chemotherapy. (He has 100% success rate!) He called a large local pharmacy in town and they had the two drugs recommended. Ann's Dad was given the prescription and got the drugs and Ann started the first of four rounds of chemotherapy right here in ELWA hospital following a clear treatment outline from a sarcoma expert in the USA.

How successful will this be? We do not know. With help from various people near and far, Ann is getting as much help as we



Ann starting chemotherapy

I consulted with our Medical Doctor, Rick Sacra, at the hospital. In turn, through his connections, we were advised by a specialist oncologist in the USA. Could we get a CT scan to check Ann's lungs for any spread of the cancer? After some investigation and a call with a contact at the Health Ministry here, I discovered that the only CT scanner in Liberia was up in

can humanly provide. We have prayed with Ann and her father, Hilary, who also seek to put their faith and hope in God. Ann has an infectious smile and, despite all her recent struggles, has a very positive spirit. Please pray for her.

Simon & Grace Stretton-Downes
CDF Mission Partner

Experienced associate required in Southend-on-Sea for private work

Park House Dental Practice has an opportunity for a part-time dentist to join our friendly and thriving private and Denplan Excel practice. Minimum 5 years practice including post-graduate training and significant private experience needed.

Two days per week initially, Thursday 8.00 – 4.30 pm and Friday 8.00 – 2.30 pm, leading to full-time and the taking over of an established and well-maintained patient list. Private and Denplan patients only. 50% private fee; 50% lab fees; 45% Denplan remuneration.

The practice has an excellent reputation for providing quality dental treatment in a friendly environment. We are currently three dentists and three hygienists. Dentists and staff benefit from in-house verifiable CPD. A visiting oral surgeon attends the practice when required and specialist dental services are available locally as necessary.

Southend-on-Sea is just 45 minutes from London by train and has much to offer. Excellent schools; easy access to both London and the countryside; water sports on the Thames estuary; good restaurants and bars and a thriving music and theatre scene.

For more information please contact Sarah Felton, the CDF administrator.
(CDF.sarahfelton@gmail.com)

My Elective in Takoradi, Ghana



Tess outside the dental clinic

One of the things I looked forward to most when I started dental school in Sheffield was being able to travel in my 4th year for my elective. Having heard about the friendliness and hospitality of Ghanaians, I decided to do my placement with the organisation 'Work the World' in Ghana.

During my elective I spent three weeks in the dental clinic at the Effia-Nkwanta Regional hospital in Takoradi. It is an ex-military hospital built during WWII and is considered the most poorly equipped of the ten regional hospitals in Ghana, lacking in some of the modern facilities that the other nine regional hospitals have.

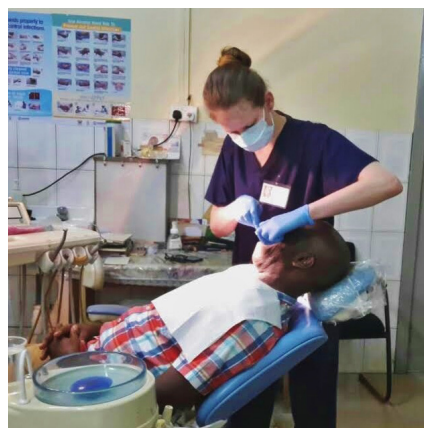
Before the introduction of western medicine in the 1700s, when the Europeans settled in Ghana, the main treatment for ailments was herbs and traditional African medicine. For many patients this remains the first line of treatment today. They only come to the dentist if the traditional remedies haven't worked. This is one of the main reasons why people present with illnesses at such late stages, or with complications of the illnesses rather than acute disease presentations.

I was surprised to find that most of what they see on a day-to-day basis is the same as in the UK – caries and periodontal disease, though it was generally at a more advanced stage in

Ghana. There was significantly more trauma than I am used to seeing. RTAs are very common in Ghana and some of the patients I saw had facial injuries, fractured teeth and fractured jaws.

Whilst the dentists' knowledge and clinical skills were very similar to those at home, the big difference for me was with patient management. Where we would try to calm nervous children with soothing voices, Ghanaians are much firmer and there were often about five adults restraining a child in the dental chair. In England, we try to protect ourselves from litigation in every way, with careful communication and gentle bedside manners. In Ghana, the dentist knows best and is very much in charge.

Unfortunately, during my time in the hospital, the only dental chair with functioning handpieces and scalers was broken, meaning that patients who needed fillings were sent home to wait until the chair was fixed. Since it had already been broken several weeks before my arrival and there were no attempts to fix it whilst I was there, I feared some patients would be waiting a long time.



Tess working in the clinic

The government of Ghana have set up the National Health Insurance Scheme (NHIS) for the provision of healthcare. In the dental department, simple pain relief and fillings are provided for free, though the insurance will only pay for one item of

dental treatment every two weeks, meaning that those who present with several complaints either have to make up the cost with cash or wait for two weeks to have their other problems dealt with.

