

# DENTAL TRIBUNE

The World's Dental Newspaper • United Kingdom Edition

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## News in Brief

### Number of patients seen by NHS dentists increases

According to a new quarterly report looking into NHS dental activity, almost one million more people in England have had check-ups compared to the same period five years ago. A total of 29.1 million patients were seen and given a dental examination in the last two years— 967,000 more than the baseline figure in March 2006. The figures show that 56.2 per cent of the population is seen by an NHS dentist, exceeding the standard level of 55.8 per cent for the very first time. The report also revealed a 100,000 decrease on the previous year in Courses of Treatment (CoTs) with an estimated 9.4 million in the last quarter; the largest decrease was seen in North East, which saw a provisional drop of over five per cent.

### Dentsply buys Astra Tech

According to a report from Reuters, U.S. company Dentsply International has bought AstraZeneca's dental implants and medical devices unit Astra Tech for £1.1 billion, securing themselves another section of the dental market. Dentsply's revenue will now increase by approximately a quarter after it beat off bids from rival private equity firms and medical technology groups, strengthening its position in the dental market. Last year the Swedish-based company Astra Tech had a revenue of \$555 million, ranking itself as the world's third-largest dental implants maker after Straumann and Nobel Biocare. As one report stated, for AstraZeneca, this change reinforces its role as a "pure play" pharmaceuticals company at a time when many rivals are diversifying.

### Ötzi the Iceman

20 years ago Ötzi the Iceman, the 5,300-year-old mummy, was discovered encased in ice in the Italian Alps; but even though he had a full set of teeth reports said that they were in bad shape. Recently at the World Congress on Mummy Studies in San Diego new findings from CT scans were presented revealing that the man suffered from advanced abrasion of his teeth, "profound" carious lesions, and periodontitis. The severity of the mummy's carious lesions surprised the researchers, and they have suggested that the condition is evidence of a change in the Neolithic diet. DNA testing of the mummy's oral cavity is being planned.

[www.dental-tribune.co.uk](http://www.dental-tribune.co.uk)

## News



**Contamination threat**  
Dental bibs create risk for patients

▶ page 6

## Practice Management



**Myth busting**  
Alun Rees discusses the wheel of life

▶ pages 9-10

## Perio Tribune



**The brace debate**  
Deborah Lyle discusses the threat of infection

▶ pages 14-15

## DCPs



**The scape goat**  
Dave Martin looks at direct access

▶ pages 25-26

# White at the end of the tunnel

## Trading Standards Essex 'support' in-surgery tooth whitening; CDO announces regulation amendment proposals to be sent to EU Parliament

The confusion surrounding the issue of tooth whitening could be nearing an end as situations both at home and in Europe see major developments.

In a meeting of the British Dental Bleaching Society, Dental Directory's Sales and Marketing Director Mike Volk read out part of a letter received from Essex Trading Standards by the company over the issue of supplying tooth bleaching products (*Dental Tribune* Vol 5, No. 13 pg 9-10):

*"As outlined during our conversation on Friday, this Service has no issue with peroxide-based whiteners > 0.1% supplied to GDC registered dentists for use in the course of a professional whitening service conducted by a registrant. It is the view of this Service that such treatments would be regulated by the GDC. Provided your business takes reasonable steps to restrict supplies of such whiteners to registrants, making it clear that the product is only for use in surgery (ie not for supply as an over-the-counter take-home cosmetic product for consumers), then the view of this Service is that there is no need for any trading standards action."*

*This Service is in agreement with the view of dental professionals and organisations such as the BDA that the safest place for cosmetic teeth whitening to take place is in the care of registered dental professionals, and it is not in the public interest for action to be taken to restrict the supply to dentists of the*

*necessary raw materials and whitening kits to make this possible."*

In view of this statement, Dental Directory has announced that it has reinstated the sale of chair-side whitening kits with immediate effect. Mr Volk stated: "I would like to think that as a result of our campaign, at last common sense has prevailed and Trading Standards now recognise and have put into writing that, in their opinion, registered dental professionals are the only professional group who should offer Tooth Whitening procedures."

At European level, plans are in motion to put proposals forward to amend the regulations surrounding tooth whitening in the European Parliament.

