

DENTAL TRIBUNE

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News in Brief

Britons shun invasive smile makeovers

Dentists are now performing far less veneer procedures than they were two years ago according to the BACD. Less invasive techniques, such as quick-result braces, are on the rise as patients try to preserve their natural teeth. The survey found that half of all cosmetic dentists named the Inman Aligner, a removable brace, as the first choice in quick-result braces. Other high scorers were the Invisalign brace, which 22 per cent of dentists placed top, and the Clearstep or Six-Month Smiles, which one in seven said was the top performer.

Lose weight with milk

The American Journal of Clinical Nutrition has found that milk drinkers lose more weight than people who do not drink milk. Regardless of an individual's diet, the study showed that people who had the highest intake of calcium from dairy products had a greater chance at losing weight. However, milk is not just beneficial for those who wish to lose weight. Dental health experts have emphasised for many years that milk and water are the only two safe drinks, when considering good oral health.

ADA ignore EPA's mercury warning

Today, environmental groups applauded EPA's announcement to propose a new rule requiring dentists to reduce mercury pollution. "Dentists are the largest polluter of mercury to wastewater," said Michael Bender, director of the Mercury Policy Project and a steering committee member of the National Mercury Products Campaign. Twelve states have mandated best management practices and amalgam separators at dental clinics, which can eliminate 95 per cent -99 per cent of dental mercury releases to wastewater. The EPA's website states that: "When amalgam enters the water, microorganisms can change it into methylmercury, a highly toxic form that builds up in fish. Methylmercury is a well-documented neurotoxicant, which can cause adverse effects on the developing brain." Unfortunately, the American Dental Association continues to ignore the latest science on mercury from EPA's website, and they say that: "Dental amalgam has little effect on the environment... [and] this amount is not in the form [of mercury] found in fish, which is the greatest concern."

www.dental-tribune.co.uk

News



Total Trek
Orthodontists take part in 10 mile hike

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AOG



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Dr Flax reports on laser evolution in dental care

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Call me Dr, Dentist Dr

British Dental Association survey results show overwhelming clinician support for use of the courtesy title Dr

Four-fifths of dentists think it is appropriate to continue to use the courtesy title of 'Dr' according to a poll carried out by the British Dental Association (BDA). The survey, which was carried out as part of a discussion hosted on the

fused by the use of the title. The practice of referring to dentists in this way is long-established overseas and is also now firmly embedded in the UK."

However, the call has sparked a row with medical doctors who

be banned from using the term, to protect patient safety. "Patients have a right to clarity and to be secure in the knowledge that the person treating them is competent and qualified to do so," he said.

While dentists are not prohibited entirely from calling themselves Dr, the ASA says that to do so without also making it obvious that they are not doctors is a clear breach of advertising laws.

A spokesman for the Department of Health said: "The title of 'Doctor' is not a protected title, so you don't have to be a medical practitioner to use it."

He added, however, that there was a provision in the Dentists Act 1984, which prevented dentists from using any title or description to suggest a qualification that they did not possess; however, he said that it was up to the General Dental Council to enforce that rule. **DT**

"It is clear from the contributions to this forum that, as long as it is made clear that the individual in question is a dentist, patients do not seem to be confused by the use of the title."

communities section of the BDA website between late July and early September, attracted high levels of interest, being viewed more than 2,800 times.

The results of the poll will be used to emphasise the profession's concerns in the BDA's formal response to the General Dental Council's consultation on the issue.

"This issue has generated unprecedented levels of interest from contributors to the BDA's online communities. Participants have sent a very strong signal about their wish to continue using the title Dr. We have listened to them and will convey the strength of that feeling to the GDC in our response to its consultation on this issue," Dr Susie Sanderson, Chair of the BDA's Executive Board, said.

"It is clear from the contributions to this forum that, as long as it is made clear that the individual in question is a dentist, patients do not seem to be con-

object to the title, as dentists could mislead patients about the extent of their expertise. As was witnessed earlier this month, a dentist was ordered by the Advertising Standards Authority (ASA) to remove the title of 'Dr' from their name as they failed to have a medical qualification or a PhD.