One particularly memorable case was of a man who came in complaining that his tooth had moved into the roof of his mouth and he wanted it extracting. He had a swelling that had displaced the tooth into his palate and it was surrounded by exposed bone. The dentist was speaking the local language (Twi), but afterwards explained that he wanted the patient to go to a bigger hospital to have a biopsy as he suspected a malignancy. The patient had argued that he could not afford it and he only wanted the tooth out anyway. The realisation that whilst they do have many of the same treatments as us available, many cannot afford it, was saddening for me. There was also a difference in understanding of diseases and health. The patient didn't seem overly concerned about the condition. Whilst in the UK we are all well-informed about cancer and often look up diseases before seeking a dentist, there was a very clear gap between the knowledge of laypeople and dentists.

I was also incredibly lucky to have the opportunity to help with an outreach program where they did dental screenings at schools. The government decided that everyone in the first year of senior high school should have a health screening. The outreach team consisted of people from several specialties checking for dental, eye and hearing problems as well as blood pressure and BMI. There were two others doing the dental screenings, Sister Esther and Sister Doris (in Ghana you call people sister or auntie depending on their age) who were physician assistants who had specialised in oral health. They gave me free reign to screen my own patients. We did extra- and intraoral exams and noted down the

names of those with problems and advised them to visit a dentist. It really surprised me how many people said 'yes' when I asked if they had pain from their teeth, and they hadn't done anything about it!

Most people, at least in the south of Ghana are Christian, and very strongly so. It was sometimes a little overwhelming how religious people were although it was heart-warming for me to see how their faith gave them such positive outlooks on life despite some of the hardships they face. Many people asked me if I was married, and were surprised when I said I wasn't. I had a few people promising to find me a husband before I left Ghana. There were signs of Christianity wherever I went, whether it was car stickers of Jesus or names of small businesses. 'God's Glory Enterprise' was an example.



Chillies for sale in the market

One evening during my stay in Takoradi, I went to a church service. Though it was more of a hotel conference room than a church, there was still a wonderful atmosphere of worship and joy. Everyone was very welcoming and friendly and wanted to shake hands with the 'Obrunis' (white people). When I arrived, everyone was singing at the tops of their voices and dancing. One lady at the front had a microphone and the huge speakers made my ears ring straight away, but I was filled with pleasure from seeing others so happy in worship and for the first time since arriving in Ghana, from feeling close to God. After the singing, the pastor spoke



Fishing boats on the Cape Coast

about elevation and dominion, though it was difficult to understand as it was half in English, half in Twi. He was shouting lines from the Bible about going forth and being fertile and having dominion over all things. It was an interesting experience and not at all how I had imagined it but still very different from our comparatively sombre affair at home.

During my time off, I explored the markets in Takoradi and visited some of the surrounding areas. In Kakum National Park I walked through the rainforest canopy on a rope bridge and in Mole National Park I went on safaris and saw elephants and antelope in the wild. Ghana is a beautiful country with so much colour and life wherever you go.

After my three week hospital placement, I travelled into the north of Ghana. I met some lovely people on the way, both Ghanaians and other tourists, and gained a lot of confidence. I have always considered myself to be a fairly shy person but travelling alone has taught me that you have to be open and friendly in order to gain as much as possible. After several long coach journeys, I went to a village where one of my neighbours from the UK had lived for two years, and stayed with a Ghanaian family for a week. This was a completely different experience to staying in the 'Work the world' house in Takoradi. I felt truly immersed in the culture, living with a Ghanaian family and eating Ghanaian food. The children thought it was wonderful when I made some balloons out of my rubber gloves for them.

The family had very kindly arranged for me to spend a few days in the village health clinic. It was certainly different to what I had already seen as they had no dental clinic. The nurse I was with was diagnosing and prescribing medications as there was no doctor, and he seemed to think that anything that wasn't malaria (most things were) was a chest infection.

I also visited a medical centre in a bigger town nearby. This was where people had to travel to if they needed to see a dentist. It was an incredibly old-fashioned consulting room where the dentist worked alone and only saw two or three patients a day. I couldn't believe how few people sought out the dentist as I was sure there were plenty of people who needed his services. For those without transport however, it could be a very long journey for treatment. Whilst in Takoradi I had seen many people with toothbrushes, in the village it was far more common and convenient for people to clean their teeth using sticks.

It was noticeably hotter in the northern region and I found it very difficult to cope with sometimes. I have thoroughly enjoyed my time in Ghana and would love to return, should the opportunity arise, though I think it would be too hot for me to stay there for a long period. I have also learnt to be more confident both in practice and in everyday life and I am so grateful that I had this experience and for the support I received from CDF.

