Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

One 'Smiley' school!
With National Smile Month only a matter of weeks away, one school could barely contain their smiles. St Marie's Catholic Primary School and Nursery are showing off their 'Smileys' on Friday 30 March as part of the campaign, organised by the British Dental Health Foundation. Taking place from 20 May to 20 June 2012, it is the UK's largest and most successful oral health campaign. With the help of more organisations raising the importance of oral health, Chief Executive of the Foundation, Dr Nigel Carter, believes further advances can be made. Dr Carter said: "Statistics show not enough children give consideration to their oral health, and that's where National Smile Month comes in." Visit www.smilemonth.org for information.

Survey finds mid-life crisis
Middle-aged women are most likely to suffer from fear of the dentist, a new study found. Clinical observation of patients taking part in a multi-year clinical trial conducted at the Dental Phobia Clinic in Westmead, Sydney, has indicated that the level of dental anxiety is highest among women in their forties. According to the researchers, this demographic was also found to have perceived a traumatic dental experience, including orofacial trauma, in the past and to be more prone to stress or mental disorders like depression. The results are intended to help investigate the relationship between dental anxiety and the perception of and coping with pain, as well as to develop strategies for managing the condition successfully.

Congenital heart disease risk
Several studies have shown that poor dental hygiene behaviours in patients with congenital heart disease are increasing their risk of endocarditis. For the first study participants completed a questionnaire that measured the use of alcohol, cigarettes and illicit drugs, dental care and physical activity. The researchers calculated risk scores for 'substance use' and 'dental hygiene'. In adolescents with congenital heart disease, substance use increased with age. The results reveal that health risk behaviours are prevalent in adolescents with congenital heart disease and they increase with age. The findings were presented at the 12th Annual Spring Meeting on Cardiovascular Nursing, 16-17 March, in Copenhagen. (www.escardio.org/congresses/cardio-nursing-2012/Pages/welcome.aspx)

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End of the line for tobacco displays

New legislation came into effect on 6 April to protect children from being the target of tobacco promotion and to help people quit smoking

From April all large shops and supermarkets in England had to cover up cigarettes and hide tobacco products from public view.

Evidence shows that cigarette displays in shops can lure young people to start smoking. More than eight million people in England still smoke – it is one of biggest preventable killers causing more than 80,000 deaths each year. Nearly two-thirds of current and ex-smokers say they started smoking before they were 18.

Up until now, every time parents do their weekly shop their children are exposed to tobacco, making it a normal part of everyday life. Statistics show:

- Five per cent of children aged 11-15 are regular smokers
- More than 300,000 children under 16 try smoking each year
- 39 per cent of smokers say that they were smoking regularly before the age of 16

Covering tobacco displays will protect children and young people from the promotion of tobacco products in shops, helping them to resist the temptation to start smoking. It will also help and support adults who are trying to quit.

Health Minister Anne Milton said: "We cannot ignore the fact that young people are recruited into smoking by colourful, eye-catching, cigarette displays. Most adult smokers started smoking as teenagers and we need to stop this trend.

"Banning displays of cigarettes and tobacco will help young people resist the pressure to start smoking and help the thousands of adults in England who are currently trying to quit."

Jo Butcher, programme director of health and well-being at the National Children's Bureau, said: "National Children's Bureau welcomes the end of tobacco displays.

"Children and young people tell us that outside influences make it even more difficult for them to choose healthier lifestyles. A yet to be released National Children's Bureau health survey has found that more than one in four young people felt they needed more information about the health effects of drugs, alcohol or tobacco.

"It's essential that we create a culture that promotes and protects public health and tobacco legislation is a significant factor in making this happen."

Cigarettes and all tobacco products will have to be out of sight except when staff are serving customers or carrying out other day-to-day tasks such as restocking. Those responsible in shops not complying with the law could be fined up to £5,000 or could face imprisonment. DT

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Children call for smoke-free homes

A new hard-hitting campaign, highlighting the shocking truth behind second-hand smoke recently hit our TV screens.

The New TV and radio adverts will show that smoking by a window or the backdoor is not enough to protect children from second-hand smoke. More than 80 per cent of second-hand smoke is invisible. This contains harmful cancer-causing toxins and poisons that are unknowingly damaging children across the country every day.

Millions of children in the UK are exposed to second-hand smoke that puts them at increased risk of lung disease, meningitis and cot death. It results in more than 300,000 GP visits, 9,500 hospital visits in the UK each year and costs the NHS more than a staggering £23.6 million every year.

The only way to completely protect people from second-hand smoke is to make homes and cars entirely smoke free. As the campaign launches, a new survey reveals that children want smoke free lives. The survey found:

• 98 per cent of children wish their parents would stop smoking

• 82 per cent of children wish their parents wouldn't smoke in front of them at home

• 78 per cent of the children wished their parents wouldn't smoke in front of them in the car

• 41 per cent of children said cigarette smoke made them feel ill

• 42 per cent of children said cigarette smoke made them cough

Health Secretary Andrew Lansley said: "We all know smoking kills but not enough people realise the serious effect that second-hand smoke can have on the health of others, particularly children.

