DENTAL TRIBUNE

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

Fewer smokers quit since recession

The number of people giving up smoking has dropped since the start of the recession, new figures show. According to a study by Professor Robert West, director of tobacco studies at the Cancer Research UK Health Behaviour Research Centre, the proportion of smokers trying to quit has fallen from 32 per cent in 2007 to just 17 per cent in 2010. Fewer than five per cent use the NHS quit smoking services, despite research showing that they are four times more effective than other methods.

Invasive dentistry

Recent research undertaken by researchers from the UCL Eastman Dental Institute (UCL EDI), UCL Epidemiology and Public Health Department and the London School of Hygiene and Tropical Medicine and funded by the Wellcome Trust and the British Heart Foundation, suggests that invasive dental treatment such as extractions, carries a small, but statistically significant increase in the risk of stroke and heart attack over the short term. In a study published in *Annals of Internal Medicine*, researchers examined data from the claims database of a US Medicaid programme to investigate whether impairment to blood flow resulting from invasive dental treatment created a higher risk for cardiovascular events. The records suggested that in the month following invasive dental treatment, the risk of a heart attack or stroke is increased by 50 per cent. However, the risk then returned to normal in the weeks. The researchers are keen to stress that any risk increase is likely to be outweighed by the long-term benefits of dental treatment.

An evolutionary edge

A sophisticated new examination of teeth from 11 Neanderthal and early human fossils shows that modern humans are slower than our ancestors to reach full maturity. The research, led by scientists at Harvard University, the Max Planck Institute for Evolutionary Biology (MPI-EVA), and the European Synchrotron Radiation Facility (ESRF), is detailed in the Proceedings of the National Academy of Sciences. The current study involves some of the most famous Neanderthal children ever discovered, including the first hominin fossil, discovered in Belgium in the winter of 1829-30.

www.dental-tribune.co.uk

News

Radioactive dentists
Guidance on radiation is introduced in the practice

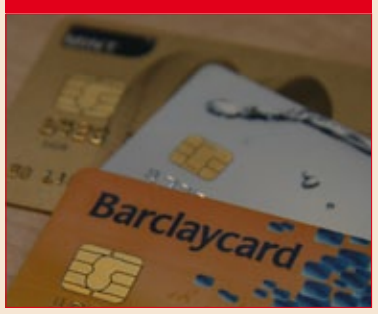
page 4

Competition

Festive fun
Dental Tribune joins forces with the BDA in our Competition

page 6

Money Matters



Fantastic Plastic?
Richard Lishman provides options to manage your money

page 9

Perio Tribune

Application of PAD
Liviu Steier takes a closer look at photo activated disinfection

pages 15-18

The future's bright... the future's dental

Key figures look to the future as issues surrounding piloting and patient care are discussed by the profession and politicians

The future of dentistry took centre stage at an event in London where the necessity of piloting and the burden of bureaucracy was discussed.

Key figures from the dental profession and the Department of Health, such as Prof Jimmy Steele, Dr Sue Gregory, Dr Nigel Carter, Dr Susie Sanderson and Dr Mike Warburton, debated the issues of piloting, reforming the dental contract, overburdening of the profession with red tape and legislation and the implementation of successful practices within a pilot framework.

The main message was one of positivity, with many of the speakers looking to a bright future for NHS dentistry. In particular, much was made of the potential benefits of the National Commissioning Board, due to take over the reins from PCTs in the next few years.

Another issue discussed was the piloting schedule and the commitment made by the Coalition government to piloting prior to any reform of the current NHS dental contract.

Dr John Milne, chair of the BDA's General Dental Practice Committee, looked at the current situation with pilots and said: "I fully support an honest attempt to create meaningful pilots. Dentists are looking to be recognised as responsible clinicians, with the opportunity to run successful businesses.

"Dental professionals need the chance to do what they are trained to do; and be engaged with, not dictated to, with imposed contracts and red tape. We are all working for the same thing: to make things better, not worse."

Justin Ash, Chief Executive of Oasis Healthcare, discussed the pilots being run at five of the company's practices in Cumbria. He said: "There are many positive elements being found in the pilots, but they will only make a positive future if we turn them into real action.

"In the pilots we have been running in Cumbria, we have highlighted a fundamental need to use the wider skills mix of the whole dental team to provide the health check-type approach which can deliver patient-focused care."

Dr Sue Gregory, Deputy CDO for England, reiterated the Government's publicised stance on dentistry that it is not an also-ran to the more frontline healthcare services and brought the top-line view of the current situation to the fore. She said: "The Government have four key priorities for dental services: Improvement of access, prevention, oral health of children and reform of the dental contract.

"Within the framework of the pilots, capitation variables and the use of oral health pathways need to be tested. We must assure quality, underpinning practice with guidelines and support. We have to change the culture within dentistry so we will need to do a lot of work". DT

Study secures SGH funding

A study that will investigate the effect of social deprivation on oral health in outer north-east London has won a grant of more than £88,000.

