

DENTAL TRIBUNE

— The World's Dental Newspaper • United Kingdom Edition —

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News in Brief

Sci-fi brush technology

A new medical laser toothbrush has been introduced by South Korea's M&H (Medical & Human technologies). The new laser toothbrush uses a low level laser therapy which is designed to treat dentin sensitivity. According to the products website, through clinical testing and study, the laser toothbrush is shown to have the capability to "cure hypersensitive teeth's problems including pain relief and help to restore dental health." It has also been stated that Dental.M also whitens teeth. The laser technology reportedly prevents various diseases caused which are caused by infectious bacteria, allowing the user to maintain proper oral hygiene and healthy teeth. The Dental.M laser toothbrush is controlled by a built-in micro-computer and has a waterproof design.

Dentist claims £1.85m

Dentist Emmanouil Parisi, 46, formerly of Barnstaple, Devon, has been jailed for five years after he admitted eight charges of false representation. Parisi had debts of £379,000 and claimed on 15 different life insurance policies: He made £1.85 million after he faked his own death in a car accident in Jordan. According to reports, the court heard that his £135,000-a-year salary was not enough to pay off his debt and his defence team said the fraud was driven by desperation. After he moved to Scotland, his wife, Stilian Parisi, 41 stayed behind in Devon to play the part of the bereaved widow. For the first three months of his "death" the couple's four children believed their father was dead.

Easter Warning

Last weekend British people will consumed more than 80 million Easter eggs and dentists were worried that people were unaware of the link between sugar consumption and oral health issues, including decay and gum disease. Numerous studies have now shown that gum disease and poor oral health are linked to an increased risk of many serious, potentially life-threatening diseases, including strokes and heart disease. In order to reduce the negative impact of eating Easter eggs, dentists encouraged people to eat at mealtimes, rather than between meals, to reduce the frequency of acid attacks, which leave the teeth susceptible to decay and acid erosion.

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News



Seeing the future
Joint partnership for dental practice and opticians

► page 4

Clinical Innovations



What went wrong?
Eddie Scher gives a lecture preview

► pages 8-9

Money Matters



Buying a practice?
David Brewer provides a guide for today's world

► pages 14-15

Events



Clinical Innovations
A look at this year's event

► page 30

One lump or twelve?

New reports spark debate on refined sugars in savoury foods

After a much desired Easter break, with plenty of chocolate consumed in a more than average quantity, sugar has become the hot topic of debate to hit the headlines; but it's not the chocolate that has highlighted this fresh concern.

A controversial *New York Times Sunday* magazine cover story *Is Sugar Toxic?* has proposed that sugar, in all its sweetness, may actually be toxic, and there are even suggestions that it could be as dangerous as cigarettes and alcohol.

But how much is too much? And is the source of the sugar important? Figures demonstrate that sugar consumption in the UK has increased by more than a third since the 1980's and even though people are consciously putting less sugar on their cereals or in their tea, many are being caught unaware by the secret sugars that are hidden in even the most savoury of foods.

The extent of the secret sugar problem has recently been discovered by BBC Scotland Health Correspondent Eleanor Bradford, who after giving up refined sugar for Lent became increasingly aware of the hidden sugar content in almost every food; including bread, mayonnaise and even crumpets!

Dentists are becoming increasingly concerned about the amount of sugar people are consuming, and dentist Kieran Fallon, a spokesman for the British Dental Association, expressed his concerns about the effect of sugar consumption: "As dental students we were always made aware of hidden sugars. People

should look at the breakdown of percentages per serving: Putting it in perspective five grams = one teaspoon of sugar.

"For an alternative snack eat whole fruit, not pulped fruit as this releases sugars. Also giving dried fruit to children between mealtimes can be just as bad because when fruit is dried the sugar becomes concentrated. Whole cheese, not processed cheeses (especially those that are aimed at children because these contain sugars), can also be recommended.

"With regards to there being hidden sugars in foods I absolutely agree that there is too much. Manufacture's believe that they have to add flavourings, such as salt and sugar, to their products to make them attractive. Even cooking sauces have sugar, which means that what you are eating isn't as healthy as you think."

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: "For many years dentists have recognised the large amounts of sugar in many foods where it is often added as a cheap bulking agent.

"Looking for hidden sugars often listed as sucrose, maltose, glucose, fructose etc can help the public cut down on how often they have sugary foods and drinks and help with both dental health and obesity."