"This campaign will raise awareness of this danger and encourage people to take action to protect others from second-hand smoke.

"This is just one part of our wider strategy on tobacco. We need to do more. That is why we will end tobacco displays in large shops. We will also be consulting on plain packaging this spring."

Chief Medical Officer Professor Dame Sally Davies said: "Second-hand smoke can cause a range of serious health problems for children and adults. Smoking damages our lungs, causes cancers and is now the biggest risk for cot death. Parents who smoke need to think about the effect it has on their family.

"Giving up smoking or making sure you have a completely smoke free home and car is the only way to protect your family.

"If people do want to quit there is excellent support and advice available. Get in touch with your local stop smoking service, GP or pharmacist or visit nhs.uk/smokefree."

Consultant Paediatrician at the Royal Surrey Hospital Dr Charles Godden said: "I see children every week with conditions which are made worse by second-hand smoke. Most parents would be horrified to know that even a short car journey where an adult has been smoking would result in breakdown products of nicotine in their child's urine.

"This shows exactly why we should all make our homes and cars smoke free and that children need protection from exposure to second-hand smoke."

Smokers can order a new NHS Smokefree Kit by texting POISONS to 63818 or by visiting nhs.uk/smokefree for facts, tips and tools to help them on the way to a smoke free future. DT

Nominations open for Principal Executive Committee

The nominations process for the new BDA Principal Executive Committee (PEC) has opened. The new committee, which will replace the current Representative Body and Executive Board, will assume overall responsibility for BDA policy and governance. PEC members will also be the legally responsible directors of the Association.

The Committee will consist of 15 members, 12 of whom will represent geographical constituencies and three who will be elected on a UK-wide basis. All members will be elected in spring 2012. Seats will then be subject to a revolving cycle of elections starting in December 2014, when a third will be subject to fresh elections.

Those interested in standing for election are invited to submit a completed nomination form and personal supporting statement by Friday 23 April 2012. Members will have the opportunity to hear from prospective candidates at a series of 'speed-dating' style events at the British Dental Conference and Exhibition which takes place in Manchester between 26-28 April, and will receive ballot papers, where required, at the end of April.

Encouraging applications, BDA Chief Executive Peter Ward said: "The BDA occupies a unique position in UK dentistry. Members of the new Principal Executive Committee will be working in the interests of their professional colleagues, taking on the governance and stewardship of the Association and overseeing the next stage of its development. They will inherit resources, reputation and research and will help shape the future of the BDA and the dental profession.

"I encourage all members who care passionately about the future of the organisation and UK dentistry to think seriously about standing for election to the PEC."

Further information on the Principal Executive Committee and the election timetable, is available at: http://www.bda.org/pec Nomination forms are also available via the above link. DT

Make an exhibition for yourself in Manchester

Delegates at the forthcoming British Dental Conference and Exhibition can plan their visit to the exhibition element of the event using an innovative new online bookings system that allows attendees to reserve time with exhibitors.

For the first time ever, visitors can book time with exhibitors that they want to spend time with in advance of the event, using a simple online bookings system hosted on a BDA-managed British Dental Conference and Exhibition microsite. The system also allows delegates to plan the conference sessions that they intend to attend, thereby creating a personalised schedule for the event that can be downloaded to Outlook diaries.

The exhibition is expected to feature more than 140 exhibitors, including equipment suppliers, product manufacturers, service providers and trade associations. The meeting reservation facility has been introduced in response to feedback from exhibitors and visitors and aims to help busy delegates maximise the value of their visit by allowing them to schedule all of the key appointments they need.

Linda Stranks, Director of Marketing and Membership at the BDA, said: "Some delegates are happy to peruse the exhibition and find inspiration as they explore, but others visit the exhibition with a very specific aim – researching the purchase of a particular piece of equipment, for instance.

"This new tool will help delegates to tailor their British Dental Conference and Exhibition experience to create a bespoke schedule that ensures they get the time they want with exhibitors when they want it, to fit around the conference sessions they are planning to attend." The 2012 British Dental Conference and Exhibition takes place at the Manchester Central Convention Complex from 26-28 April. For full details visit: www.bda.org/conference. DT

Action group seeks DA evidence

A group of dental hygienists have formed a campaign group in order to influence the future of dental access to patients.

Key DCPs are hoping to encourage fellow DH&Ts to help influence the future of their profession.

The Direct Access Action Group is campaigning for direct access to patients for dental hygienists and plans to keep colleagues in the loop as to what this will mean for them, the profession as well as for patients.