The study, which will investigate whether people living in deprived communities define oral health differently from their peers living in less deprived areas, beat off competition from eleven other proposals to secure funding from the Shirley Glasstone Hughes Trust Fund.

The study, which will consider the populations of Redbridge, Waltham Forest and Barking and Dagenham, will assess whether individuals' concepts of oral health affects the way they care for themselves and what barriers exist to individuals accessing care and adopting healthy behaviours.

Patient concepts of oral health will be used to find out whether deprivation can explain why some individuals engage in behaviours such as smoking, excessive alcohol consumption and irregular visits to a dentist, which increase their risk of oral diseases.

The study aims to assess the strengths and shortcomings of the way oral health services are provided, providing evidence on how to adapt existing structures and develop new services and interventions that overcome barriers to care. It will also provide evidence to underpin models of commissioningcare.

Prof Liz Kay, Chair of the Trustees of the Fund, said: "Despite an overall improvement in the oral health of the UK over the past four decades, a persistent and unacceptable chasm between those with the best and worst oral health persists.

Understanding why we have this gap is crucial to addressing this situation. The trustees hope that this piece of work can make a significant contribution to expanding that understanding and helping to develop practical tools to address it."

The project will be led by Dr Russ Ladwa, Dean of the Faculty of General Dental Practice at the Royal College of Surgeons of England in London. It will be hosted by the Institute of Dentistry at Barts and The London School of Medicine and Dentistry.

Thanking the trustees, Dr Ladwa said: "The award of this grant represents a great boost to research in primary care. The FGDP(UK) will work in collaboration with the host institution, Barts and The London SMD, Queen Mary University of London, which has a tradition of research in health inequalities.

Both the Institutions are delighted to be given the opportunity to carry out research that will provide evidence to develop cost effective models of delivering prevention and treatment in primary dental care."

For further information about the Shirley Glasstone Hughes Trust Fund visit www.dentistryresearch.org DT

Survey: Experience of decay at age 12

A survey carried out by the North West Public Health Observatory (NWPHO) and The Dental Observatory (TDO) working with the Department of Health (DH) and the British Association for the Study of Community Dentistry (BASCD) has provided information on the caries prevalence and severity of 12 year olds attending state schools.

Additional reports provided information about the demand and need for orthodontic intervention in this age group, experience of oral discomfort and the impact it has on quality of life, self-perception of enamel opacities1 of front teeth and brushing habits.

The data was collected by trained and calibrated examiners employed by PCTs. The data collection involved visually detecting missing teeth, filled teeth and teeth with obvious dentinal decay.

In addition the need and demand for orthodontic intervention were measured along with self-perception of enamel opacities, self-reporting of oral symptoms and the impact they had on quality of life, brushing frequency and the presence and absence of plaque.

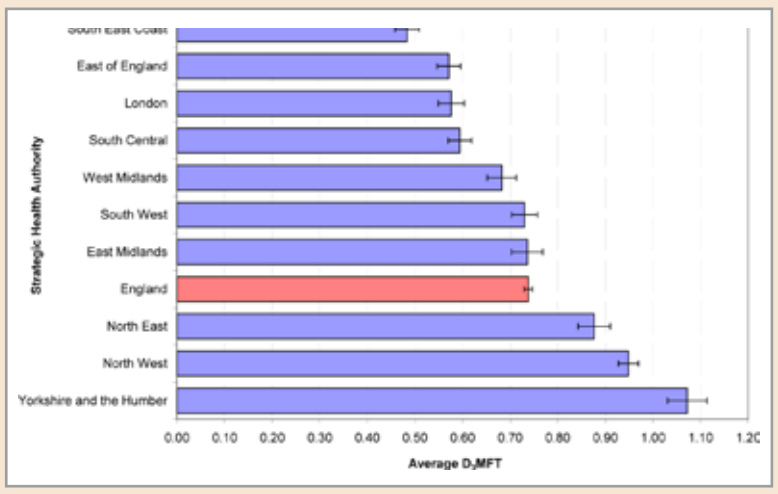
The Results

At a national level, the study revealed that 33.4 per cent of pupils had experience of caries, having one or more teeth which were decayed to dentinal level, extracted or filled because of caries.

The remaining 66.6 per cent were free from visually obvious dental decay. Overall, the study revealed that on average, 12 year old children in England have 0.32 teeth decayed into dentine.

At a national level, the average number of filled teeth is 0.35 and the average number of missing teeth is 0.07.

The results also showed that reducing levels of disease are in alignment with those found in previous years. The geographic distribution of disease levels is also consistent with previous surveys. The northern SHAs, Yorkshire and The Humber, North West and North East show higher prevalence and severity of disease than SHAs in the Midlands and the South West. The more southern and easterly SHAs, South Central, South East Coast and London, along with East of England, have the lowest levels of disease.