A spokesperson from The Sugar Bureau said: "A reanalysis of data from two dietary surveys of British school children, 1985 (Department of Health) and 1997 (National Diet and Nutrition Survey), found while BMI increased 2-3kg, there was no significant

change in total sugars intake over that period.

"In this study key sources of sugars in the diet did change with a marked shift away from table sugar and milk, biscuits and cakes, counterbalanced by a significant increase in soft drinks and, to a lesser extent, fruit juice and breakfast cereals.

"The authors of this paper concluded that reduced energy expenditure, rather than dietary factors, is more likely to be a cause of increased BMIs recorded in chil-

dren over this time.

"The amount of sugars consumed is not considered the primary dietary factor associated with caries development. According to the most recent review of the scientific evidence by EFSA (2010) ...*caries development related to consumption of sucrose and other cariogenic carbohydrates does not depend only on the amount of sugar consumed, but is also influenced by oral hygiene, exposure to fluoride, frequency of consumption, and various other factors.*" **DT**

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MRSA discovered on braces

A recent study has revealed some of the bacteria found on orthodontic retainers, worn after orthodontic treatment is completed, can be associated with the hospital superbug MRSA, a condition which can lead to blood poisoning.

The research, carried out by the UCL Eastman Dental Institute in London, also found a further two thirds of retainers examined

contained a type of yeast connected with fungal infections, with both types of organism found potentially harmful to the population.

According to the British Orthodontic Society, nearly one million people in the UK began orthodontic treatment last year, and with more adults than ever before wanting treatment, Chief Executive of the British Dental Health Foundation, Dr Ni-

gel Carter, took the opportunity to encourage those who wear removable braces or retainers to develop high standards of oral hygiene.

Dr Carter said: "If you wear a removable appliance, it's important you take the time and effort needed to keep your teeth and braces clean. If you have good oral hygiene while wearing a brace, this will help avoid developing problems such as dental decay,

gum disease and tooth decalcification, and can often be the difference between a successful course of treatment or otherwise. Removable appliances should be cleaned with a brush soak brush method of cleaning using an effervescent denture cleaner to help remove the bacteria and other organisms from the surface of the appliance. Simple things such as washing your hands before touching anything that can come into contact

with your mouth can go a long way to reduce the risk of infection." Living with a brace can, at first, alter the foods consumed. The Foundation's own *'Tell Me About'* leaflet range has a title devoted to the topic called *'Living With My Brace'*, which gives all the relevant information about a fixed or removable brace. The title, and many more, are also available online. Simply visit www.dentalhealth.org/tellmeabout to find out more. **DT**

Responding to the Red-Tape Challenge

The British Dental Association (BDA) is calling on the profession to join in the government's Red Tape Challenge by drawing attention to the myriad rules and regulations that distract them from providing patient care. An example is the disproportionate and duplicative regulation requirements now imposed by the Care Quality Commission, but there are many more.

The BDA welcomes this initiative, which government ministers say not only offers the public an opportunity to say what they really think of unnecessary regulation, but also commits them to repealing legalisation that cannot be justified.

In a new pledge to get rid of unnecessary red tape, government departments will have to justify every single set of the 21,000 statu-

tory rules and regulations in force today. Taxation, national security, and EU laws, are the only areas exempt from this scrutiny which will take place over the next two years. The exercise will apply to legislation in Northern Ireland, Scotland and Wales, where the government has jurisdiction.

Commenting on the Red Tape Challenge, Dr Susie Sanderson, Chair of the British Dental Asso-

ciation's Executive Board, said: "This initiative chimes in well with the BDA's long running campaign against red-tape in dental practice. Specifically, we will be asking members to suggest exempting dental providers from regulation by the Care Quality Commission and from licensing by the new healthcare economic regulator, Monitor.

"Our members have also told

us that they are fed up with the ever burgeoning, and costly legislation that falls into the realm of 'law box-ticking', rather than an evidence base for the need for compliance by dental practices.

"It's vital though that this red-tape initiative is not just window dressing and that we see some real reduction in the unnecessary and unjustified regulatory burden that hampers dentistry." **DT**

Substance-dependent individuals report poor oral health

Researchers from Boston University have found that the majority of individuals with substance dependence problems report having poor oral health. The researchers also found that over the period of a year opioid users in particular showed a decline in oral health. The findings appear online in the Journal of Substance Abuse Treatment.

According to reports, public health, dental medicine and internal medicine faculty from Boston University investigated the effects of different substances on oral health among a sample of substance-dependent individuals. Alcohol, stimulant,

opioid and marijuana users were included. The subjects were asked to self-report their oral health status on a five-point scale ranging from poor to excellent.