The Office of Fair Trading (OFT) is currently re-examining whether the private and NHS dentistry markets are working well for patients Ð and this includes an investigation into how patients currently access dental care including access to dental hygienists.

Elaine Tilling, Sarah Murray, Christina Chatfield, Margaret Ross, Bal Chana, Amanda Gallie, Dave Bridges and Ann Gilbert have together formed the Direct Access Action Group in time for the release of the OFT's report, due in May.

The group would like the help of all DH/Ts in collating evidence of their current perceptions of the Direct Access issue.

To take part, visit www.facebook.com/DAActionGroup or follow @DAActionGroup on Twitter and take a few minutes to fill out a brief survey hosted on Survey Monkey. Go to www.surveymonkey.com/s/HK8C56P or email the group at directactiongroup1@gmail.com. DT

Editorial comment

Big congratulations to those who found themselves with a place in the top 50 most influential people in dentistry, as voted for by members of the profession.

James Goolnik made the top spot for the second year running, a big achievement and in recognition for the Heart Your Smile campaign which he founded last year; aiming to bring positivity back to the dental profession.

Congratulations also go to Dean of the Peninsula Dental School and *Dental Tribune* editorial board member Liz Kay, number four in the list. Other notable names familiar to *DT* readers include Mhari Coxon (5), Elaine Halley (11), Nik Sisodia (23), Wyman Chan (35), Julian Webber (38) and Susie Sanderson (49).

Thoughts are now also turning to the upcoming events prominent in the dental calendar: the Dental Awards (April 20), BDA Conference and Exhibition in Manchester (April 26-28) and the Clinical Innovations Conference in London (May 18-19). I will be attending all three events – if you see me come over, say hi and let me know your thoughts on *Dental Tribune*! 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?

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Metformin may lower risk for oral cancer

Metaformin tablets

According to a new study, *Metformin Prevents the Development of Oral Squamous Cell Carcinomas from Carcinogen-Induced Premalignant Lesions*, published in *Cancer Prevention Research*, Metformin may protect against oral cancer.

Metformin is the most widely used treatment for patients with type 2 diabetes, and according to the study authors, scientists have noticed that "metformin reduces the growth of HNSCC (Head and neck squamous cell carcinoma) cells and diminishes their mTORC1 activity by both AMPK-dependent and -independent mechanisms."

According to a report, J Silvio Gutkind, PhD, chief of the Oral and Pharyngeal Cancer Branch of the National Institute of Dental and Craniofacial Research at the National Institutes of Health, and colleagues induced premalignant lesions in laboratory mice; they then studied the effect of metformin on progression of these lesions to oral cancers.

The scientists found that metformin reduced the size and number of carcinogen-induced oral tumoral lesions in mice and significantly reduced the development of squamous cell carcinomas by about 70 per cent to 90 per cent. DT

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MyFaceMyBody Awards

The MyFaceMyBody Awards has been organised to celebrate and award those who have made a difference in the cosmetic sphere

The aesthetic and dental business is one of the most forward-looking industries in the world. It is constantly pushing the boundaries of what is possible to achieve and matches technological advances with human endeavour to create stunning solutions which change people's lives for the better.

To recognise this the first aesthetic and dental consumer awards, The MyFaceMyBody Awards, has been organised to celebrate and award those who have made a difference in the cosmetic sphere. Celebrating in style, The MyFaceMyBody Awards will be delivered in the form of a masquerade ball and held at The Landmark Hotel, London on the 3rd November 2012.

The prestigious awards, which are sponsored by handi...MEDIA and will be televised, are the first awards within the aesthetic and dental industry where consumers are involved in the voting process. Every treatment and cutting-edge procedure is aimed at helping consumers, so why not let them have a say in the products and procedures which have changed their lives? Let consumers tell us which clinics they love...

For this reason the awards aim to recognise and reward brands for their product innovation and popularity. Clinics will also be rewarded for providing exceptional experiences and outstanding customer service.

What's more, the awards will be supporting Bridge2Aid, a charity set up to help bring dental pain relief to East Africa, an area where people have no access to pain relief, leaving millions in pain. The charity helps to train local health workers in basic extraction techniques. Focussing on sustainability, and with the help of dentists and nurses from the UK, they train more than 48 health workers each year with plans for expansion.