Even so, dentists from around the country still insist that the use of the term 'Dr' would not confuse patients, implying that it would actually bring Britain in line with the rest of Europe, where the title is commonplace.

"We believe that dentists should be permitted to use the courtesy title 'Dr' should they wish and provided that it is not done in a way which might mislead patients as to their qualifications," said Peter Ward, the chief executive of the British Dental Association (BDA).

However, Dr Jonathan Fielden, chairman of the British Medical Association's consultants committee, called for dentists to



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Local orthodontists trek their way to £3000

In the midst of some of the most beautiful views of the south, 50 employees from Total Orthodontics pulled on their walking boots and put on their shades as they headed out into the sunshine to take part in a 10 mile trek across the South Downs to raise £3000 for Hospice in the Weald.

The group of specialist orthodontists, who have been straightening the smiles of Sussex and Kent for more than 10 years, took part in the walk in memory of a much loved member of their team, Jenny Brunger, who sadly lost her battle against cancer earlier this year.

Jenny was cared for by Hospice in the Weald, which provides specialist palliative care, advice and clinical support for people with life limiting illness, their families and the bereaved. With the cost for the average length of stay for a patient being

£3000, the money the orthodontics raised was most definitely going to help.

Setting off from Arundel, the team made their way along the river to Amberely, where a much deserved pub lunch was waiting for them. However, the food and drink wasn't the only thing that kept up the groups' moral – much to the teams' amusement, Director John Costello emerged from the pub dressed as a reindeer, a costume he had previously donned for the group's Christmas party! Having laughed their way through lunch, the team trekked their way back to Arundel, albeit at a much slower pace, where everyone finished off the day with a well-deserved drink at the Black Rabbit.

Amanda Wyatt, Corporate and Community Fundraiser for Hospice in the Weald, said: "We very much appreciate Total Or-

thodontics choosing to support the hospice by organising and taking part in the Total Trek and would like to thank everyone for their hard work and support. As the hospice has to raise £4m this year and only receives 10 per cent core funding it is vital that companies and members of the community support us so the hospice can continue to provide all its services to the patients and their families".

As most events go though, the day wasn't without injury! Assistant Operations Manager Dionne Ward slipped from a rope swing, breaking two bones in her leg. However, the money the group raised was sure to bring a smile to her face.

Alice Clarke, Marketing Executive, said: "It was far harder than a lot of us had envisaged and there were some very achy legs the next day! It was more



The team at Total Orthodontics after their charity trek

than worth it though, everyone was in great spirits and nearly the entire company were there to show their support, with only a few members of the team staying behind to hold the fort?"

Kirsten Heasman, Accounts Assistant, said: "Not only were we raising money for a brilliant cause but the day provided a great opportunity for staff from

our different practices to get to know each other. The walk was tough but very rewarding and the South Downs provided a stunning backdrop."

At the end of the day, the trek was a great success: Exceeding their fundraising target the group of orthodontists are hoping to plan something even bigger and better next year. **DT**

Oral & maxillofacial surgeon awarded first joint research fellowship

The first joint training research fellowship has been awarded to Mr Andrew Schache, an oral & maxillofacial surgical trainee in Liverpool, by the Faculty of Dental Surgery at the Royal College of Surgeons and the Wellcome Trust to further his research into the role of the Human Papilloma Virus (HPV) in mouth and throat cancer.

Mr Schache, a Specialist Registrar at University Hospital Aintree and the University of Liverpool, has been given joint research fellowship of £179,707 to conduct a two-year project investigating the best test for HPV positive cancers and to improve targeted, individualised treatment.

Reflecting a shared interest in improving human health and patient care, Prof Jonathan Shepherd, Oral and Maxillofacial Surgeon and Chair of the Faculty of Dental Surgery Research Committee at the Royal College of Surgeons said: "The Faculty of Dental Surgery at the Royal College of Surgeons is committed to continuous investment in surgical research with the aim of improving the diagnosis, treatment and prevention of dental and orofacial conditions."

Working in partnership with the Wellcome Trust for the first

time, The Faculty of Dental Surgery at the Royal College of Surgeons aims to achieve more research and encourage dental specialties.