Statistical analysis of the patients' reports found no significant associations between the types of substances used and oral health status. The results did show, however, that 60 per cent of all subjects reported fair or poor oral health. Opioid users in the sample also exhibited worse oral health compared to one year ago.

"We found that the majority of our sample reported fair or poor oral health," said Me-

redith D'Amore, MPH, a researcher in the Health/care Disparities Research Program at Boston University School of Medicine and Boston Medical Center. "Thus, oral health should be considered a significant health problem among individuals with substance dependence and providers should be aware of potential oral health issues."

The researchers hope that their findings prompt more oral health interventions targeted toward individuals with substance dependence in the future. They also suggest that engaging addicts in medical care discussions may be facilitated by addressing oral health concerns. **DT**



Substance-dependent individuals report poor oral health

Dentist defrauded NHS

It has been reported in a local newspaper that a dentist who defrauded the NHS in order to treat deprived patients has been suspended for two years and handed a 12-month jail term.

It was reported that Bristol Crown Court heard that Dr Jonathan Hunt had a £323,000-a-year contract to provide NHS dental work at his practice in Stapleton Road, Easton; however, he claimed £77,800 to continue treating his patients.

The court heard that Hunt used the money to keep his Stapleton Road practice afloat in

order to treat people in need throughout the area, including drug addicts and an increasing number of immigrants with poor dental health.

The fraud was uncovered as a result of an investigation mounted by NHS Dental Services. Hunt, 53, admitted seven charges of false accounting between March 2005 and October 2007.

The court heard Hunt has been suspended from his job, sold his practices in Easton and North Street, Bedminster, and paid all the fraudulently claimed money back.

According to reports, Judge Carol Hagen told him: "There was no element of personal gain whatsoever. On the contrary, you subsidised staff salaries from your own salary."

"You provided treatment to a large number of patients under the NHS, at the highest standard, for many, many years. Up until the changes in remuneration in April, 2006, the Stapleton Road practice was flourishing. But the effect of those changes, combined with difficulties in providing the service you previously provided, led to the situation being untenable." **DT**

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Editor

Lisa Townshend
Tel: 020 7400 8979
Lisa@dentaltribuneuk.com

Advertising Director

Joe Aspis
Tel: 020 7400 8969
Joe@dentaltribuneuk.com

Sales Executive

Joe Ackah
Tel: 020 7400 8964
Joe.ackah@dentaltribuneuk.com

Editorial Assistant

Laura Hatton
Laura.hatton@dentaltribuneuk.com

Design & Production

Ellen Sawle
ellen@dentaltribuneuk.com

Dental Tribune UK Ltd

4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1N 8BA

Editorial comment

As I write this the sun is shining, it's getting too warm to work indoors and in a couple of days the Easter Bunny will be delivering a large pile of delicious chocolate treats for my already hyperactive kids (not from me I hasten to add, they have two competitive, sorry, doting grandmothers...).

Renewal of Brunei agreement

King's College London Dental Institute can look forward to three more years of collaboration aimed at the development of the dental workforce in Brunei Darussalam after the renewal of the agreement with the Government of Brunei. Professor Stephen Dunne, Head of Dental Practice & Policy at the Dental Institute and Mrs Mabel Slater, Head of Dental Care Professionals Centre for Education and Learning will take this collaboration forward.

In welcoming the news of the signing of the renewal of the agreement, Professor Dunne said: "I am delighted that we are continuing this highly successful collaboration. It is a great pleasure to work with Ministers and colleagues in Brunei Darussalam. Much has been achieved during the past three years, in particular, the establishment of a Brunei Diploma in Dental Hygiene and Therapy Programme.

"In addition, foundations have been laid for other areas of workforce development, including Dental Technology and a Dental Hygiene Therapy Conversion Programme. Discussions are also underway to establish a National Survey of Oral Health Brunei Darussalam to fully inform dental workforce requirements for the future. Thus, I am confident that the next three years of our collaboration will be just as successful as the last."