Aesthetic Awards list
- Best Injectable Anti-Ageing Treatment
- Best Cosmeceutical Product
- Best Body Reshaping procedure including semi-invasive as well as take home devises
- Best Skin Tightening Treatment (take home or professional) includes Micro-needling, skincare, skin peels and also Laser treatments
- Dental Awards

Best tooth whitening Product
- Best Dental Hygiene Product - Floss, Electric, Mouthwash
- Most Innovative Treatment or Service
- Clinic Awards

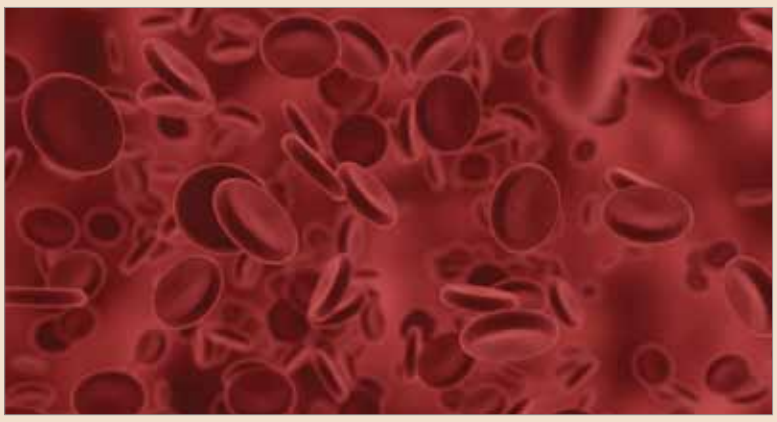
Best Customer Experience
- Best Clinic
- Best Clinic Team
- Best Non-Surgical Makeover (Facial Aesthetics, body reshaping or smile transformations -vitamin, meso and fillers)

Television Awards
- Best Documentary or Television Series
- Best Online Information Resource
- Best Beauty Ambassador

MyFaceMyBody is a television and online resource for consumers seeking advice on hundreds of beauty and cosmetic treatments. It allows people to access information, learn about treatments, follow the latest procedures and discuss them via our social media channels.

The MyFaceMyBody Awards and the masquerade ball and held at The Landmark Hotel, London on the 3rd November 2012. DT

Dental plaque may trigger blood clots



Bacteria in the bloodstream can cause blood clots

Research states that oral bacteria that enter the bloodstream can cause life threatening endocarditis and blood clots. According to research if Streptococcus gordonii, which contributes to plaque that forms on teeth, enters the bloodstream through bleeding gums, it can cause chaos by acting as human proteins.

Researchers from the Royal College of Surgeons in Ireland (RCSI) and the University of Bristol discovered that S. gordonii is able to produce a molecule on its surface that lets it mimic the human protein fibrinogen - a blood-clotting factor.

This activates the platelets, a blood particle involved in clotting.

The bacterium then use the new blood clots to encase itself, protecting it from the body's immune system and antibiotics.

Platelet clumping can lead to growths on the heart valves (endocarditis), or inflammation of blood vessels that can block the blood supply to the heart or brain.

However, according to reports, scientists who presented their work at the Society for General Microbiology's Spring Conference in Dublin have suggested that with further research new drugs could be used to tackle infective heart disease.

Dr Helen Petersen who is presenting the work said that better understanding of the relationship between bacteria and platelets could ultimately lead to new treatments for infective endocarditis. She explained in a report how a crucial step in the development of infective endocarditis is the bacteria sticking to the heart valve, which activates the platelets to form a clot. This can be treated with surgery or by strong antibiotics, however, because of growing antibiotic resistance this is becoming far more difficult to achieve.

"About 30 per cent of people with infective endocarditis die and most will require surgery for replacement of the infected heart valve with a metal or animal valve," Dr Petersen explained.

"Our team has now identified the critical components of the S. gordonii molecule that mimics fibrinogen, so we are getting closer to being able to design new compounds to inhibit it. This would prevent the stimulation of unwanted blood clots," said Dr Steve Kerrigan from the RCSI in an online report.

The team are also looking more widely at other dental plaque bacteria that may have similar effects to S. gordonii: "We are also trying to determine how widespread this phenomenon is by studying other bacteria related to S. gordonii. What our work clearly shows is how important it is to keep your mouth healthy through regular brushing and flossing, to keep these bacteria in check," stressed Dr Petersen. DT

Dental Protection in the Dock – it's a sell-out

150 dentists and lawyers assembled at the Mermaid Theatre Conference Centre in Puddle Dock, to attend the first ever Dento-legal Study Day organised by Dental Protection. The delegates either had an interest in working in this area of dentistry or were already doing so and wanted to hear from the UK's leading provider of indemnity; 70 per cent of UK dentists are already Dental Protection members.

In addition to cases of clinical negligence, the revelation that the GDC has allocated 1200 hearing days in multiple venues for 2012 confirmed that their interest was well founded. Members of the fifty-strong team of dento-legal advisers already supporting Dental Protection were on hand to share their experiences with delegates on a one-to one basis.

The Dento-legal Study Day included presentations from experienced dentists and lawyers including Raj Rattan, who discussed the ethical dimension of dento-legal cases and how professional conduct can complicate the management of complaints and claims. Anne Green, a barrister from Radcliffes Le Brasseur described the crucial and central role of the GDC's Investigating Committee and Melanie Rowles, Head of Claims Management for MPS, described the law of negligence and explained how a 'breach of duty' is described and the process of analysing whether or not a breach has caused any loss.