According to Chief Dental Officer for England Dr Barry Cockcroft, there has been a meeting between the Department of Health, the Department of Business, Innovation and Skills (BIS) and the Medicines and Healthcare products Regulatory Agency (MHRA) to look at the situation. This has initiated 'internal procedures' to write a proposal to amend the reg-

ulations at EU level. According to Dr Cockcroft, this is 'an opportunity to sort this situation out properly in Europe.'

The timelines for this are short; the proposal is due to be published in a few weeks before going to the European Commission for progression to the European Parliament. Unlike previous unsuccessful attempts to change the law by going through the Cosmetics Directive, this approach is seen to be more favourable as there is support in the Commission for amendments to the regulations. **DT**

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# General Dental Council moves to appoint new Council member

The process to appoint a new Council member to the General Dental Council is underway.

The GDC is looking for a dental professional to join the Council which is made up of 12 lay and 12 registrant mem-

bers. Candidates from all registrant groups can apply.

The recruitment will be carried out by the Appointments Commission which is independent of the GDC. The campaign opens the week commencing Monday 27 June and

finishes at midday on Thursday 28 July. During this time, further information can be found on [www.appointments.org.uk](http://www.appointments.org.uk)

To be successful in this role, you will be committed to protecting patients and the public, be able to demonstrate sound judgement,

grasp complex information and be an effective communicator. You will also enjoy working as part of a team with the GDC executive in the achievement of high performance standards.

The GDC aims to confirm an appointment by September.

## Could the deadline be extended for GPs?

After the CQC revealed that it was struggling due to a lack of resources, a consultation document has been published to set out plans to defer GP registration. Currently, the deadline for GP registration with the CQC is April 2012; however, the document proposes that the deadline be extended to April 2015. If the extension goes ahead it will mean that GP leaders will be able to raise the funding for the proposed £1,000 fee that practices will face.

However, for out-of-hours providers or providers of NHS walk-in centres, the 2012 deadline will remain the same.

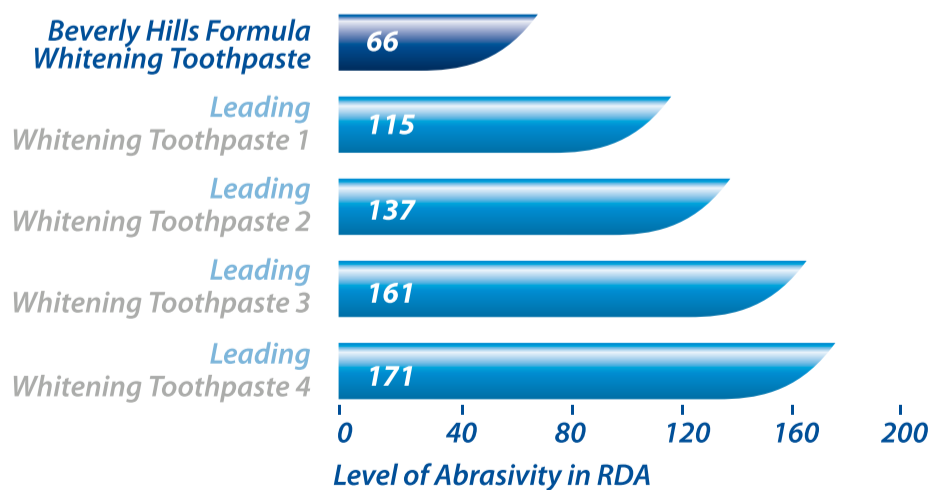
CQC chief executive Cynthia Bower was also quoted as saying: "The aim of the delay is to try to improve the process for GPs, to give the Commission more opportunity to embed compliance monitoring in the sectors we already regulate, and to ensure registration is more closely aligned with accreditation schemes."

GPC negotiator Dr Richard Vautrey welcomed the delay. "It will give practices breathing space," he was quoted as saying.

Dr John Canning, chairman of the GPC contracts and performance subcommittee, was quoted as saying that he believed the consultation could signal changes to the scope of registration.

However, as far as has been reported, the CQC have not revealed any plans to alter the scope of regulation. **DT**

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## DENTAL TRIBUNE

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## Editorial comment

**D**entistry seems to be a profession that loves challenges. Nothing ever seems to be easy, in fact it seems that often the profession goes out of its way to make life difficult for itself!