In the meantime, discussions, being led by the Dean, continue with the University of Brunei Darussalam in respect of the possibility of collaboration in respect of BDS (Bachelor of Dental Surgery) training. DT



I don't know if dental professionals love or loathe this time of year – all that sugar and chocolate and gooey things just waiting to be scoffed against every bit of advice given at dental appointments; or the kind of cariogenic situation that gives fuel for the oral health instruction! (and I bet you thought I was 'going down the

more work for me' route...) Needless to say I hope that everyone enjoyed a peaceful time during the Easter break and are looking forward to the mayhem that will be the Royal Wedding and May Day! Of course it would be remiss of me not to mention the upcoming Clinical Innovations Conference, just two weeks away. To be held May 6-7 at the Royal college of Physicians in Regent's Park, London. Not only will some of the world's top speakers be there, but you'll also have a chance to see me as I will be attending! For more information about the event go to pages eight, nine and 30 of this issue. DT

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I Furgang et al, J Dent Res. 2011; 90 (Spec Issue): Abstract 3073.

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And how about topping it all off with a night on the tiles in Manchester's vibrant town centre? The British Dental Conference and Exhibition 2011 19th

-21st May 2011 offers dental care professionals all this and more.

In collaboration with Oral B, the event team of organisers has put together a series of sessions specifically designed for dental professionals. For the first time the BDA is providing a DCP theatre within the exhibition, offering a series of 21 bite-sized lectures on a variety of inspiring topics, all absolutely free!

On 19th May speakers will cover subjects including:

- Fear-free dentistry
- Medical emergencies – allergies and allergic reactions
- How to integrate prevention into your daily practice
- Periodontal health
- A-Z of running a successful practice
- The dental nurse as a registered professional
- The prevention of oral cancer

On 20th May speakers will cover subjects including:

- Medical emergencies
- The prevention of tooth wear

- Tooth whitening
- The developing role of dental care professionals in oral health
- Tips for reducing stress at work
- Medical emergencies – respiratory difficulties

On 21st May speakers will cover subjects including:

- Good record keeping
- Periodontal health
- Boost your profitability with business planning
- How social networking can help promote your practice
- Smoking cessation

Places are available on a first-come, first served basis throughout the day, enabling you to drop in and out as you please. 2011's exciting programme of lectures and seminars in the main hall is not to be missed.

Featuring a variety of leading speakers from around the world, dental care professionals will be spoilt for choice.

For more information visit www.bda.org.uk/conference or call 0207 935 0875. **DT**

Dentist sees the future with optician partnership

A joint venture partnership dental business is opening its first practice in a high street optician in Dundee, Scotland.

A.S. Optometrists has bought an Ideal Dental Care franchise and has set up the fully branded concession within its practice offering both NHS and private treatments.

It's a ground-breaking move for Ideal Dental Care and owner Peter Thompson is keen to demonstrate the success of the new model – both in terms of the wider range of healthcare provision available to patients under one roof and also the potential business opportunities for optical companies looking at innovative ways to expand their

service proposition.

"There is an immense amount of synergy between dental and optical businesses and it's a fantastic opportunity for A.S. Optometrists to further enhance the range and scope of healthcare treatments it can offer its patients," said Peter.

"In a competitive marketplace it's important that businesses such as opticians have a point of difference and having a complementary service such as a dental practice can only be a good thing in retaining existing patients and attracting new ones."

A.S. Optometrists has its first dentist in place ready for its mid-April opening and own-

er Ameen Sattar already has a large number of customers who have joined the waiting list to become patients.

"We are acutely aware of the needs of our patients and one thing that came through loud and clear was the demand to have a range of healthcare professions under one roof," Ameen Sattar said.

"Franchising is commonplace within optometry but is still in its infancy in the dental industry – which really surprised me. But it's good to see that there are forward thinking business people in dentistry such as Peter Thompson who is making it work both as a standalone and concessionary practice."

"I'm very excited about the future of my business and hope this

isthespringboardwhichwillenable me to take it to the next level." **DT**



Ameen Sattar and Peter Thompson

Go 'Absolutely Dental!'

The British Dental Health Foundation wants dental and health professionals to go 'Absolutely Dental!' during National Smile Month by helping to plot hundreds of street and place names with fun dental themes.

The Foundation has published the first ever 'UK Dental Place Map', and it is hoped that everyone involved in dentistry and the health professions will add to the map and join in the fun in time for the start of National Smile Month on 15 May 2011.

Some of the many addresses and locations plotted on the map so far include Floss Street (London), Drill Lane (Canterbury), Brace Avenue (Gwent), Mouth Lane (Wisbech), Canal Street (Leeds), Surgery Lane (Hartlepool), Wisdom Drive (Hertford), Tartar Road (London), Smiley Court (Northern Ireland), Bracebridge Street (Nuneaton),

Scales (North West), Tongue (Scotland), Staines (Surrey), Toothill (Swindon) and Root (North West).