Kevin Lewis, Director of Dental Protection said: "With the unprecedented case load currently being experienced in all three DPL offices, it is reassuring see such a high level interest from dental colleagues and other who are interested in working in this challenging area of dentistry. Since its inception over a century ago Dental Protection has always taken pride in the quality of its service to members. The same is true today and events like help to ensure that the same service will be available in the future." DT

Speakers Hilary Firestone and Melanie Rowles take questions from the audience

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New information to help improve patient outcomes

New information that will help put the NHS on the side of patients and improve results for patients has recently been published.

As part of the Government's drive to improve results for patients, new detailed information on 20 of the 30 NHS Outcomes Framework indicators, which measure the care patients receive, has been published by the NHS Information Centre.

The figures provide a regional and local snapshot of how the NHS is performing against the Outcomes Framework. Crucially, they illustrate where there are variations in outcomes – highlighting the importance of the Government's approach of concentrating on results, not targets.

For example, liver disease mortality rates have increased nationally over the last decade, but have decreased in the last few years in London and the South East, while rates were twice as high in the North West compared to the East of England in 2009.

The Government committed to focus on outcomes not process targets in 2010 and announced last year that the NHS would be held increasingly to account for measurable results, including whether a patient's treatment was successful, whether they were looked after well by NHS staff, and whether they recovered quickly after treatment.

Health Secretary Andrew Lansley said: "The information published today is another step towards shifting the health service towards the benefits for people who matter - patients.

"Crucially, we aren't telling doctors and nurses how to do their job – the approached adopted by the previous Government. We are now clear about what the NHS should achieve, not telling the NHS how to do its job. These results will shine a light on results achieved and where performance needs to be improved."

The publication of the figures today means the NHS can be held to account for all aspects of care that patients receive, and is part of a drive to make the health service more transparent. They provide a basis for driving improvements in the future through the Secretary of State's Mandate to the NHS Commissioning Board, expected in the next few months and will allow the NHS to take action where patient outcomes are not as good as they should be.

NHS Medical Director Bruce Keogh said: "Patients rightly expect the NHS to provide care that is effective and safe. And one of the things that makes for a positive patient experience is when everything joins up seamlessly as they move from GP surgery to hospital to community clinic or social care provider. So through the Outcomes Framework, and the information released today, the foundations are being laid to achieve just that." DT

MDDUS dental road show coming to town

Dentists can learn how to stay out of trouble by signing up for one of nine dento-legal lectures being held throughout the UK in May and June this year.

UK-wide dental defence organisation MDDUS is co-hosting a series of educational sessions that will provide top tips on how to avoid dento-legal pitfalls that could lead to patient complaints, claims of clinical negligence or referral to the GDC.

MDDUS has teamed up with dental equipment providers Wright Cottrell to host the lectures which kick off on Wednesday, May 23 in Newcastle with further dates in Manchester, Leeds, Liverpool, Inverness, Aberdeen, Glasgow and Edinburgh, before concluding in Dundee on Thursday, June 21.

The lecture will feature MDDUS Head of Dental Division and adviser Aubrey Craig, who has long experience helping MDDUS members deal with professional difficulties.

He says: "Being on the receiving end of a claim, complaint or referral to the GDC is an expensive, time-consuming and stressful experience.

"Every year at MDDUS, we assist members who find themselves in such situations and these lectures will draw upon our considerable experience in this area to provide delegates with practical advice on how to avoid professional difficulties."

Wright and W&H will also lead a session unravelling the mysteries of the national decontamination guidelines. This will enlighten dentists to the realities of what is expected and arm them with the know-how to achieve a fully compliant practice.

W&H Northern Territory Manager Claire Wilson will present the sessions in England, with Scottish Territory Manager Raymond Baxter hosting the Scottish ones.

In addition, the Scottish dates will also feature George McDonagh, Clinical Adviser for the NHS in Scotland, who will share his unrivalled knowledge of decontamination procedures that he has accrued from his 20 years' experience in the industry.

Robert Donald, non-executive director of MDDUS and well-known Scottish dentist and magazine columnist, welcomed the CPD-accredited evening roadshow initiative.

He says: "Staying out of trouble with the GDC and decontamination compliance are hot topics for all UK dentists. The collaboration of MDDUS and Wrights in providing practical advice and support in addressing these important issues is a very positive step indeed and I would encourage my colleagues to attend."