Dr John Williams, Head of Clinical Activities at the Wellcome Trust, said: "The Wellcome Trust is dedicated to achieving improvements in human health and so is delighted to be working in partnership with the Faculty of Dental Surgery at the Royal College of Surgeons to support research improving the understanding of dental and oral diseases."

On receiving his award, Mr Andrew Schache said: "I am grateful to the Royal College of Surgeons and the Wellcome Trust for their support so that I can continue my research into the role of HPV in oral and oropharyngeal cancer.

"With incidence rates increasing in the UK it feels timely to be investigating this aggressive disease and I hope that my research will go some way to help clinicians better individualise treatment for patients."

Head and neck cancer is the sixth commonest cancer worldwide with 500,000 cases diagnosed each year, and oral and oropharyngeal squamous cell carcinoma makes up the

majority of those cases. In the UK, rates of mouth and throat cancer are steadily increasing despite a reduction in tobacco smoking. Recent international research has linked the Human Papilloma Virus, most commonly associated with cervical cancer, to the development of oral and oropharyngeal cancer.

As part of on-going work to help patients with facial deformity, Miss Rishma Shah, Clinical Lecturer at UCL Eastman Dental Institute and Hospital, has also been awarded a 2010 Faculty of Dental Surgery Research Fellowship to support her research into facial muscle tissue.

Several Smaller Grants Scheme prizes have also been awarded this year to further clinical research: the causes of cleft palate, oral health in hospital in-patients, the molecular biology of periodontal disease, and new filling materials are among the research topics.

For further information about the Grants, Awards and Fellowships awarded by the Faculty of Dental Surgery at the Royal College of Surgeons please visit: <http://www.rcseng.ac.uk/fds/grants-awards-and-fellowships>. **DT**



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Editorial comment

I am just back from Cardiff where Smile-on has celebrated another milestone in its 10-year history with the official opening of a second office, located in the Welsh capital. The event was attended by both the CMO and CDO of Wales, Dr Tony Jewell and Dr Paul Langmaid respectively.

in Wales and projects going forward to help improve the oral health of the Welsh population. The interview will be in *Dental Tribune* in an upcoming issue – keep an eye out!

As the beginning of registration with the CQC comes bearing down on the profession, there is still much confusion and anger

amongst dental professionals.

The BDA has written a letter to the CQC requesting a meeting to help get clarity from the new regime that it says ‘lacks proportionality and fails to accord with the general principle of simpler regulation, that is, the avoidance of duplicated effort and multiple jeopardy’.

This may be over-sensationalising the situation, but it is clear that practices are not getting the new regulations. I hope that the CQC and the profession can deal with the confusion and make it easy for practices to adhere with the latest regulations. **DT**

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don't hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

Or email: lisa@dentaltribuneuk.com

In true journalistic fashion I ‘collared’ Dr Langmaid and asked him about the state of dentistry

B2A Unity Programme

Bridge2Aid, the dental and community development charity working in the Mwanza region of North West Tanzania, have announced the launch of their new ‘Unity Partnership’ for dental practices and businesses at BDTA Showcase.

The concept of the Unity Partnership is based upon the realisation that significant benefits, in terms of public profile and perception, will accrue to those dentists and dental practices involved in the Dental Volunteer Programme, where UK dentists work on a one-to-one basis with a Tanzanian Clinical Officer delivering an effective proven programme of training in emergency dentistry. The Clinical Officers are then equipped with instrumentation and sterilisation equipment by Bridge2Aid, and supervised by a government District Dental Officer.

In order to be recognised as a Unity Partner, dental practices commit to the financial support of the training of a Clinical Officer. This investment covers the cost of training and equipping a Clinical Officer to serve a community of around 10,000 people and the ongoing supervision of their work.

Bridge2Aid's CEO Mark Topley said: “We are very excited about the potential benefits the Unity Partnership can bring to all concerned. Many of our dental supporters have already testified to the rewards they have gained from working with us.

“The partnership will enable us to secure training for communities and extend B2A's work throughout Tanzania.”