Average number of dentinally Decayed, Missing (due to decay) and Filled Teeth (D3MFT) in 12 year old children including 95% confidence limits.Strategic Health Authorities, 2008/09

The full tables of results at PCT, LA and regional level are available at www.nwph.net/dentalhealth. DT

Fear of red tape

Earlier last week, the British Dental Association (BDA) warned that growing bureaucracy is destroying the morale of high street dentists in England and could be driving experienced practitioners to retire early or leave the NHS. According to their research, excessive administration is the primary factor behind a downturn in dentists' confidence and this could be driving many experienced practitioners to consider early retirement.

Nearly half of all high street dentists are reporting that their morale has fallen during the past twelve months. More than 60 per cent of those said that growing administration was to blame for the decline in morale. Rising expenses and continuing problems with the 2006 dental contract, including a lack of time to provide preventive care to patients, were also cited as major factors in the declining confidence of the profession.

Worryingly, more than ten per cent of dentists aged 55 and over are already leaving the NHS each year.

The BDA is concerned that the registration of dental practices with the Care Quality Commission in 2011 could exacerbate the problems that are already being seen, and drive many dentists into early retirement. This would be a serious concern both because it could affect patients' ability to access dental care and because it would deprive dentistry of a generation of highly experienced dentists.

John Milne, Chair of the BDA's General Dental Practice Committee, said: "Morale amongst family dentists in England is becoming a real problem. My fear is that many of our most experienced practitioners, the dentists that families have relied on for generations, could feel so wrapped up in red tape that they simply choose to walk away. That would be a disaster.

"The Government is taking steps to address the problematic contract that was introduced in 2006 and we are looking forward to an announcement of how new arrangements will be developed. But it's also clear that red tape is becoming a major issue, with CQC registration a real concern for dentists. If the new contract is to be a success the Government must look at this carefully, untangle the red tape and free dentists to do what they are trained for: care

Dentists face a mountain of paperwork

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Editorial comment

As you will have seen from the front page story of this issue, I recently attended the Westminster Health Forum's meeting looking at the future of dentistry. The event was interesting and informative with the overriding message for attendees was that everything will be alright for NHS dentistry.

This would be fantastic news, except for the fact that to me it seemed that many of the speakers, with their various levels of interest in the success of a new contract and piloting, were almost trying to convince themselves that the future was indeed rosy. I can see the need for and encourage a positive attitude when it comes to the future of NHS dentistry. Stakeholders from all side of the spectrum need to come together and take the best bits from the pilot schemes to improve the experiences for patients and the working conditions for practitioners. However, there are too many cynics (myself definitely included in that) in dentistry who would feel most disquieted by a united show of optimism from both the profession and politicians. I reserve judgement until we have more clarity about CQC and how the Commissioning Board will function before donning my shades and basking in the glow of the bright new NHS. 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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Award for excellence

Edward Lynch, Head of Warwick Dentistry, part of Warwick Medical School, has been honoured with accredited membership of the prestigious American Society for Dental Aesthetics (ASDA).

Fewer than 200 educators, innovators and practitioners worldwide have received this distinguished accredited membership since ASDA was established in 1976, when it became the first aesthetic dental association in the world.

Throughout its 34-year history, the association has sought to raise awareness of this specialised area of dentistry by showcasing those experts who are able to share the best and most innovative techniques.

Edward explained: "I'm delighted to receive the honour of this prestigious accreditation...We are building a team of world class academics in Warwick Dentistry and we aim to be a world-leading postgraduate unit, internationally renowned for our high quality and relevance of our education programmes and for the excellence and significance of our research."

To mark his membership, Edward was asked to give the prestigious keynote address at the annual ASDA congress in San Antonio, Texas. ASDA introduced his keynote address by recognising his efforts in the development of Education and Research in Dentistry and for his many achievements and contributions to the profession, appearance related dentistry, dental education and research. He was also voted by his peers in April 2010 as this year's most influential person in UK dentistry. DT

Edward Lynch

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Already confirmed to speak are:
Tif Qureshi, James Russell, Nasser Barghi, Wyman Chan, Raj Rayan, Trevor Burke,
Raj Rattan, Julian Satterthwaite, Wolfgang Richter

The Arts and Crafts of charity

The Northern Ireland Branch of the BDA is holding an art and craft exhibition and auction in aid of the Ben Fund.

All the pieces have been created and donated by branch members their families and their friends. The pieces range from pictures in oil, acrylic and watercolour to bronzes, wood carvings, walking sticks and patchwork quilts.

You can view the pieces and bid for them online at www.bda.org/nibenfundauction. The online auction continues until 7.00pm on Monday 6th December. There will be an exhibition and sealed bid auction of the pieces on Tuesday 7th December at Malone Lodge Hotel, Belfast starting at 7.00pm. The presidential address will follow at 8.00pm.

The highest bid online or on the night will take the piece.