To book your place at one of the lectures or for further information, contact Karen Walsh at kwalsh@mddus.com. Tickets costs £30 with a light buffet available from 6pm and the programming commencing at 6.30pm. DT

Dates and venues for lectures (all dates 2012):
• Wednesday, May 23: St James' Park, Newcastle

•Wednesday, May 30: Mandec, Manchester Dental Hospital

• Thursday, May 31: Weetwood Hall, Leeds

• Thursday, June 7: Liverpool Crowne Plaza, Liverpool

• Tuesday, June 12: Drumossie Hotel, Inverness

• Wednesday, June 13: The Marcliffe Hotel, Aberdeen

• Tuesday, June 19: MDDUS offices, Glasgow

• Wednesday, June 20: RCP of Edinburgh, Edinburgh

• Thursday, June 21: Wright Cottrell offices, Dundee

Wheelchair controlled by remote control in mouth

The Tongue Drive system, which is a wireless device that enables people with high-level spinal cord injuries to operate a computer and maneuver an electrically powered wheelchair simply by moving their tongues, is getting less conspicuous and more capable.

The newest prototype of the system allows users to wear an inconspicuous dental retainer embedded with sensors to control the system. The sensors track the location of a tiny magnet attached to the tongues of users. In earlier versions of the Tongue Drive System, the sensors that track the movement of the magnet on the tongue were mounted on a headset worn by the user.

The new intraoral Tongue Drive System was presented and demonstrated on Feb. 20, 2012 at the IEEE International Solid-State Circuits Conference in San Francisco. Development of the system is supported by the National Institutes of Health, National Science Foundation, and Christopher and Dana Reeve Foundation.

The new dental appliance contains magnetic field sensors mounted on its four corners that detect movement of a tiny magnet attached to the tongue. It also includes a rechargeable lithium-ion battery and an induction coil to charge the battery. The circuitry fits in the space available on the retainer, which sits against the roof of the mouth and is covered with an insulating, water-resistant material and vacuum-molded inside standard dental acrylic.

When in use, the output signals from the sensors are wirelessly transmitted to an iPod or iPhone. Software installed on the iPod interprets the user's tongue commands by determining the relative position of the magnet with respect to the array of sensors in real-time. This information is used to control the movements of a cursor on the computer screen or to substitute for the joystick function in a powered wheelchair.

Ghovanloo and his team have also created a universal interface for the intraoral Tongue Drive System that attaches directly to a standard electric wheelchair. The interface boasts multiple functions: it not only holds the iPod, but also wirelessly receives the sensor data and delivers it to the iPod, connects the iPod to the wheelchair, charges the iPod, and includes a container where the dental retainer can be placed at night for charging.

In preliminary tests, the intraoral device exhibited an increased signal-to-noise ratio, even when a smaller magnet was placed on the tongue. That improved sensitivity could allow additional commands to be programmed into the system. The existing Tongue Drive System that uses a headset interprets commands from seven different tongue movements.

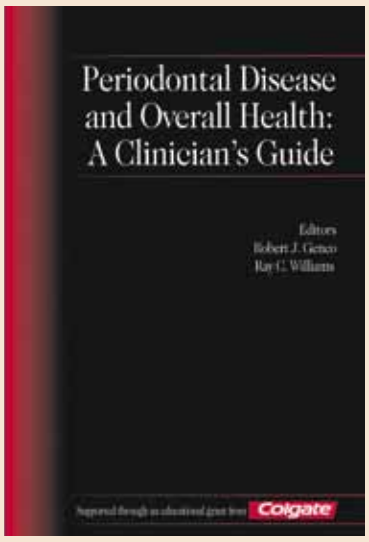
The ability to train the system with additional commands – as many commands as an individual can comfortably remember – and having all commands available to the user at the same time are significant advantages over the sipn-puff device that actsas a simple switch controlled by sucking or blowing through a straw.

The researchers plan to begin testing the usability of the intraoral Tongue Drive System by able-bodied individuals soon and then move onto clinical trials to test its usability by people with high-level spinal cord injuries.

In recent months, Ghovanloo and his team have recruited 11 individuals with high-level spinal cord injuries to test the headset version of the system at the Atlanta-based Shepherd Center and the Rehabilitation Institute of Chicago. Trial participants received a clinical tongue piercing and tongue stud that contained a tiny magnet embedded in the upper ball. They repeated two test sessions per week during a six-week period that assessed their ability to use the Tongue Drive System to operate a computer and navigate an electric wheelchair through an obstacle course.

"During the trials, users have been able to learn to use the system, move the computer cursor quicker and with more accuracy, and maneuver through the obstacle course faster and with fewer collisions," said Ghovanloo. "We expect even better results in the future when trial participants begin to use the intraoral Tongue Drive System on a daily basis." DT

'Periodontal Disease and Overall Health: A Clinician's Guide'



The UK launch of *'Periodontal Disease and Overall Health: A Clinician's Guide' a textbook*, supported by an educational grant from Colgate, took place at Chandos House, London. A host of attendees representing a wide range of educators, periodontists and those with a shared interest in medicine came together to hear about the most contemporary thinking behind what the dental and medical literature suggest is an association between oral and systemic diseases.