Tess Everatt

4th Year Dental Student, Sheffield

Associate Opportunity South Hampshire

SCA Group is a not-for-profit, ethical social enterprise providing high quality dental services across South Hampshire. Our six practices have fully equipped surgeries with rotary endo files, digital cameras, full clinical freedom and good clinical support.

For more details please contact Sarah Felton, the CDF administrator (CDF.sarahfelton@gmail.com).

Day in the Life of a Retired Member of CDF



Alan Vogt is a founding member of CDF and produces our daily prayer calendar. Here he tells us what he gets up to now he has packed away his drill and forceps!

Mary and I enjoy a mug of tea when we wake up at 7am and then have a time of Bible reading and prayer. It so important to seek the Lord's face at the start of the day before other things crowd in. We commit the day to Him and pray we will walk with Him through the day. On Mondays and Thursdays, I need to be ready for school assemblies as I'm in the Cranleigh Churches Together team who act out Bible stories in three local primary schools as part of an initiative called "Open the Book".

8am is usually breakfast time: cereals and toast, followed by washing up. Mary does all the cooking, so I take my share of the household chores by doing all the washing up!

At about 9.30 we go to the shops, thankful I can still drive and for having the disabled parking badge which is so useful for parking. There is such variety and abundance of food at the Coop, Sainsbury's and Marks and Spencer's—so much in contrast with so many people all over the world.

Once we are back home I work on my laptop; my grandchildren have taught me how to use it! I find it essential for requesting prayer items for the CDF prayer calendar. When the postman brings the mail, it is mostly missionary magazines with appeals for funds. There is much of interest to read and also the opportunity to send some support, thanks to the NHS pension! I like to give to the Billy Graham Association in thanksgiving for Mary's conversion at Harringay in 1954. I spend a lot of time reading and writing. I get books new and second-hand from our church bookstall. I write reviews of them for our previous church in London to go in their bi-monthly magazine. I also write for Torch Trust for the Blind and "Thought for the Week" articles for the RNIB newspaper. We also have a small garden which requires attention. Mary is in charge of it, but I do a few odd jobs!

We are in touch with our family by phone. We have four children, ten grandchildren and three great-grandchildren. A lot of birthdays to remember! They are

somewhat scattered, but we look forward to an annual reunion. After lunch, we rest. We often go to visit church members who are house bound, at home or in care homes. We also have folks around for tea. Living on the Surrey/Sussex border is a great opportunity to enjoy the lovely countryside with the branches of the trees arching over the road and the sun filtering through the leaves. The open gardens in the villages and the National Trust houses are great attractions.

5.15pm is the time for "Pointless", our favourite quiz show on TV. with Alexander Armstrong. We also enjoy the nature programmes with their excellent photography. One evening a week, we attend our church house group and have good fellowship around the Word of God. Other opportunities for Christian service in the church are stewarding, as well as being on the prayer team and occasionally speaking.

At 9.30pm we have a short time of prayer and Bible reading before settling down to sleep. Believe it or not, I still occasionally dream I'm filling a tooth!

ICMDA NEEDS YOU!

Could you be a trustee for ICMDA (UK) Trust?

ICMDA aims to promote and advance the study and general knowledge of medical and dental science, particularly where these concern Christian faith and ethics. It promotes co-operation amongst Christians in medical and dental professions throughout the world.

The UK Trust is a gift awarding body, based in the UK for the work of ICMDA. We meet once a year at a hotel near to Stansted Airport. The next meeting will be in Saturday 16th March 2019 from 10am to around 3pm.

We would like another dentist to join CDF member Cathy Fordyce in this role. If you are interested or would like more information, please contact Cathy via the CDF administrator (CDF.sarahfelton@gmail.com).



CDF Scotland Regional Meeting 2018



Saturday 10th March 2018 saw around 60 Christians from across the profession and across Scotland come together in Perth for a wonderful day of worship, fellowship and teaching for the annual Scottish regional meeting of CDF.

Paul Rees of Charlotte Chapel in Edinburgh (who trained as a dentist before the ministry) kindly opened God's Word to us for the day. He spoke on 1 Peter 2 focussing on identity.

In the morning he challenged us on how our identity in the world depends on our response to Christ. He drew out three implications of our response as that we, as the church are 'a spiritual temple' (1 Peter 2:5). He encouraged us that this should lead us to meet together as God's people, recognising the importance of doing this within the profession within CDF but also of being a committed part of a local church. Secondly, that we are 'a Holy Priesthood' (1 Peter 2:5) and that our role is to make Christ known, each in our own environment. And thirdly that we are 'a Holy Nation' (1 Peter 2:9). God's love is not random but elective and we have been chosen as part of this family. As we live as a Christian family, personally,

locally and with the wider church across our nation and world we speak of God's love to our world. We can only do this effectively if we seek our primary identity in being in Christ - one nation, one people in God.