Take tooth whitening as an example. For a procedure that is so straightforward and so beneficial

### ‘Bad Nashers’ goes viral

A new viral video campaign has been developed by leading change agency ICE alongside NHS Coventry to help students look good on the dance floor by using their local NHS dentist.

The music-video ‘Bad Nashers’ is aimed at young people and students in an effort to encourage them to visit NHS dentists. It features the talents of ‘Ladie Go’Diva’ – a cross between Coventry’s local heroine, Lady Godiva, and Lady Gaga and has been described as a tongue-in-cheek campaign.

The video for Bad Nashers follows Ladie Go’Diva in her pursuit of perfect pearly whites across the social minefield of a night out in a student union bar. It’s being distributed via Facebook, Twitter, and email direct to 10,000 students – as part of the mission for the black-toothed pop diva to achieve web stardom.

Aaron Garside, Director of Social Change at ICE said: “It’s great to be harnessing the power of social media to help young people start thinking – and talking – about their dental health in a new way.

“We certainly had fun making the video, and so far, the people who’ve seen the teaser on Facebook have absolutely loved it – but the important thing is dispelling myths about NHS dentists, and helping more young people to realise that achieving that perfect smile doesn’t have to be expensive or painful!”

“This tongue in cheek approach aims to break down some of the myths around NHS dentists,” adds Kerrie Woods, Senior commissioning manager at NHS Coventry.

The video can be seen on Ladie Go’ Diva’s website [www.coventry.nhs.uk/badnashers](http://www.coventry.nhs.uk/badnashers).

You can also find out more about Ladie Go’ Diva at [facebook.com/LadieGoDiva](http://facebook.com/LadieGoDiva) and [twitter.com/Ladie\\_GoDiva](http://twitter.com/Ladie_GoDiva). [DM](#)

(especially when compared to the alternatives), the furore that surrounds it leaves even the brightest baffled!

What’s legal? Can we get supplies? Will Trading Standards (TS) be knocking my door down? Is this cosmetic or medical? Why is the hairdresser down the road not having these problems? For

so many years it has been a minefield and so many times has it been thought that it was sorted, only for it to be confused once more.

Finally though it seems that there is white, sorry, light at the end of the tunnel with progress being made both ‘at home’ and in Europe. The letter sent to Dental Directory by TS Essex clarifying their position that they have no issue with chairside whitening products is a great step forward. It


is hoped that TS offices across the country will take a consistent view.

Let us also throw our support behind the proposals by DH, the Department of Business innovation and Skills and the MHRA to make amendments to the regulations at EU level to make tooth whitening a properly regulated tool in the dental professional’s armoury. [DM](#)

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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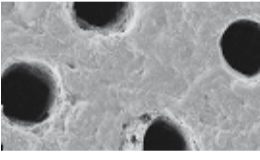
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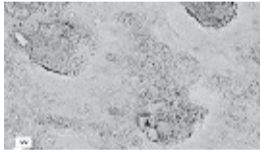
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In Vitro SEM photograph of untreated dentine surface.

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In Vitro SEM photograph of dentine surface after application.

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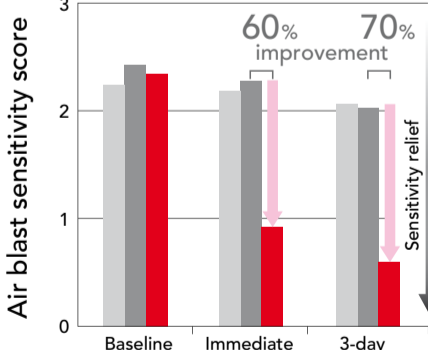
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References: 1. Petrou I et al. J Clin Dent. 2009;20(Spec Iss):23-31. 2. Cummins D et al. J Clin Dent. 2009; 20(Spec Iss):1-9. 3. Nathoo S et al. J Clin Dent. 2009;20(Spec Iss):123-130.

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# Shortening healing times for patients

Researchers at the University of Gothenburg, Sweden, have studied the surface structure of dental implants, at micro level and at nano level, and have come up with a method that could shorten the healing time for patients.

“Increasing the active surface at nano level and changing the conductivity of the implant allows us to affect the body’s own biomechanics and speed up the healing of the implant,” said Johanna Löberg at the University of Gothenburg’s Department of Chemistry in one report. “This would reduce the discomfort

for patients and makes for a better quality of life during the healing process.”