Henry Schein have kindly agreed to sponsor the evening and have agreed to deliver the items to the winning bidder. To view and bid visit www.bda.org/nibenfundauction DT

Some of the lots waiting to be bid on by one of the contributors, Tamara Timofejeva

Prison dentist gets prison sentence

A dentist who treated jail inmates has been given a 2.5-year prison sentence for defrauding the NHS.

According to news reports, John Hudson was jailed for claiming more than £300,000 from the health service by billing twice for the same treatment.

Hudson, 58, provided dental care for inmates at HMP Altcourse, a privately run facility at Fazakerley near Liverpool. Dental services at Altcourse were also contracted out and the dentist took advantage of a change in NHS accounting and billing systems in 2006.

The court heard that a good part of the illegally gotten payments went on fees for the education of his three children and holidays, but he now owes £40,000 and is being sued by the NHS for £500,000.

Hudson admitted to two charges of dishonesty and illegally obtaining credit from the health service. Judge Graham Morrow QC, who sentenced Hudson yesterday at Liverpool Crown Court, said that Hudson had held a respected position in the community at the nearby town of Whitworth, but had committed acts of blatant dishonesty that deprived patients of money that should have gone towards their care.

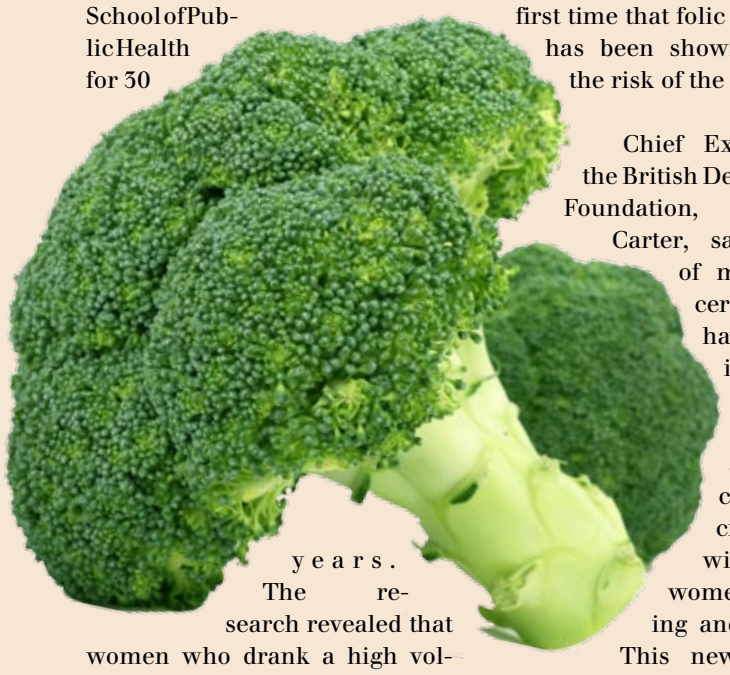
It was revealed that Hudson was paid by HMP Altcourse but also claimed £307,000 over two years.

It was also reported that Hudson approached Liverpool Primary Care Trust about a contract at the jail demanding £247,000 a year; he went on to accept half that figure. DT

Vegetables are good for you: Fact

Results from a recent study have shown that women who consume high volumes of folic acid found in Vitamin B from vegetables and some fruits are less likely to suffer from mouth cancer.

Starting in 1976, 87,000 nurses were followed by researchers from the Columbia University Medical Centre and Harvard School of Public Health for 30 years. The research revealed that women who drank a high volume of alcohol and had low folic acid intake were three times more likely to develop mouth cancer than those who drank high volumes of alcohol but had high volumes of folic acid in their diet.



As recent studies have shown, alcohol is one of the major risk factors for mouth cancer and those who drink to excess are four times more likely to be diagnosed. However, this is the first time that folic acid intake has been shown to affect the risk of the disease.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: "Rates of mouth cancer in women have been increasing for many years as a result of changed social habits with more women smoking and drinking. This new research could offer a method to reduce this by looking at the folic acid intake and increasing fruit and vegetables ontaining folic acid in the diet. "In the past studies have tended to focus on males, as they are twice as likely to suffer from the disease. Whilst this study focuses on women we know that men also benefit from the protective value of increased fruit and vegetables".

Folic acid or vitamin B9 is essential to an individual's health by helping to make and maintain new cells. Alcohol leads to a reduction in folic acid metabolism by creating acetaldehyde which leads to a reduction of folic acid in the body. Folic acid is found in vegetables such as spinach, asparagus, beans, peas and lentils and is added to bread. Fruit juices, broccoli and brussel sprouts contain smaller amounts.

Having an unhealthy diet has been linked with around a third of mouth cancer cases. Recent research has also shown that an increase in food such as eggs and fish that contain Omega 3, and nuts, seeds and brown rice, which are high in fibre, can help decrease the risks. DT

Radioactive dentists

The Health Protection Agency has been introducing guidance on radiation protection for dentists using certain new types of scanners in dental surgeries.

In the past few years, specialist dental surgeries all over the UK have been introducing Cone Beam Computed Tomography (CBCT) technology to aid treatment. These scanners are similar to those used in hospitals for medical examinations; however they only scan the jaw and skull.