More details and the founder members will be announced at a launch press conference At Bridge2Aid/A-dec's stand Q04, 11am on Friday 15th October at Lodon Dental Showcase Excel. **DT**

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1. Study 103-0193. Data on file 1, McNEIL-PPC, Inc. 2. Study 103-0196. Data on file 2, McNEIL-PPC, Inc. 3. Tanzer JM et al. *J Dent Ed* 2004; 65(10): 1028-37. 4. Data on file A, McNEIL-PPC, Inc. 5. Sharma NC et al. *J Am Dent Assoc* 2004; 135: 496-504.

Spending cuts see 1,700 job losses

According to reports, 1,700 members of NHS staff will be axed as part of government spending cuts. The Department of Health has not officially announced the job losses; however, they did regard any changes as "temporary".

A spokesman for the DH said; "We are reshaping and improving public health strategies. There will be plenty of opportunities and jobs to be done in both national and locally-led public health service.

"The Government is committed to increasing the health budget in each year of this Parliament. We will spend that money wisely, including the

prioritisation public health and preventative work. That's why we've already committed to introduce a Public Health Service with ring-fenced budget and local health improvement led by Directors of Public Health in local authorities.

"National Support Team programmes and departmentally-funded regional public health posts run until the end of this financial year with future funding subject to the outcome of the Spending Review."

However, what hasn't been explained is why members of staff affected by the cuts were notified by post in June about the job cuts. According to re-

ports, the letters claimed that changes to NHS priorities in light of the increasing government deficit may cause them to be at risk of redundancy.

Health Minister, Andrew Lansley, is planning significant changes to the NHS in a bid to make it a more effective and efficient service. As a result of the changes, the staff involved in the programmes will probably lose their jobs; this news was confirmed by a document published on the department's intranet system, which revealed that funding for programme budgets would be stopped.

It is believed that the members of staff affected were em-

ployed to work on a number of health projects, including reducing obesity and encouraging sensible drinking. The professionals, including specialist doctors, dentists, nurses, dieticians, nutritionists and psychologists were hired to work alongside civil servants to implement important new programmes.

The team were employed to work at the Department of Health offices in London and other parts of the country; they were working to reduce the amount of money spent by the NHS by improving general health and reducing the burden caused by obesity, poor diet, alcoholism and smoking.

The human resources department of the DoH claims that around two thousand members of staff will be affected by the cuts; only 300 of these are protected because they are civil servants employed on specific programmes.

The Department of Health said the budget for public health programmes is being reduced to make more money available for front-line services and direct patient care; however, critics have slammed the move, claiming that investment should be focused on cutting costs in the future by tackling serious health problems including obesity, regular drinking and smoking. [DH](#)

Dentistry firms unite for charity

Although Christmas may still be only just on the horizon, a number of the dental companies have come together to create a unique set of

Christmas cards for the dental charity, Bridge2Aid.

The tailor-made cards are designed by plan provider Prac-

tice Plan Ltd. After being created through a brainstorming session in 2009 by the Bridge2Aid Corporate Friends, the Christmas cards most definitely have

a unique look, and with all the proceeds going to helping the people of Tanzania, the Christmas cards are a refreshing change - forget traditional snow scenes, these cards have a worthwhile purpose!

The Bridge2Aid Corporate Friends, which includes A-dec (UK), Dentsply, Henry Schein Minerva, Practice Plan and Schulke, discussed how, as a group, they could work collectively to raise funds and awareness for the worthwhile charity.

They met to discuss a number

of initiatives, including how to raise funds over the festive period, and as a result the unique card idea was formed. Styles, packaging and marketing were all discussed and now Practice Plan can excitedly reveal the unique African Christmas cards.

The cards cost £3.49 for a pack of 10, and all proceeds go directly to Bridge2Aid, which in turn goes straight towards helping the people of Tanzania.

Visit <http://www.bridge2aid.org/cm/news/529> for further information. [DH](#)

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AHA reveals smokeless tobacco danger

The American Heart Association (AHA) has revealed some shocking results with regards to smokeless tobacco products.

Their statement notes that smokeless tobacco products are not safe alternatives to smoking because they are associated with heart attacks, strokes and certain cancers. They have also suggested that due to the marketing of these products, smokeless tobacco products may initiate further tobacco use and perpetuate smoking.

GlaxoSmithKline (GSK) Consumer Healthcare, a leader in helping smokers quit and the marketer of nicotine replacement therapy (NRT) products, supports the findings of the American Heart Association (AHA).