Dr Anousheh Alavi, Scientific Affairs Manager, Colgate UK & Ireland, opened the proceedings introducing Dr Fotinos Panagakos, Colgate Director of Clinical Research. Dr Panagakos, who is based in the US, shared insight into the 18 chapters, which delve into the sciences behind diabetes mellitus, atherosclerosis, adverse pregnancy events, respiratory diseases, osteoporosis, rheumatoid arthritis and cancer, looking at risk factors in common with periodontal disease such as inflammatory processes. The book then logically follows with a discussion of the steps needed for comprehensive co-management of the diseases by both dental and medical caregivers.

The editors, Drs Robert J Genco and Ray C Williams, assembled this textbook working with a number of internationally renowned authors. In their overview they set out clear goals for this text book stating "Much research is focused on understanding how periodontal disease increases the risk for systemic diseases. It is not yet clear what impact the biofilm in the oral cavity might have on distant sites and organs; likewise the role of the inflammatory response is not fully understood. Some of the chapters in this textbook review the biological plausibility for periodontal disease as a risk for systemic conditions.

The overall goal of this textbook is to present the emerging and compelling evidence that periodontal disease is a risk for several systemic conditions and to look at the role of oral health in contributing to overall health. This book also seeks to provide the reader with a guide to patient management in which dentistry and medicine work together."

This textbook will be provided in hard copy to UK and Irish dental libraries, and available to all dental professionals to download as a PDF from www.colgate-professional.co.uk DT

Discussing dental nurses

In the third part of this four-part interview, Neel Kothari talks to Susie Sanderson about dental nurses

Are nurses getting the best deal when it comes to cost?

NK: I wanted to ask about dental nurses. Nurses are amongst the lowest paid of the dental team and they've suffered a huge rise in costs – registration fees, compliance with CPD and other rules and regulations. Have they seen good value for money and are these costs fair?

SS: This is one of those circular issues. We know from our research that a significant proportion of practices pay their dental nurses' regulation costs, and by that I mean not just the GDC fees but also the CPD fees. Now that's fine, but of course it just gets recycled into the expenses of the practice so the wages bill looks bigger or the education bill looks bigger, profits are smaller and so their wages are then suppressed for longer. So it is a circular problem – without a doubt it is a cost.

Pay freeze

The Department of Health has been told by the Treasury and by the Secretary of State that there's a pay freeze on public sector workers so dentistry gets an amount of money which the Department of Health think that they can contribute to the expenses of running dental practices, plus an efficiency saving, which at the moment is currently expressed by improving prevention through fluoride varnishing. So in real terms, in order to achieve the efficiency saving, dentists are doing more for the same money, and their expenses are not being fully met. In effect, a pay cut.

Step too far?

So you're absolutely right, it's potentially a real expense to the dental nurses ultimately; however you badge it, it could end up with them. So I think that's rather sad and in my personal view - and it's not BDA policy at the moment - I think it was a step too far to require GDC regulation of all dental nurses. That doesn't apply to the extended duty dental nurses – the dental nurses who have additional qualifications so that they can be more involved directly in patient care. I think the regulation in that situation is justified – not only justified from a patient safety point of view, but I think justified loosely from a career progression point of view as well and for the ability to demonstrate responsibility and be a significant part of the whole dental team.

Fifteen years ago, dentistry was a very paternalistic profession: the dentist decided what they were going to do, issued instructions, people ran round them, made them coffee, put their metaphorical slippers on for them and kept quiet in the surgery. I think we can take some credit in the BDA for developing the team role through BDA Good Practice, which I think was probably, along with Denplan, one of the first programmes which suggested that dental nurses had a role in the success, the sustainability, the morale, the improvement in patient care in a practice and had a significant part to play. Now the minute that happened, the whole dental team became worth something; it had a value, self-worth, self-esteem, responsibility and the enjoyment of that responsibility. And actually when you talk to dental nurses (perhaps not the youngsters, but certainly nurses who have been around for longer), they actually quite like the requirement to do CPD and they find it empowering.

'And actually when you talk to dental nurses (perhaps not the youngsters, but certainly nurses who have been around for longer), they actually quite like the requirement to do CPD and they find it empowering'

So while I suspect there's probably a compromise in my own mind – and again it's not BDA policy, because BDA policy is that the whole team should be regulated as it stands at the moment – but perhaps there should be a mandatory regulation for anyone who has an extended duty qualification and does anything to and with patients directly, rather than just standing and being under instruction all the time, and perhaps there should be a voluntary regulation for dental nurses as well.

