

CV for Roger G. Morris

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Qualified LDS RCS (Eng.) from the Royal London Hospital Dental School in March 1965. Worked in Practices in Caterham, then Kensington High Street. Bought a Practice in South Kensington in October 1974. This was what is known as a mixed Practice because there was an NHS element and a substantial private element. Work requiring the input of dental technicians such as crown bridge and dentures was carried out privately only as this produced a much higher standard. We used a large laboratory in Surrey for our lab. work and their senior ceramic technician came to the Practice for 3 days per week to work there due to the high volume of crown and bridge that we were doing. He was therefore on hand to offer guidance on impression and shade taking and we learnt a great deal from him regarding these subjects.

In 1988 I moved to nicer premises in Chelsea. During this time implants had come in and with the help of Dr Michael Norton, one of the country's leading implant specialists, I made crowns to fit on the implants that he had placed.

I also began to cut down on the use of dental amalgam as a restorative material for fillings and used a white material called composite instead. The reasons were both aesthetic and public health. Obviously the appearance was superior but also the Department of Health were concerned about amalgam waste from the removal of old fillings passing out of Practices in waste water and settling in the environment. It had become mandatory to have a mercury separator in the dental unit so that waste could be manually collected and removed but there would still be some loss in waste water. The placement of composite fillings is more difficult and time consuming compared to amalgam but techniques do exist to provide the requisite standard.

In 2006 I joined a Practice in Devonshire Place London W1 and practised there until 2014.

A system of further learning was introduced by the General Dental Council called CPD (Continual Professional Development) and in order to remain registered a specified number of hours had to be spent on certified courses and general discussion of dental topics with colleagues. As part of my compliance I embarked on a programme of courses in 2009 which would also update my basic undergraduate learning. These courses included such subjects as:-

Restorative dentistry

Endodontics (root canal therapy)

Prosthetics (full and partial dentures)

Infection control (including prevention of cross infection)

Oral surgery

Communicating with patients staff and outside sources (mainly referrals and discussion with specialists)

Record keeping

GDC regulations standards and ethics

IRMER (x-ray regulations and timing)

CPR and medical emergencies

There were other courses attended or read online on various subjects and as enhancement of some of the above courses.

I was in clinical or operative practice for 49 years and gained much experience therefore.

In 2014 (age 72) I decided to stop clinical practice and concentrated on expert witness work which began in 1988. Two years ago I ceased my registration with the GDC and worked on reviews of dental records where a patient had instructed solicitors. This work continues and since I do not physically examine the patients I can accept referrals from anywhere in the country.