Dr Nigel Carter, Chief Executive of the British Dental Health Foundation, said: "It's important for the image of dentistry that we can show the public a less serious side to our profession. National Smile Month is an opportunity for everyone in the profession to join in and send serious messages to the public about how to improve oral health. But it is also a chance to help change our image by engaging with the media and show-

ing the public the fun side of the profession.

"We hope that everyone will scour their local A-Z street maps over the next few weeks and help us to plot a few more locations. We also hope that some dental practices will take photographs of them next to the street or place signs. We'll upload the photographs onto the National Smile Month website at www.smilemonth.org and we hope that everyone's efforts will help to create a fantastic story with the media during National Smile Month." **DT**



Four practices win £500 each

Dental practices across England and Wales have been participating in the BDTA's 'Kick out the sweets, bring on the treats' Change4Life campaign for the past six months; displaying posters, encouraging patients to complete questionnaires and delighting their younger patients with colourful stickers.

More than 2000 completed questionnaires have now been returned by the general public and four practices responsible for generating some of these responses have been selected at random as winners of the BDTA member gift voucher prizes.

The lucky winners were:

- The Robert Wakefield Dental Surgery, Driffild
- Ghyllmount Dental, Penrith
- Naidu & Naidu Dental Care, Essex
- The Dental Care Centre, London

Tony Reed, (pictured), Executive Director at the BDTA, commented: "Many dental practices were keen to be actively involved with the BDTA's Change4Life campaign which was very encouraging as it was a perfect way to get children interested in dental health. Thank you to all the practices who promoted the campaign and congratulations to the winners!" **DT**



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Happy the Hippo here to help

Happy the Hippo has been recruited by the British Dental Health Foundation to help teach young children how to look after their teeth. Around one third of children under the age of 12 in the UK continue to suffer from dental decay. Happy will be joining the Foundation in May to help lead the 35th National Smile Month campaign.

Despite major improvements in children's oral health over the past 40 years, many children

are still being affected by dental decay. The most recent data suggests that around a third (31 per cent) of five year olds starting primary school will have dental decay. The picture is slightly worse for children aged 12 in secondary schools – one third of children in every classroom will have signs of visible dental decay.

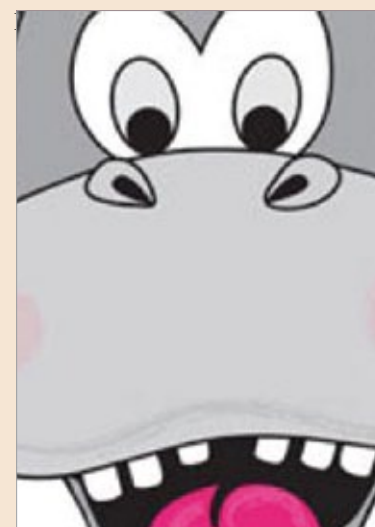
The theme of this year's National Smile Month campaign is the 'Smile Factor'. In adulthood peoples' mouth, teeth and smiles are fundamental to all aspects of

their life – whether career, personality, relationships, attraction or all-round good health. Creating good oral health habits from an early age are especially important to help children keep their smile factors throughout their lives.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, says: "Over the past 40 years we have made great improvements in children's oral health. In 1973, nine out of every ten children aged twelve showed signs of visible dental decay.

However, the incidence of dental decay still remains too high and we hope that Happy the Hippo will show more children how to look after their teeth better.

"National Smile Month between 15 May and 15 June is a great opportunity for parents, guardians, schools and teachers to get involved. We have lots of excellent free resources at www.smilemonth.org to help educate and improve children's oral health. Our free Dental Helpline on 0845 063 1188 is also available to anyone who needs



Happy the Hippo

Enzyme could fight caries

DTI: The bacterium *Streptococcus salivarius*, a harmless inhabitant of the human mouth, inhibits the formation of dental biofilms (plaque). Japanese researchers have discovered that the bacterium produces the FruA enzyme, which inhibits the development of plaque.

In their study the scientists separated a couple of substances produced by *Streptococcus salivarius* and tested their impact on *Streptococcus mutans*, the primary species of bacteria inhabiting the mouth and main factor for the formation of plaque. The

authors suggest that FruA may actually regulate microbial pathogenicity in the oral cavity.