Tobacco use, including smokeless tobacco, is the largest cause of preventable death and disease in the world. The proven way to reduce these health conse-

quences is to stop using tobacco completely.

Even though NRT products have helped millions of people around the world quit smoking and, as a result, reduced their exposure to the risks of cancer and other smoking-related diseases, there are still concerns with regards to further health risks.

While the FDA is the final authority on the labelling of NRT products sold in the US, GSK Consumer Healthcare is committed to continuing to work with medical and clinical experts and the FDA to ensure that consumers have the best possible chance to quit smoking.

With quitting smoking being the single most important step smokers can take to improve their health, the development of innovative new products and support systems to improve the quit experience, without further health risks, is vital. [DH](#)



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GDPUK Roundup

The GDPUK online community discusses the upcoming conference in Manchester and regulatory issues. Tony Jacob has more

With more than 9,000 different colleagues visiting the site during the month, GDPUK is busier than ever in the autumn and colleagues reading the forum

are looking forward to the upcoming GDPUK Conference in Manchester (see <http://www.gdpuk.com/Conference2010>). Concerns about the CQC and HTM 01-05 continue to

dominate discussions; these are clearly the topics at the top of the agenda for all dentists.

For many reasons, the enhanced Criminal Record Bureau


check for dentists demanded by the CQC has raised ire amongst forum members. CQC speakers have always stressed that the role of the registration was to protect the public with regard to

the premises – are they safe for the public and are processes and procedures correct? - In other words, regulating the provider. The GDC remains responsible for making sure the public is treated and cared for by suitably qualified professionals, the performers. So why the CQC needs to make all dentists have a further CRB check is questioned. All the forms necessary for this must be taken personally, by every single dentist, together with passport, photos and further proof of identity to a Crown Post Office. There are only 27 of these Post Offices in England, and many dentists will have to spend time travelling and queuing at that office, possibly a full day. For example, for the whole of Yorkshire, about two thousand dentists, there is one such Crown Office, in Leeds. Imagine the queues if all 2,000 visited on one day! As one senior notable colleague wrote in the forum “what sort of moron sits in their glass palace in Westminster and thinks up ideas like this?”

Back to the HTM 01-05 document that continues to dog the profession: One concern has been that washer disinfectors, in their final heat cycle, bake proteins (onto) only stainless steel instruments. In letters to colleagues in response to specific enquiries, the DH are now rebutting this, having commissioned research at the University of London. This research will be published in due course. Some GDPUK correspondents still believe that it is best not to buy or use one of those machines, not needed to reach “essential requirements” but required to reach “best practice”.

In the same vein, a dentist wrote (in a dental discussion in another dental publication) that after 35 years in practice the latest wave of regulations, paperwork and interference were too much, and retirement beckoned - even though the dentist insisted he enjoys his daily work, and finds helping patients daily to be rewarding. I found it uncomfortable to read that so many agreed with his sentiments.

Creating new documents for consent to various procedures have been discussed, and will be shared in the files section of GDPUK. Apparently, when questions about this are put to lawyers, these days, they insist that risk of death is placed as the number one risk at the start of all these documents. Patients could have a reaction to local anaesthetic, and this reaction could ultimately be fatal, so perhaps this warning should be to all dental consent documents? Would you be comfortable warning every patient of this?

That is a sobering thought for us all. 

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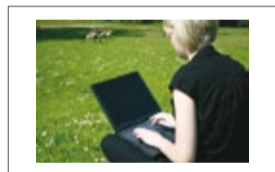
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Patient protection and value for money focus for GDC

The General Dental Council has spelt out its priorities in its new corporate strategy, highlighting patient protection and value for money as its key aims.

The strategy 2010-2014 commits the GDC to delivering its regulatory functions as efficiently and effectively as possible. Being the end result of months of hard work by the re-structured Council, which took office in October last year, the strategy was launched online on the 23rd September 2010.

Recognising the importance of strong relationships with a wide range of people and organisations, the strategy sets out clear aims, putting patients at the heart of the GDC's thinking.