Dental implants have been used to replace lost teeth for more than 40 years now and it was Per-Ingvar Brånemark who was the first person to recognise the qualities of titanium, realising that it could be implanted into bone without being rejected. Brånemark has recently been awarded the prestigious European Inventor Award.

Today’s implants are often characterised by their levels of roughness, which is notably

better than a smooth surface. As the report stated, the topography (roughness) of the surface is important for the formation of new bone, and therefore it is essential to be able to measure and describe the surface appearance in detail. However, roughness is not the only property that affects healing.

The method in which Johanna Löberg has come up with describes the implant’s topography from micrometre to nanometre scale and allows theoretical estimations of anchoring in the bone by different surface topographies. The method can be used

in the development of new dental implants to optimise the properties for increased bone formation and healing. She has also studied the oxide’s conductivity, and the results show that a slightly higher conductivity results in a better cell response and earlier deposition of minerals that are important for bone formation.

The results are in line with animal studies and clinical trials of the commercial implant Osseospeed (Astra Tech AB), which show a slightly higher conductivity for the oxide and also an exchange between hydroxide and fluoride on the surface of

the oxide. Surfaces with a well-defined nanostructure have a larger active area and respond quickly to the deposition of bone-forming minerals.

The project is a collaboration between the University of Gothenburg and Astra Tech AB in Mölndal, and will be further evaluated in follow-up studies.

The thesis *Integrated Biomechanical, Electronic and Topographic Characterization of Titanium Dental Implants* was successfully defended at the University of Gothenburg. **DT**

# Bill revisions tread sensible line, says BDA

The Government’s response to the Future Forum report on the Health and Social Care Bill appears to tread a sensible line but requires more detailed analysis, the BDA has said. The response does not deviate from BDA-supported plans for dental commissioning, while appearing to address some of the areas of the Bill about which the BDA has expressed concerns.

The Government’s response restates its intention for the NHS Commissioning Board, the body that will take charge of commissioning dental care, to take on its full responsibilities from April 2013, as originally envisaged.

The BDA supports this transfer of responsibility.

Amendments are, though, proposed in a number of areas in which the BDA has expressed anxieties or sought further detail. The importance of professional input, something which the BDA’s lobbying activities have emphasised, is reflected in a proposed strengthening of the duty of commissioners to secure professional advice. The BDA’s call for effective local input into the planning of care is also reflected in the amendments.

The role of Monitor, and the lack of clarity about whether the organisation will license dental

providers, has not been resolved by the amendments, although it has now been made clear that Monitor’s role is being reframed. A specific commitment has also been given that Monitor will not open up competition by requiring providers to allow access to its facilities to another provider, a measure the BDA has campaigned against because of its possible implications for practice ownership.

BDA calls for clarity about the place and role of dental public health are also partly addressed by the amendments, which stress the importance of public health input and promise that Public Health England

will be established as an executive agency of the Department of Health rather than within it. The BDA believes the body should be given NHS agency status.

Another key area of concern for the BDA, arrangements for dental education, is also addressed by today’s announcement, which guarantees a safe transition for the system during which deaneries will continue to oversee training of junior doctors and dentists.

Dr Susie Sanderson, Chair of the BDA’s Executive Board, said: “While there’s more analysis to be done in order to understand properly the implications

of today’s announcement, we are pleased to see that the central thrust of these reforms for dentistry, the move to national commissioning, has not been abandoned. The BDA supports this transition. We are also pleased to see that some of the areas about which we have expressed concern, for example, professional input, the place of dental public health, dental education and the role of Monitor, have been reconsidered. We will look carefully at these amendments, seek clarity on their implications and continue to lobby to ensure that the revised bill delivers new arrangements for dentistry that work for dentists and patients alike.” **DT**

# JHA International awards honour Middle East launch of a London dental academy

Dr Abdul-Hamid was named International Dentist of the Year 2011 in recognition of his tireless work forging relationships with international universities and Saudi Department of Health to launch the Arab Academy for Oral health, which is planned to open in Sep-

tember.

The centre will be based at Eastman ICED in London, which is home to a host of well renowned UK specialists. And also for setting up the Saudi British Medical forum with the blessing of his Excellency the Saudi min-

ster of health to promote the ties between healthcare organisations between the United Kingdom and the Kingdom of Saudi Arabia. Dr Abdul-hamid was honoured to spend 15 minutes with her majesty the Queen at the Buckingham palace garden party on 17th of July 2007 for his role in promoting British Dentistry in the Arab world.