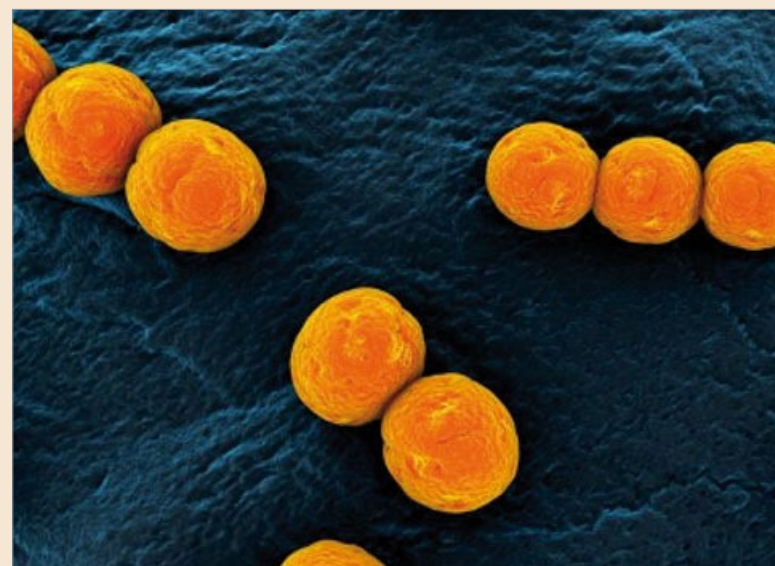
"We show that FruA produced by *Streptococcus salivarius* inhibited *Streptococcus mutans* biofilm formation completely in the in vitro assay supplemented with sucrose," the researchers state in their study, which was published in the March 2011 issue of the journal *Applied and Environmental Microbiology*.

The researchers say the activity of the inhibitors was elevated in the presence of sucrose, and the inhibitory effects were de-

pendent on the sucrose concentration in the biofilm formation assay medium.

FruA is produced not only by *Streptococcus salivarius*, but by other oral streptococci. Much of the oral microbial flora consists of beneficial species of bacteria. They help maintain oral health and control the progression of oral disease.

According to the science portal wissenschaft.de, a major step in fighting caries could be taken if the researchers find a method to implement FruA into a dental health product. DT



Streptococcus is a genus of spherical Gram-positive bacteria. Some of that bacteria can be found in the mouth. (DTI/Photo courtesy of Sebastian Kaulitzky)

New Appointments at James Hull Associates



Current CEO Robin Pugh, (pictured left), will step up to Chairman after successfully guiding the business through its recent refinancing. Robin will take up the role of Chairman left vacant since the departure of Graham Hutton of Hutton Collins. Robin said "This is an exciting point in the development of the Group and I look forward to working with the team to take the business forward as the UK's leading provider of specialist dental services."

James Hull Associates is delighted to announce two new senior appointments as it further strengthens its Board.

Robin will be replaced as CEO by Bryan Magrath, (pictured right), who joins James Hull Associates after a long and successful career with

some of the UK's leading blue chip retailers. Bryan's experience in customer facing organisations will be vital in helping James Hull Associates become the UK's dentist of choice both for general and specialist care. Bryan said "I'm delighted to be joining James Hull Associates and the world of dentistry. The sector is changing rapidly and JHA is ideally positioned to take advantage of the developing market. I look forward to learning from the team around me and being part of the next phase in the development of JHA.

JHA is a UK provider of specialist and general dental care with 74 practices nationwide,

all dedicated to providing the highest standards of clinical care and customer service. DT





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VELOPEX INTERNATIONAL

Software and IT training delays postpone contract pilot start

Dental Tribune's Maria Anguita looks closer at the delay to the start of the pilot schemes which aim to reform NHS dentistry



Commissioners and providers will receive IT training

Pilots designed to test the proposed changes to the new dental contract have been delayed from an initial start date of April until sometime during the summer. This hold up has been the result of delays in the implementation of necessary software and IT training.

Mid-summer

Also, regulations for the governance of the pilots need drafting. In a letter to participating practices from David Lye, Assistant Director, Dental and Eye Care Services, Department of Health, he reports that suppliers expect the software to be up and running by mid-summer.

In the meantime, commissioners and providers will receive IT training on the implications, roles and responsibilities in managing the financial and contractual implications of the pilot.

The new software being implemented across the pilot sites will support the Dental Quality and Outcomes Framework (DQOF) underpinning the trials, which will assess the quality of the work being carried out and the clinical outcomes used to calculate remuneration; for the first time this will be based on patient care rather than on the number of procedures being carried out.