Chair Alison Lockyer said: "This is an important step forward for the GDC in explaining its purpose, values, aims and objectives clearly and concisely to registrants and the public. Council members have shown

their dedication and determination to drive forward change in order to further improve the GDC. We have re-affirmed our commitment to protecting patients and regulating the dental team - As the strategy says: This is why we exist."

The strategy defines the GDC's values when it comes to delivering regulation and governing the organisation:

- Regulation is proportionate, targeted, consistent, transparent and accountable
- Policy is developed on the basis of consultation and evidence
- Resources are managed effectively, efficiently and sustainably
- Decision-making is collective, robust and accountable
- Leadership of the organisation is strategic and ethical
- Equality and diversity is embedded in our policies, systems and processes
- Management of people is open, fair and constructive

Alison adds: "It is important

to highlight our ongoing drive to deliver value for money. We recognise that the money we spend comes from the dental professionals who register with us. We will work hard to ensure that the burden we place on registrants is proportionate and fair, both financially and administratively. We will be successful if we ensure that the annual retention fee is set at the minimum rate to enable us to fulfil our statutory purpose."

Each regulatory function - Standards, Registration, Fitness to Practise and Education/Quality Assurance/Revalidation - has a set of objectives. Alongside these objectives, are success indicators, to which the Council will be held accountable. A common theme throughout all the functions is driving up performance on dealing with fitness to practise policy, processes and outcomes. **DT**

The full strategy can be found at www.gdc-uk.org

Denplan to host CQC seminars at BDTA

As one of the most talked about topics within the dental industry draws closer, Denplan is inviting members to attend a short seminar addressing the application process for registration with the Care Quality Commission.

These hour-long seminars take place at this year's BDTA Dental Showcase at ExCel London and will be hosted by Denplan's Chief Dental Officer, Roger Matthews and Deputy Chief Dental Officer, Henry Clover. They offer one hour's CPD and are to be held in the North-

ern Gallery Room 8 (situated above the main exhibition hall) at the following times:
Thursday 14 October - 11.00am or 2.00pm
Friday 15 October - 11.00am or 2.00pm
Saturday 16 October - 11.00am

Roger Matthews commented: "Applications for CQC registration will commence on 16th November 2010 and by 31st December 2010 all practices in England, whether private or NHS, will need to have submitted their applications. In order to ensure the registration proc-

ess goes smoothly for Denplan members, we have produced a range of support materials to assist them, including a 'plain English' guide to the application, which is available through Denplan Online Services.

"We'll also address how Denplan Excel and the Denplan Quality Programmes support the CQC Essential Standards."

To attend, please register with the Denplan Events team on 0800 169 9954 or email Lynn.godfrey@denplan.co.uk. **DT**

Mouth cancer awareness takes a walk

With nearly 8,000 people being diagnosed with Mouth Cancer every year, it is vital to generate a high level of public awareness. The Mouth Cancer Foundation has therefore once again provided free mouth cancer screening to the public at the annual Mouth Cancer 10km Awareness Walk.

The specialist screening team was provided by the Department of Community Special Care Dentistry, King's College London and led by members of the Oral Medicine Department of the Eastman Dental Institute.

The 'Awareness Walk', which had its biggest level of success in five years, screened 132 peo-

ple and 6 were advised to see a dentist or a doctor for referral to a specialist for further investigation, as participants visited the screening unit during the walk.

The founder of the Mouth Cancer Foundation Dr Joshi said: "A common story many mouth cancer patients can relate to is that they were diagnosed late. Early diagnosis dramatically increases survival rates. There are many particularly obvious signs and symptoms mouth cancer patients have which are often overlooked by GP's and GDP's because of their lack of awareness of the disease.

"The public needs to be aware of mouth cancer. The screening

our specialist team provides at the Walk is something all dentists should be doing daily."

Mouth cancer survivor Melanie Brooks, 26, has first-hand experience of how devastating the late detection of mouth cancer can be. She was diagnosed with Mouth Cancer aged just 21.

Melanie said: "The symptoms of my mouth cancer went undiagnosed for 18 months. The tumour was visible on my soft palate and I had major reconstruction surgery in January 2006 followed by six weeks of radiotherapy and further reconstruction. The consequences of my cancer are still evident today with changes to my speech and appearance." **DT**

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Back on Tour!