Saud Bin Majed Al-Duwaish, Chairman of Saudi Telecom Company was presented with a plaque in tribute to his personal and company’s support for the project and in fostering relations between the partners for this important Anglo-Arab initiative.

The awards were presented at the JHA Gala Dinner, held at The Royal Garden Hotel, Kensington on the eve of the 2011 Clinical Conference. For more information about James Hull practices contact 02920 772 930 or visit [www.jameshull.co.uk](http://www.jameshull.co.uk) **DT**

# Examining dental access

A symposium organised by the Faculty of General Dental Practice (UK), held on 31 May 2011 at The Royal College of Surgeons of England, an international panel of speakers addressed the issue of access to dental services.

A range of definitions of ‘access’ were presented to more than 60 key figures in dentistry, along with the challenges that arise from each. Benedict Rumbold of the Nuffield Trust argued that “equal access is about equal opportunity, not equal utilisation”, while Maria Goddard, Director of the Centre for Health Economics at York University contended that “utilisation is usually the proxy for access, but does it capture quality? More access does not necessarily result in better access.” Paul Batchelor, Honorary Senior Lecturer in Dental Public Health at UCL and Course Director of the FGDP(UK)’s Diploma in Dental Health Services Leadership and Management, defined access as “the opportunity to use a service if the in-

dividual feels it appropriate”.

Evidence was presented of the progress made towards improving access to dentistry. Mike Warburton, formerly the National Director for GP Access at the Department of Health (DH), argued that work by the DH had greatly improved access. However, he stated concerns around the effective management of dental contracts by Primary Care Trusts (PCTs) in the past and described a number of DH initiatives to support PCTs in delivering dental access more effectively. He heralded achievements in improving access over the last year or so and quoted results from a recent GP survey showing that 96 per cent of patients who tried to get an NHS dental appointment in the last six months were able to do so.

Paul Batchelor asserted that no single measure will ensure access and that the biggest barrier is cost, stating that “if you want to increase attendance, offer access as a free entitlement through life-long registration.” **DT**



James Hull Associates offer warmest congratulations to Dr Ameer Abdul-Hamid and Saud Bin Majed Al-Duwaish, both of whom were honoured at the annual JHA Conference Dinner on June 17th



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# Dental bibs pose cross contamination threat

In a recent report it has been highlighted that unsterilised bib chains that are used in dental practices can create a risk for cross contamination for patients.

A survey has been conducted on the various types of dental chains and clips by Noel Kelsch, a national infection control columnist, Registered Dental Hygienist and former President of the California Dental Hygienists' Association. She directed the study after seeing debris falling from a chain she had planned to use to protect her uniform at lunch. What she found led her to write an article titled "Don't Clip that Crud on Me" for RDH Magazine, a trade publication for dental hygienists.

When a bib chain comes

into contact with hair or accumulates patients' sweat, makeup and various oral substances from the mouth cross contamination can occur. For example, during a dental cleaning, saliva, plaque and even blood can come in contact with the bib and bib chain. For cross contamination to occur all it takes is for one of the dental team or a patient to come in contact with it.

"Studies have shown the more cracks, crevices and indentations on a bib chain, the higher the bacterial count. The problem with this when we use the same bib chain with patient, after patient, after patient, the accumulation creates a risk for cross-contamination," Noel Kelsch said in one report.

According to a report, one

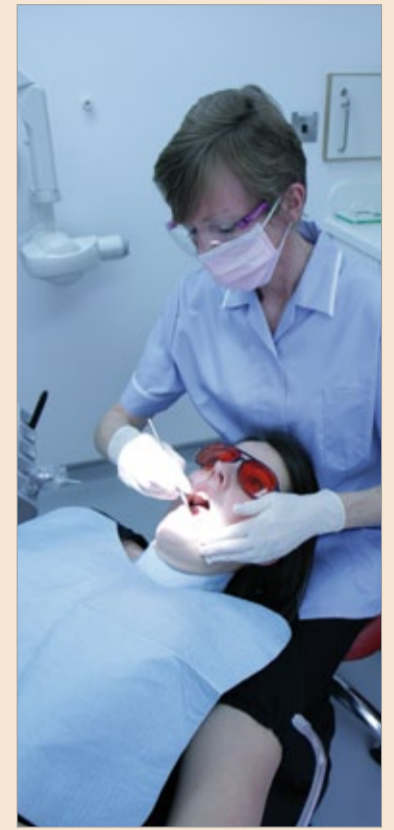
specific study Kelsch conducted involved taking samples of bacteria found in a major U.S. airport bathroom and comparing them to the bacteria found on a used bib clip.