The software being implemented will allow efficient data collection and reporting. Support and training will be provided to pilot sites, which will include clear clinical definitions, for example active decay and BPE (basic periodontal examination). Training will also be provided on the use of the oral health assessment.

According to the Department of Health, monitoring and

evaluation will be a continuous process throughout the life of the pilots, which will help to inform the utility of the proposed measures and their subsequent development for inclusion in the new contract.

Continuity of care

The pilots have been designed to improve the quality of patient care and increase access to NHS dental services, with the added objective of improving the oral health of children. The contract aims to reward dentists for the continuity and quality of care provided to patients, instead of the number of treatments undertaken.

In December 2010 it was announced that the trials would start in April 2011, however last week the Department of Health announced that the pilots will begin in the summer across 62 practices in England which

have been selected to participate. According to Ben Atkins, Clinical Director of participating practice Revive Dental Care, the delay in the pilots has not resulted in an inconvenience: "The proposals of these pilots mean a change in mindset as it is a totally new system. However, we have received full support over the training issues. I can understand why [the Department of Health] would want to delay the start date as they won't want to get it wrong."

Get it right

Health Minister Lord Howe commented: "It is important that we take our time to get this absolutely right. We want our reforms to give dentists the encouragement they are looking for to provide a service that meets the needs of today's population, and which fosters positive habits from an early age."

"This approach is not only better for patients, but also a better use of NHS resources." He added.

Each model being piloted will be slightly different in order to provide information and evidence on various aspects of the proposals; this will help inform better the development of the new national contract. Months of preparation have gone into the pilots.

Professor Jimmy Steele, who was a member of the National Steering Group that developed the proposals, said: "The Adult Dental Health Survey showed

further improvements in oral health in England. We now need an NHS dental service to match; one that maintains good oral health as well as providing appropriate treatment. The dental contract pilots will explore how best to make this a reality but it is important to get it right, so time spent setting this up properly is time well spent."

The British Dental Association has indicated their disapproval of the proposed changes and hope that problems created by the current arrangements will be addressed. They also stress the importance of making sure that all areas are covered before starting the pilots.

John Milne, Chair of the BDA's general Dental Practice Committee, said: "The profession is working closely with the Department of Health and we are pleased to see that progress towards beginning the pilots is being made. Dentists who have been selected to participate and primary care trusts are being kept up to date with developments and training on aspects of the pilots including IT arranged.

Taking opportunity

"It's important that this training, and indeed the whole process, is given the time it needs. These pilots must not be rushed. They are an opportunity to get NHS dentistry back on track. That opportunity must be taken." DT



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What went wrong?

Eddie Scher previews his forthcoming lecture

“You should always learn from other people’s mistakes, especially in surgery.” This was a favourite saying of my father’s, and it is just as true today. In my lecture at the Clinical Innovations Conference, I will

share some of the problems that have been seen in my practice. Most of these were in patients referred to me when things have gone wrong – as of course they sometimes will. From these problem cases, I will show in my

lecture first, what could be done to help the patient and solve the problem, and secondly, the lessons to be learned that will improve our own practices and help us avoid making the same mistakes. This will be in

three key areas: treatment planning, surgery, and prosthetic restoration.

In this article, I set out some of the questions that will be answered in my lecture.

Errors in treatment planning
The best way to avoid making errors in treatment planning is to know when to say ‘no’. There are some cases where implants simply are not the right solution.

Figure 1 might be one such example. This young lady was referred to me with a special request. Something has obviously gone wrong with the implant placement. Can her smile be recovered in time for her wedding? The answer will be yes (Fig 2), but you will have to come to my lecture to see how.

Errors in surgery
Every surgeon who operates in the posterior mandible is (or should be) exceptionally wary of damaging the inferior dental nerve. The damage can be done in an instant, sometimes without warning, and can be permanent. But with guided surgery, one can place an implant within one mm of the position selected using computer software.

However, even when guided surgery is inappropriate, a CT scan can be used. This may show, for example, serious difficulties such as when the inferior dental nerve is at the crest of the ridge (Fig 3). As I will show, guided surgery and/or a CT scan should be combined with a detailed protocol of other steps to best manage risk when operating in the posterior mandible.

Another nightmare scenario is losing an implant during surgery. This happened to the operating surgeon in Figure 4. With a careful look at the x-ray you will see where the lost implant ended up: I will explain in the lecture how to get it back out.