Empowering

One of the knock-ons is that, when you look at the GDC now, the majority of the registrants with the GDC are dental nurses. So that has been hugely empowering, not just on a practice basis, but politically as well. You will not find many central committees, either advisory committees or committees that are influencing changes in dentistry, regulation, all sorts of other things, that don't have the full spread of DCPs on it. So being regulated and being part of the GDC has immediately led to full representation of the dental team, and it's not just token representation, but this is really active representation. Now, that I think has been really good for the profession, because it's challenged the dentists' perception of paternalism.

So to sum up I suspect it probably is value for money, in terms of the empowerment of the profession of dental nurses – although it may not be appreciated as such. And just saying my last sentence highlights something new: profession of dental nurses? So it has established professional behaviour and it has established a voice and a role politically, representationally and also parochially as well.

NK: It seems that if you're a full time nurse, that's great, but it seems that there are large numbers of people who are concerned about the cost. For instance, I can pick out three nurses from my own experience who have come back from maternity and have said, can I afford to go back into the profession?

SS: Yes, and it isn't just dental nurses either who struggle with it. Part time dentists still have to pay the full annual registration fee. They also pay a significant proportion of the full BDA membership at the moment. When we first starting having on call rotas, and it was a 1990 contract that brought out of hours responsibilities in, huge rows erupted about 'well I only do one day a week, why should I do the same amount of on call cover on the rota as my friend who works seven days a week and works all night?' It was a similar problem. DT

• In the final part, Susie Sanderson answers questions on the amalgam issue and her thoughts on the future of dentistry.

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Sawston, Cambridge as a principal dentist at High Street Dental Practice. He has completed a year-long postgraduate certificate in implantology and is currently undertaking the Diploma in Implantology at UCL's Eastman Dental Institute.

The receptionist role in CQC compliance

Glenys Bridges highlights the need for team work

Service with a smile is a significant first step toward creating a welcoming environment

The Health and Social Care (HSC) Act continues to dominate the news during 2012. The regulatory basis of health care services in the UK have been under the microscope for some time now with the Health and Social Care Act of 2008 (Regulated Activities) Regulations 2010 creating a new range of requirements for dental care providers alongside those for our colleagues in other health care sectors.

Whilst there is nothing new about dental professionals working to a range of guidelines and standards that aim to ensure high standards of quality and safety in patient care, the way that the regulations introduced in 2011 seek to involve each member of the dental team is. As such each and every member of the dental team needs to know and understand the practices' quality standards and Statement of Purpose. They must also be trained and supported to play their role in delivering suitable quality care services to patients.

The regulatory basis for dental care is set out in the HSC Act. The standards for each constituent Country of the UK have been stipulated by an appointed local regulatory body. NHS and independent practices in England will be governed by the Care Quality Commission (CQC), in Scotland this will be the role of Healthcare Improvement Scotland (HIS), in Wales the CQC will work in collaboration with the Healthcare Inspectorate Wales and in Northern Ireland the standards have been set by the Regulation and Quality Improvement Authority (RQIA).

Irrespective of where your practice is located, the new culture of healthcare is one of the whole team working to meet required care standards. Inspectors will visit practices to ensure that each member of the team, irrespective of whether or not they are a GDC registrant have the training and resources required to provide safe, high quality dental care and services.

> *'Inspectors will visit practices to ensure that each member of the team, irrespective of whether or not they are a GDC registrant have the training and resources required to provide safe, high quality dental care and services'*

When it comes to defining the receptionists' role to ensure compliance with healthcare regulations, there are several essential requirements. For each of these the Provider and Registered Manager must develop policies and procedures. To name but a few, these include procedures for: blending NHS and private services, communicating about and collecting patient's fees, data security, equality and diversity, patient safety, consent, confidentiality, child protection, risk assessment, the Mental Capacity Act, Information Governance requirements and many more. Irrespective of whether it is delivered in-house or by external trainers, training and preparation for each of these complex aspects needs to be delivered to ensure practice policy and procedures shape the services delivered to patients, rather than simply filling-up a folder on a shelf in an office.

High quality and customer care sits at the core of care quality standards. Service with a smile is a significant first step toward creating a welcoming environment. However, a smile alone is not enough to create a perception of competence. Intelligent reception services are developed with in-depth understanding of patients' needs for information about all aspects of their treatment. Care quality standards specify the need to collect information so that patient satisfaction levels can be monitored. Then to go on to use the information gathered, to evolve systems and procedures to meet the needs identified by patients, the practice team and regulatory bodies.

Historically, the training and development needs for reception staff have been side-lined. In the current regulatory climate it would be naive of practices to overlook the need for their reception teams to be fully involved in developing care standards. Even although they are not GDC registrants in their own right, unless receptionists are fully involved in setting and meeting the practice's standards of quality and care, the hard work of clinical teams will fail to reach their full potential. DT

About the author

Glenys Bridges is an independent dental team trainer. She can be contacted at glenys.bridges@gmail.com