The scanners are used for specialist examinations and can deliver higher doses of radiation, unlike other X-ray equipment that dentists use.

Because of the rapid uptake of this new technology and the lack of specific safety guidance on its use, the Health Protection Agency's dental radiation specialists assembled a group of experts to formulate guidance for dentists.

Dr John Cooper, Director of the Health Protection Agency's Centre for Radiation, Chemicals and Environmental Hazards, said: "Cone Beam Computed Tomography is a new and useful tool for dentists. However, like any X-ray equipment this technology utilises radiation and therefore there are risks.

"I am sure that the detailed and thorough work undertaken,, will play an important role in ensuring that doses to patients are effectively controlled and that all others involved in the use of this technology, dentists and their staff, are well protected."

The new guidelines sets out:

• What dentists should do before acquiring a CBCT scanner, including choosing suitable equipment, ensuring staff are adequately protected and making sure rooms where the equipment will go are specifically designed for the technology.

• How existing regulations apply to the use of CBCT.

• Standards that dental CBCT scanners should be tested against to make sure they work correctly and are capable of keeping patient doses as low as practicable.

New guidance on radiation protection has been released for dental professionals

• The training that dentists and other users, will need to enable them to use the new technology properly.

The expert group included HPA dental and medical radiation protection staff, dentists, regulators, medical physicists and academics.

Dr Cooper added: "This guidance will play an important role in protecting all those involved in the use of CBCT and I want to thank the group which developed it for its hard work. The fact that those on the group come from such diverse backgrounds illustrates how this advice has been developed by all those with a professional interest in this field.

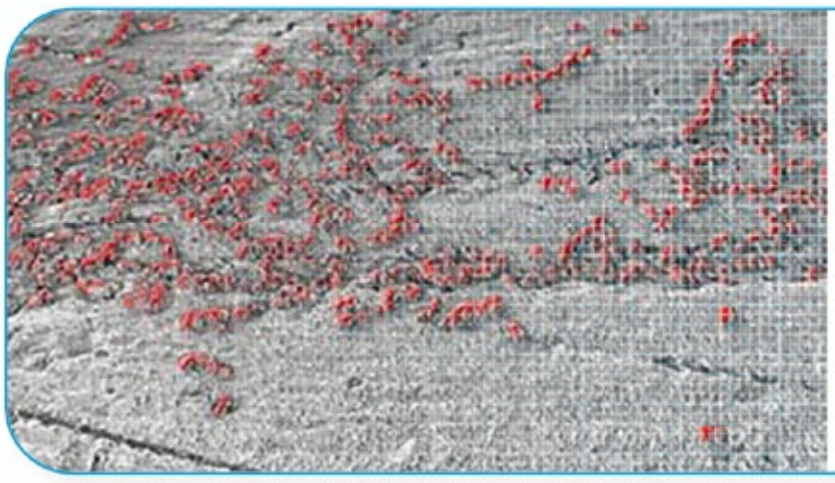
"I hope that dental professionals will find this guidance useful." DT

NEW

40% of denture patients are concerned about denture odour[1]

Yet many denture wearers fail to keep their dentures clean[2].

That's because brushing dentures with ordinary toothpaste can scratch denture surfaces[3]. And scratched surfaces can lead to bacterial growth[4] leading to denture odour.



Scanning electron microscope (SEM) images at 240 minutes confirm a significantly higher build up of Streptococcus oralis on denture materials previously cleaned with ordinary toothpaste vs. a non abrasive solution[5]

Poligrip denture cleansing tablets effectively remove plaque and tough stains[6] without scratching[3], to leave dentures clean and fresh. Poligrip Total Care denture cleansing tablets also kill 99.9% of odour causing bacteria.

Recommend Poligrip denture cleansing tablets to help your patients control denture odour

References: 1. GlaxoSmithKline data on file, 2010. **2.** Dikbas I et al, Int J Prosthodont 2006; 19: 294-8. **3.** GlaxoSmithKline data on file Study L2630368 2006. **4.** Charman KM et al. Lett Appl Microbiol. 2009; 48(4):472-477. **5.** GlaxoSmithKline data on file Study NPD/EU/062/07 2008. **6.** GlaxoSmithKline data on file Study USNPD 016 and CS5244.

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Charity fright bite at dental practice

Going to the dentist is already a scary prospect for many, but one Hampshire surgery made sure patients were in for an extra fright this Halloween. Spooky goings on at the Boyatt Wood Dental Centre, Eastleigh, saw Count Dracula and his team of Mummies, Witches Fairies and Cat Woman pacing up and down the corridors. Peter Saund and his bewitching dental team ensured a trick and treat for their patients as they donned their scariest outfits to end a month of fundraising for Cancer Research UK.