"What we were trying to do was put across to the public how bacteria-laden a bib clip can be, and what we discovered was, by looking at a bathroom floor at a busy airport, and looking at this bib chain, we got about the same level of bacteria in both of them. This is a risk that everyone needs to be aware of."

What was also found was that disposable clips and holders that were freshly opened for each patient were free from contaminants and posed no cross-contamination threats.

"As an advocate for patient safety within the dental profession, one of the most important things I can do is keep patients out of harm's way. By simply educating the public about this possible cross-contamination, we can make an impact and keep our patients out of harm's way," Noel Kelsch said.

Her findings echoed a study that had previously been conducted by the University of North Carolina at Chapel Hill's School of Dentistry Oral Microbiology Lab; researchers there found that bib chains and clips are potential sources of contamination after sampling 50 bib clips from various hygiene and dental operations. The results concluded that one in five bib clips were contaminated. **DT**



Unsterilised bibs can be a risk for cross contamination

## APPG stops the rot

The All-Party Parliamentary Group for Dentistry held its Summer reception at Parliament, lending ministerial support to the issues surrounding oral health inequalities.

Under the banner of Can we stop the rot? Improving the oral health of children, the assembled crowd of politicians and members of the dental community took the opportunity to network and also hear from both the minister responsible for dentistry and NHS Manchester's Consultant in public health.

Earl Howe, Parliamentary Under-Secretary of State with responsibility for dentistry, gave the opening speech at the event and said it was an exciting time for the profession, with the launch of the pilots that will inform the new dental contract.

He highlighted the progress made over the last 20 years in dental health, with the level of tooth decay in children dropping dramatically, particularly for 12-15 year olds, but said there

were still improvements to be made with younger children's oral health, and especially the issue of tackling regional variations and health inequalities. He explained that the Government has given a strong commitment to improving children's dental health, but that a broad cross-sector approach was needed to ensure young children and their families access dental care, maintain good oral hygiene and adopt healthy diets. "The profession should be proud of progress made so far, but there is still hard work to follow", he said, calling on professionals to work together to ensure good oral health for both children and adults.

He also praised the work of schemes such as Manchester Smiles, the dental public health initiative being led by the final speaker at the event, NHS Manchester Consultant in Dental Public Health Colette Bridgman, and its success in engaging with children, families and a wide range of professionals and services to ensure those who do not normally access dental health services are reached.

Dr Bridgman gave an overview of the Manchester Smiles scheme, which focuses on ensuring dental health is integral to public health and promotes partnerships working across a range of professionals to address the health inequalities in the region. "In Manchester, 40 per cent of children are in poverty and poor oral health is a mirror of the context of their lives. So, this is not just a dental problem, it cuts across a range of services and should be the business of all", she said.

The Manchester Smiles scheme identifies the 'missing thousands' - the children who fall through the net as they do not attend a dentist regularly, and are therefore more likely to suffer from dental decay that is preventable. The scheme links up dental practices, schools, salaried dental services, school nurses and safeguarding children teams to provide timely preventative intervention, dental care and advice. Part of the scheme is the 'Buddy Practice', an initiative that sees dental teams visit schools at 'drop off' and 'pick

up' times to give children a brief examination and apply fluoride varnish. Parents get advice on how to protect their child's teeth at home and children are given a toothbrush and toothpaste, to encourage a good brushing routine. Children are then followed up after two months with a second session in the school for those who have not attended a full check-up at the dental surgery after the first session.

Dr Bridgman concluded: "The

outcomes of the scheme speak for themselves. A large number of children are captured and those who are in pain get treatment. This has a knock-on effect to improve school performance. Dentists have been very enthusiastic about the scheme and welcome the opportunity to get out of the surgery and gain a better understanding of who does what in the system. There is great potential to roll-out this scheme in other parts of the country which have an identified need." **DT**



Sir Paul Beresford and Colette Bridgman at the APPG Summer reception 'courtesy Zetti Photography'

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# Direct access - your views

Last week the British Association of Dental Therapists held their Annual Scientific Meeting and AGM in Manchester. The main talking point of the event was direct access.