Where now? But to Indiaaaaah

The AOG is well known for its fun family days, packed dinner dances, worldwide charitable projects and stunningly different international trips.

Every trip is a unique experience. There is an interna-

tional conference and dinner, a major themed occasion, a significant charitable act, tours and dances and lots of fun time or time to devote entirely to yourself, just to chill out. The AOG actively encourages families as it is

based on the traditional values of work and play.

On the 18th of February 2011, the AOG will travel to Delhi for a conference. Following this, the party will fly to Khajuraho – the temples of the Khama Sutra which it uses as its base to go to Chitrakoot. Chitrakoot is where the epic Ramayana has its turning point: It is also where the AOG supports a cleft lip and palate treatment centre

and provides facilities for 500 villages with respect to dental care.

The trip will include an invitation to a magnificent Indian wedding (bring your best dress and dancing shoes), tours to evocative temples and the chance to participate in ancient mystic rituals, as well as a visit to the exotic Raneh falls and an adventure in the Tiger reserve. There will be a festival of colour and dance, an audience with astrologers (bring



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your date, time and place of birth) and soothsayers, henna painting, and the chance to relax in a luxurious spa – an endless myriad of stuff to do!

The Hotels are the Hilton, Radisson and the Taj. Accommodation includes bed and breakfast in Delhi, half board in Khajuraho, and full board (for the intrepid travellers who choose to make that part of the journey) in Chitrakoot where the AOG will launch its important new project.

Following this, you have a choice of a beach holiday in exquisite Mahabalipuram, or the chance to continue your temple tour through the gateway to Hindu heaven in Varanasi. A third option would be to take the fabled trip to the golden triangle. The cost for the main tour of 7 days, including airfares is just £999 per person (based on two people sharing). Business class upgrades on international flights are available at £975 per person with the option of booking an all suite hotel option to pamper yourself!

So far this year, AOG Events have included attending the packed Clinical Innovations Conference at the Royal College of Physicians followed by a dinner – a family fun day in July which attracted over 400 people. Still to come is the AOG's annual dinner and dance event on the 4th of December (sorry, this year's event is already sold out, but bookings are being taken for 2011).

The AOG's name means 'Welcome' in Hindi, Urdu & Punjabi, and AOG membership is open to all dental professionals, irrespective of their background. The AOG is an understated society whose slogan is 'towards the greater good'. In its long 30 year history, the AOG has undertaken many significant acts of charity, including the building of several dental centres, libraries, and orphanages. Amongst its membership, the AOG boasts many prominent dentists and the AOG plaque can be seen on the walls of many buildings.

Be part of the 'greater good' and join the AOG today. Subscription is only £10. A small price to pay for a great act! [DT](#)

For more information, or to join, visit www.aoguk.org

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Safeguarding the oral health of children

Maria Anuguita looks at children's oral health

There are fears that the oral health of children in deprived areas is being put at risk as a result of budget cuts affecting schemes such as Sure Start. Despite reassurances from the White Paper *Equity and Excellence: Liberating the NHS* that NHS spending is ring fenced, the public health agenda could be compromised through cuts in other departments and at local authority level. The result could be that so-called efficiency savings will affect service delivery, with the greatest impact in more deprived parts of the UK which are already burdened with some of the greatest health inequalities.

Declining child oral health

A report from the Audit Commission has found that despite £10.9bn being spent since 1998 on initiatives that aim to improve the health of children, dental health among the under-fives is declining and the overall health gap between the richest and poorest children has become wider. In the last 10 years there has been a dramatic increase in the number of children with decayed, missing and filled teeth.

Research published in the August issue of the *British Dental Journal* reports that a quarter of three year olds surveyed in Greater Glasgow have tooth decay, and that in deprived areas this figure rises to 1 in 5 (out of 4000 children examined). Andrew Lamb, BDA director for Scotland, said that as adult, oral health can be predicted by childhood dental health and targeted interventions are vital to closing the gap in oral health inequalities.