Dr Saund, who lost his wife Veena to ovarian cancer in September 2007 at the tender age of 43, said that this was the second year their campaign raised over £1400. Last year the theme was Christmas and they raised £906. They have already started planning next year's campaign, Hawaian fancy dress, in the summer. 'It would be great if we could hit £2000 next year', said Peter. DT

Peter Saund and his spooky team

Queen's awarded for communication

Queen's University and RNID Northern Ireland have won a national award for their work in ensuring future doctors are better equipped to communicate with deaf patients.

Queen's School of Medicine, Dentistry and Life Sciences received the Organisational Achievement accolade at the annual Signature Awards for its Specialist Module on Deafness. Hosted by leading deaf charity Signature, recognise those who have made a significant contribution towards achieving a society in which deaf and deafblind people have full access to society.

Second year medical students are offered the specialist module, delivered by the RNID in British Sign Language (BSL). It ensures that future doctors are better equipped to communicate with deaf patients, and includes information on deaf awareness, deaf culture and healthcare issues for people who are deaf or hard of hearing.

Following the success of the module, both Queen's and the RNID now intend to make the module available to all healthcare-related undergraduates at the University, through the development of a website funded by the Higher Education Academy.

For information on the School of Medicine, Dentistry and Life Sciences at Queen's visit at www.qub.ac.uk/schools/mdbs/ DT

CHRISTMAS COMPETITION

With Christmas just around the corner you can't help but feeling Christmassy! So what's better than a festive Competition?

This Christmas, Dental Tribune has teamed up with the British Dental Association (BDA) to give you a chance to win some unique Christmas gifts and for those who want to buy a Christmas gift with a difference look no further! The BDA have come up with a unique range of charity gifts in assocation with Dentaid, who have supported 210 oral health projects in 58 countries around the world.

The range of charitable gifts include a dentist's toolkit and training manual to help a dentist in the developing world; a chance to pay for 250 education leaflets to help stop the practice of infant oral mutilation, the second most common cause of infant mortaility in Uganda; there is also a gift which supplies a Cambodian orphanage with dental care for a year.

Alongside these charitable gifts are also some rather unique ideas, such as tooth-shaped golf tees, which come with uniquely-shaped ball markers. There are also tooth and brush cufflinks and tooth charm earrings, a tooth floor lamp and framed cartoons with a dental theme.

For a chance to win one of three goodie bags worth more than £50, simply answer this question:

In what year was the BDA founded? Was it
a) 1792 b) 1850 c) 1880

Email your answers to lisa@dentaltribuneuk.com with the subject 'Christmas competition'.

The closing date for the competition is 15th December 2010.

Good Luck!

To have a look at all the gifts available visit the BDA website *www.bda.org/xmas*

Denplan Awarded 'Best Large Stand' at BDTA

As part of the 2010 BDTA Dental Showcase, Denplan was recognised as the winner of *Exhibiting* Magazine's 'Best Large Stand' category!

Exhibiting is the UK's leading exhibition and events magazine, which conducted an independent review of all the stands at this year's showcase.

Editor, James Barrett, commented that: "The Denplan brand was very well represented by its stand and staff. Staff were bright and attentive and the stand design, promotional giveaways and staff attire all linked in to its brand values and image."

The Denplan stand asked "Do you do Denplan?" and demonstrated that it is the only dental payment plan brand that consumers can ask for by name.

Denplan's Managing Director, Steve Gates added: "Our stand this year was designed to highlight the unique benefit that our brand offers members.

"The BDTA has been a great success for us this year and this award is the icing on the cake, recognising the team spirit and hard work of our Events team and all the staff on the stand." DT

Free screening for oral cancer

A dental practice in Surrey is offering free screenings for oral cancer to support Mouth Cancer Action Month.

Throughout November, the Montrose Smile Studio in Montrose Avenue, Whitton, is offering patients a free screening test, as part of Mouth Cancer Action Month.

As has been stressed throughout Mouth Cancer Action Month, oral cancer is fast becoming common in the UK, however, many people are unaware of the symptoms and signs to look out for; consequently many are failing to see a doctor or dentist until their condition is at an advanced stage.

Therefore, the aim of the campaign is to promote regular appointments in order to ensure early detection and treatment.

The Montrose Smile Studio is raising awareness by using the slogan which accompanies the campaign 'If in doubt, get checked out'; in addition to the screening programme, the surgery is also providing patients with leaflets and information about symptoms and causes of oral cancer.

Dr Nigel Carter, from the British Dental Health Foundation, is urging members of the public to see their dentist for a check-up every six to twelve months. It is being asked that people keep an eye out for symptoms of oral cancer and make positive changes to their lifestyle habits, in order to reduce the risk of developing oral cancer.

Drinking regularly and smoking have been identified as the major risk factors of oral cancer and a poor diet, lacking in fruit and vegetables, can also increase the risk.

Symptoms and signs to look out for include red or white patches in the mouth, unusual swelling or lumps in the throat or mouth and sores which do not heal for a long time. DT

New BSDHT President

At the recent BDTA Showcase Sally Simpson, (*pictured)*, was installed as the new President of the British Society of Dental Hygiene & Therapy, BSDHT. Sally takes over from Marina Harris. who has completed her two-year term.