Flapless surgery can also be problematic. The patient in Figure 5 was referred to me as having had a simple extraction with no bone loss. I was asked to perform flapless surgery. What would you have done?

There are also interesting diagnostic challenges raised by patients who present with unexplained problems. For example, see Figures 6, 7, 8 and 9. What could have caused these problems? (The cause of the problem in Fig 10 is obvious: the patient did not pay her bill!)

The surgical part of my lecture will end with a fascinating study of the patient in Figure 11: what went wrong here? And what urgent steps should be taken?

Errors in prosthodontics
Placing implants too close together is an error we will all see: Figure 12 for example is obviously a difficult clinical situation. How, though, can we take an impression of two posts so close together?

Another extraordinary case is in Figure 13. What could have caused this patient’s pattern of damage?

I look forward to sharing the



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answers to these questions with you at the lecture. I would also end with this final word of caution: proper training and experience in implant placement is exceptionally important to avoid mistakes and accusations.

I would invite any aspiring implant surgeon to attend my six-day course, or another course with proper accreditation. [DT](#)

About the author

Dr Scher graduated from University College Hospital, London, UK in 1973. He is registered on the GDC Specialist List in Oral Surgery and Prosthodontics. He is a Visiting Clinical Professor at the Prosthodontic and Implant Department, Temple University, Philadelphia, USA. He is also a Member of Faculty at Lyon University, France, and an Honorary Senior Lecturer in Dental Implantology, School of Health Care Professions, University of Salford, UK, and Honorary lecturer at the Eastman Dental Hospital. Dr Scher is a Fellow and Diplomate of the ICOI, and a Director on its Board. He is also a founder member and past President of the Association of Dental Implantology, UK, and still serves as an elected board member. He also holds a Diplomate from the American Society of Osseointegration. He is the Director of the Osseointegrated Year Course (now in its 20th year), and is the chairman of the editorial board of Implant Dentistry Today. He is published extensively in refereed journals. Dr Scher was Scientific Chairman at the ADI International Symposia in 1989 and 1991, and was Host Chairman of the ICOI World Congress XI, 1992. He has also been Scientific Chairman of ICOI World Congress August 2005 and 2004; Scientific Chairman of ADI International Congress in May 2003; Scientific Chairman of Nobel Biocare Conference in September 2006; and Scientific Chairman of ADI International Congress in May 2007. He is President of Alpha Omega UK 2008/9



Fig 1: Could you restore this implant...



Fig 2: ...in time for this wedding?

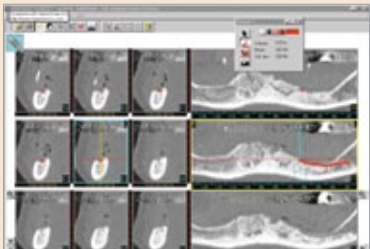


Fig 3: CT scans can show problems such as the ID nerve being at the crest of the ridge



Fig 4: Can you find the lost implant?



Fig 5: Is this case suitable for flapless surgery?



Fig 6: What is this?



Fig 7: What is this?



Fig 8: What is this?



Fig 9: What is this?



Fig 10: What is this?

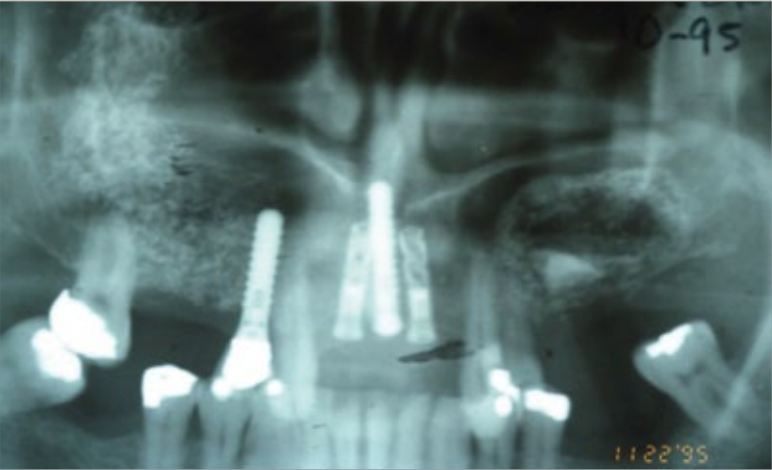


Fig 11: What would you do immediately for this patient?



Fig 12: How would you take an impression here?



Fig 13: What could have caused this?

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