The Sure Start scheme, an initiative aimed at providing health and social services for the under-fives, involves health initiatives typically focusing on oral health promotion and fluoride toothpaste. Programmes such as Brushing for Life, delivered by health visitors, provides toothbrushes, toothpaste and dental health education material at children's eight, 18, and 36 months developmental checks.

However, these schemes are potentially facing the axe at worst and severe funding cuts at best.

In June 2009, the BDA's *Oral Health Inequalities* policy paper called for adequate resources and remuneration to enable the dental team to spend time with patients and carry out their role effectively. It called for an evidence-based, integrated approach between all healthcare and social services. However, in light of recent budget announcements, Peter Bateman, Chair of the BDA's Salaried Dentists Committee commented that: "Social deprivation remains a sadly accurate predictor of poor oral health. Closing the gap between those with the best and worst oral health must be a priority."

The White Paper proposes the introduction of a new dentistry contract with a particular emphasis on improving children's oral health and increasing access to NHS dentistry. It also says that the NHS will need to release £20 bn efficiency savings by 2014 through cutting administration and management costs, implementing best practice, and increasing productivity.

Peter Bateman has a clear vision of what the role of the dentist should be during this time of financial adversity: "It will be more important that the new contractual arrangements for dentistry support a preventive approach to care for both child and adult patients. It is also essential that the profession is engaged in the development of these new arrangements."

Central to the proposals of the White Paper is collaboration between the NHS and other departments. However, the Department of Education, which administers the funding of Sure Start and ancillary health and social services for children, has been ordered to slash £1 bn from its budget, and it is inevitable that this will filter through to the detriment of children's health services. However, the DH is not concerned about any

domino effect: "The Department will continue to work closely with the Department for Education on services for children to ensure that the changes in the NHS White Paper and the subsequent public health White Paper support local health, education and social care services to work together for children and families."

Increasing cost

New figures published by the NHS Information Centre highlight the increasing expense of providing dental care. The report *Dental Earnings and Expenses in England and Wales 2008/2009* shows that expenses borne by dental practices are escalating at a faster rate than incomes, which does not bode well with the government's ambition of increasing the number of people accessing services. According to the *Local Commissioning Survey* from the British Dental Association, nearly 17 per cent of PCTs had spent less than 95 per cent of the ring fenced dental budget during 2009/2010.

It is not clear whether remaining funds were completely unspent or diverted to non-dental spending. The BDA warns that in order to be effective, dental services must be fully integrated within primary care to help develop local solutions, and that dentistry should be more integrated in health services to improve holistic patient care.

Figures from the NHS Information Centre, *NHS Dental Statistics*, shows that in the 2-year period ending June 2010 a total of £28.5m patients were seen by an NHS dentist, an increase of 376,000 on the March 2006 baseline. However, the percentage of the population seen by an NHS dentist, at 55.4 per cent, remains below the March 2006 level of 55.8 per cent. The report also shows that areas with the highest percentage of NHS patients (up to 79 per cent) are in poorer boroughs, compared with richer boroughs such as Kensington and Chelsea where only 25.8 per cent of people see an NHS dentist.

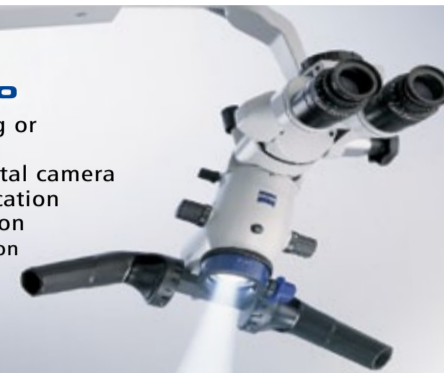
Peter Bateman said that: "Dentists work hard to improve the oral health of the whole population and the new arrangements must support that work. A focus on the oral health of young people makes sense because instilling good habits encourages good oral health."

The question yet remains: who is going to pay for this? **DT**

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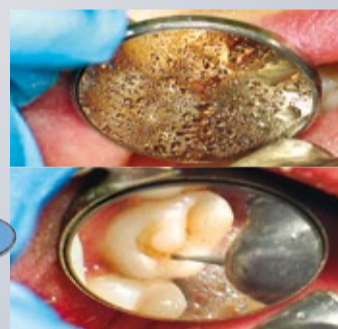


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