Sally has been a member of the BSDHT from when she was a student at King's College in London in 1995 where she was studying to be a dental hygienist. She subsequently joined her BSDHT regional committee and held the positions of Honorary Treasurer and Regional Representative on the National Council. Since then Sally has acted as a consultant to the dental trade industry, working closely in the development of equipment aimed at the DCP markets and has been a member of the Executive Committee for the last four years. Sally became President Elect two years ago and will serve a two-year term as President.

Speaking at the Annual General Assembly of Members Sally said: " It is an honour and a privilege to become BSDHT President, I am committed to representing the views of our membership, promoting our profession and organisation, and continuing the work of past presidents and executives in further developing relationships with other major organisations in Dentistry and Healthcare."

The President of the BSDHT, leads an Executive Committee of 10 that is responsible for the day-to-day management of the Society. The President also heads the BSDHT Council, which ratifies recommendations made by the Executive, sets budgets and ensures that the aims of the Society are being met.

The British Society of Dental Hygiene & Therapy, BSDHT (formerly British Dental Hygienists' Association, BDHA) was set up in 1949 by a group of 12 dental hygienists who felt the time was right to organise a professional association to represent the interests of their profession. More than 60 years later, the BSDHT is a nationally recognised body that represents more than 4,000 members across the UK and beyond.

The Society's aims are to:

- Represent members at national level, particularly in the political arena.
- Provide services to members.
- Support members on issues which affect their working lives.
- Produce a publication that educates, updates and inspires.
- Provide CPD opportunities, both locally and nationally.
- Help members to find employment and provide guidance on contractual matters, as well as salaries, and access to a 24/7 legal helpline.
- Listen to members and respond accordingly. DT

Halloween on Canal St

Elaine Halley gets residential and looks at critical reading

Following on from a few more webinars, the course module on critical reading has begun. This is hosted on Manchester University's own platform called Blackboard, which allows us to follow the course on-line week by week. We were introduced to the system by Anne-Marie Glenny, who is the course leader and tutor and advised us that if we keep up week by week she will be facilitating the discussion board and we will get feedback week by week. This has been a good discipline as otherwise it has been tempting to let the lectures build up and then find you have nine hours of webinar to catch up on in a short space of time. The blackboard system utilises interactive learning with videos and tutorials on searching for documents on Medline and other databases – I had no idea there were so many different ways to search! There are also links to further learning including some very useful checklists on how to critically appraise different types of studies – dusting down my memory banks to remember the difference between an RCT (not the endo type!) and a cohort study etc. And I am thrilled, in a kind of sad way that I should probably not admit, to see that this week there is a section on Endnote – I may finally understand how to keep track of all my references! Hooray!

We faced considerable stress and late nights to complete the submission of our next five clinical cases – which was reduced to three at the last minute, but I managed to submit five as that means I've only got six instead of eight to get together before the end of January. The clinical case submissions are very specific which makes case selection quite difficult – and we are learning how to include more evidence in the case write-ups. The specific feedback is yet to be received so we'll see! I was fortunate to have documented many cases over the years which I could use in some instances (although there always seems to me a photo missing!) but if you have just started with photography at the start of this course, the workload to get all the cases in must be even harder.

This deadline was closely followed by our second residential course held in Manchester with teaching at the MANDEC institute. We had three days with Prof Nasser Barghi, who has unbelievable energy and passion for teaching – and provided a detailed update on materials, repairs in porcelain and handling Zirconia. The hands-on session was well supported by Optident who had order forms for everything that was mentioned in the lectures. The Sunday was a hands-on critical appraisal session (not easy after Halloween on Canal Street – you'd think I'd learn!) followed by a hands-on session on muscle exam and face-bow registration.

Again, I have the greatest respect for the students who have travelled literally from all over the world. Never again can I complain about the flight from Edinburgh. The diversity within our student group truly adds to the learning experience.

Meanwhile – I have two deadlines looming in the next few weeks – a critical reading assignment and two essays. Help – Medline here I come!! DT

About the author

Elaine Halley BDS DGDP (UK) is the BACD Immediate Past President and the principal of Cherrybank Dental Spa, a private practice in Perth. She is an active member of the AACD and her main interest is cosmetic and advanced restorative dentistry and she has studied extensively in the United States, Europe and the UK.

Fantastic plastic?

Richard Lishman discusses some of the options available to manage your credit cards

Oscar Wilde once famously remarked, when a colossal fee for an operation was mentioned, that he would have to die beyond his means.

Even before the recession, the statistical evidence that many of us were sustaining our lifestyles on the back of our credit cards was overwhelming. As hard times continue, and with inflation returning, if you find you cannot clear the balance on your plastic friend at the end of every month, it's time to take a long, hard look at the deals on offer across the credit card market.