In the afternoon Paul considered 'How do we engage in a hostile society'? In essence, 1 Peter 2 suggests this is very simple. God's will is that if we know our identity we need only to live in the light of it (v15). He went on to explore this more practically - we should abstain from evil, do good and live lives of holiness and helpfulness (vs11-12). We should submit to earthly authorities (v13). Indeed today this seems very counter-cultural but the authority of man is ultimately within the authority of God. We should be submissive in the workplace (vs18-25) and that this should make us good employees, employers or colleagues as well as spur us on to be the best clinically that we can be. Looking forward in 1 Peter we see our motivation for this kind of life should be that the light of God shines out so that people will 'praise your Father in Heaven'. Paul reminded us that this means we must be prepared to give an answer when people ask, that we must

never be ashamed of the gospel of Christ. Paul encouraged each of us personally to complete the sentence "Because I am convinced that..."

After each session there was lots of time for prayer and discussion which was great and this fellowship continued over lunch. On these days that we allow plenty of informal time which allows old friendships to be rekindled and new ones formed, it is always a particular joy to catch snippets of conversations as people support and encourage one another as a family of Christians in the profession in Scotland.

Another significant part of the day was hearing from our mission partners. It was a great blessing to have Lynne Smith with us, who is currently working in Burkina Faso. She talked about her work in many different areas including providing training for local dental staff. It was inspiring to hear how dentistry is being used to share the gospel and challenged us to consider how showing this love and care in our clinical environment displays the love of God too. We also heard from Chris Southwick about his work in Burundi, again providing care but also training local people to provide care.

Personally, I find the CDF Scotland regional conference to be an uplifting and encouraging day – this was especially true this year. The growing fellowship and friendships are clear to see and it is wonderful to see so many different people from across the profession coming together to praise God, support one another and consider how we might better serve God in our daily lives. As dental professionals we spend much of our time at, or thinking about, work and for many of us our workplace is the most significant mission field and yet it can also seem the most impenetrable to the Gospel.

Emily Levey

CDF Conference

12th – 14th October 2018



Our annual family conference is being held at Hothorpe Hall again this year and is always a great way to spend a weekend in beautiful surroundings with some wonderful company.

Our speakers this year are Howard Astin and Jane Lelean.



Howard Astin

Before taking retirement from the Anglican Church in April 2017, Howard was active in church growth and community

development as Vicar of St John's, Bowling, Bradford, West Yorkshire for 29 years. Previously he helped lead a church

in Huddersfield and before that was a solicitor in the Bristol/Bath area specialising in crime and matrimonial work. He has helped in the growth of an informal network of church congregations across inner city Bradford, now under the name of Outworks:Bradford. For many years he also chaired the trustees of three community charities and was until recently Chair of Governors at Bradford Academy. He has pioneered many ministries. He currently coordinates 'Prayer for Bradford', which brings Church and Christian organisation leaders together from across Bradford to share and pray for the city.

He has written a couple of books. The first 'Body and Cell' about pioneering the cell church model in Britain and the second '12 1/2 Steps to Spiritual Health' detailing

radical discipleship in the local church.

He and wife Helen have five children and eight grandchildren. They now jointly have a half time role with Outworks:Bradford helping to encourage and mentor leaders.

Jane Lelean



Jane is the principal coach and trainer for The Institute of Dental Business and is one of the UK's leading Dental Business coaches working

with principals, associates and their teams helping to make their good practice great. Jane uses a unique approach blending her faith, her experience as a dentist and former practice owner and her coaching qualifications and accreditations.

Jane is UK clinical director for Dentaaid and is also a trustee. In these roles she is an active fundraiser, has been involved in several trips to the Greek refugee camps and runs regular clinics for the homeless using the mobile Dental Unit.

Jane's hobbies include cooking, eating, horse riding, running and travelling.

You can book for conference via the CDF website (www.cdf-uk.org) or using the flyer enclosed.

Can You Help Julia?

I am a British Citizen studying Dentistry in Valencia, Spain and will graduate this summer. Due to limited places dental students from UK dental schools are given priority for foundation training places. However, students who graduate from EU dental schools can obtain employment with a UK dentist with an NHS performer number who is willing to train

them and act as a reference when they apply for their NHS performer number.

I am looking for work in a general dental practice with a dentist willing to supervise me as I work towards obtaining my NHS Performer number. If you think you may be able to help please contact me via Sarah Felton CDF.sarahfelton@gmail.com.

Deadline for the next issue of Three-in-One is 1st July 2018. Please send contributions to Tracey Dalby: editor@cdf-uk.org

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The opinions expressed in these articles are those of the authors and do not necessarily express those of the Christian Dental Fellowship council or their members

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