In spite of a Bank Base Rate of only 0.5 per cent, credit card interest rates are averaging an astonishing 18 per cent, the highest level since 1998. Dr. Altman, a former Downing Street pension's adviser, is calling for an investigation into the industry and has suggested appointing a regulator to protect the public from exploitation. Recent Government proposals do suggest it is considering taking action, but the companies themselves justify the figures by referring to the increasing number of customers defaulting on their liabilities, itself a reflection of the recession-induced rise in unemployment.

Although as individuals we cannot control macro economics, we are able to take responsibility for own circumstances. The first step is to attempt to reduce the rate being charged by your current card provider. The market is awash with card issuers, and in the competitive pursuit of new business introductory rates are often much more favourable than those for existing card holders. For the cost of a phone call, you may be able to switch to this lower rate – typically about half of what you may be paying now. It's well worth the effort; the difference between 18 per cent and nine per cent on an outstanding balance of £5,000 is £450, or roughly £9 a week!

If this direct approach is unsuccessful (the company may feel you are a high risk customer, depending on your payment record or pattern of card usage, or it may simply not be company policy), then you need to vote with your feet.

A by no means exhaustive check of the market quickly revealed no fewer than 85 zero per cent balance transfer offers with a wide disparity in terms and conditions. You need to decide which offer dovetails best with your own finances.

> *'Although as individuals we cannot control macro economics, we are able to take responsibility for own circumstances.*

Whatever the banks may say about supporting society, their first obligation is to make a profit and 0 per cent loans are clearly untenable in the longer term. But this does not mean you cannot exploit the situation to your own maximum benefit.

Of the 85 offers I found, only two did not charge a transfer fee, while the 0 per cent interest 'honeymoon' period varied between one an 15 months, with some stating a definite end date. In most cases the fee was between two and four per cent of the balance transferred, with the longer interest free periods attracting the higher fees. Of course, if the transfer fee is taken into account and spread over the relevant period, 0 per cent effectively ceases to be 0 per cent, whatever the advertisements may say! You should also take note of the rate which kicks in after the 0 per cent period, which will be higher the longer the interest free period lasts.

However, if you are confident you can clear the outstanding balance within the 0 per cent period, and especially if there is no transfer fee, this is the ideal deal for you.

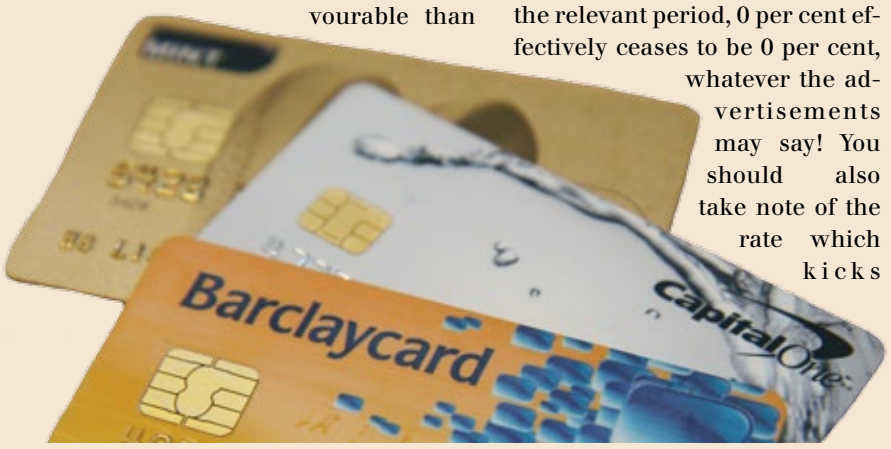
Naturally not everyone is in this happy position, but there are alternatives on offer.

Some companies are offering specific transfer rates for the life of the balance, and these are worth considering if you know it is likely to be years before you will be back in credit. Comparable with an orthodox personal loan, balances can be repaid at any time without penalty if your circumstances change. Again, terms and conditions vary widely, (with rates from 0 to a massive 35 per cent!), and in some cases fees are applied. Flexibility is a key advantage of these arrangements, and over the longer term they may well prove competitive for some types of borrowers.

Zero per cent on purchases for the first few months is always tempting, and makes sense if you can clear the balance at the end of that time, but the eventual rate on such a deal is likely to be significantly higher than average.

The credit card 'tart' who changes provider every nine-months in pursuit of 0 per cent deals often finds it's more expensive when fees are taken into account, and whenever you switch check on the ultimate rate before you decide. Sticking with one company with a lower rate for the life of the balance is often the best policy.

Most vital of all, (apart from reading the small print!), is to make at least the minimum monthly payment, and do talk to the card provider if you're struggling. Defaults are not in anybody's best 'interests!' DT



About the author

Richard T Lishman of money-4dentists, which are a specialist firm of Independent Financial Advisers who help dentists across the UK manage their money and achieve their financial and lifestyle goals. For more information call 0845 345 5060 or email info@money-4dentists.com

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