Dental therapists who attended the event focused their discussions on the issue of direct access by patients to the services therapists provide.

The theme for the event *Embracing and Changing the Face of Dental Therapy* provided a backdrop to the intensive pressure the BADT and other organisations are putting on the GDC to look at direct access in the Scope of Practice revisit.

We asked you what your

thoughts were on the issue of direct access for dental hygienists and therapists. Here is a selection of the comments we received:

"The lectures were all very interesting and it was great to have Barry Cockcroft there too. I feel fired up about the role of therapists but then came home for an interview today, where they are very keen but the principal is worried about how to pay, she says if it is her COT and she is claiming the UDA's how can I do some of it and what are the legal repercussions in terms of indemnity?"

"It is a constant problem that we will come up against until we can get our own performance numbers...I hope that with the work that Baldeesh Chana is doing we are moving forward to

direct access, but how speedily is anyone's guess.

"We are a highly trained motivated adaptable workforce who would like to be able to examine, treatment plan, provide treatments AND refer onwards and upwards when necessary; none of us would do anything beyond our competency, but we all would relish the chance to provide excellent treatment without the need to have a dentist refer downwards as is the case now, this point was made by our outgoing conference coordinator Dave Martin in our most recent journal."

"As a dentist I feel this is ridiculous. Why did we spend five holiday free years at dental school? The main skill a dentist has is as a diagnostician. I seriously don't

feel dcp's have the right skills to take on this role. But I feel this is all backed by a government strategy to reduce the cost of dentistry. It is so obvious from the change of name from pcd's to dcp's to the current proposal. Ultimately patients will suffer. I am sure the corporates will find this opportunity of hierarchical leverage to be an easy business model to take advantage of."

"As an Australian dental therapist - direct access is a must. The OHTs and DTs in the UK should be trained in diagnosis and treatment planning - to be similar to those of us who trained in Australia and New Zealand. With this training, there should be no barrier to direct access - as we have in Australia and New Zealand." **DT**



Direct access is a main talking point

## Dental practice goodwill on the up in last quarter

According to the NASDA goodwill survey for the quarter ending April 30th, the average goodwill value of a dental practice increased by roughly 10 per cent in the first few months of 2011. The deals struck between January and April of this year show that the average sale value has gone up from 84 per cent to 97 per cent of turnover.

This good news is not spread equally across the board, how-

ever, as NHS and mixed practices are faring better. The average NHS practice reached more than 103 per cent of turnover while private practices fetched just over 90 per cent. (NASDA define a private practice as one with an income of 80 per cent or more from private fees). Meanwhile, the sale values are still generally above valuations for goodwill.

Alan Suggett, a partner in unw LLP in Newcastle who

carries out the NASDA goodwill survey, commented: "NHS practice values appear to be holding up in value, and so do mixed practices, but private practices are having a tougher time."

Alan added: "I am still concerned that the market value of private practices is clouded by those practices which are "sticking". If practitioners are holding out for an unrealistically high sale price then

the proportion of low value deals will be less, and the "average" could therefore be misleadingly high."

Russell Abrahams, a lawyer member of NASDA, said a private practice valued at more than £400,000 was, unless it was exceptional, virtually unsaleable. Although the economy generally appears to be recovering, private practices are seeing bigger gaps in their appointment books and

this is reflected in goodwill values.

Meanwhile, Russell said, banks were becoming ever more reluctant to lend to dentists. One senior bank manager recently employed a traffic light analogy to illustrate the dramatic change in policy at his bank, saying that while property generally had gone from amber to green, dental lending had gone the other way, from green to amber **DT**

## DNA testing to prevent gum disease

A new study that will attempt to use DNA to detect and predict the risk of gum disease has been commissioned in the USA.

The University of Michigan, School of Dentistry has partnered up with Interleukin Genetics Inc. in order to conduct the breakthrough study, and will take place over the course of one year, collecting genetic information from around 4,000 people.

Should positive results arise from the test, they could prove very important for the preventative care in fighting serious oral health complications.

In the past, several researchers pointed out that genetics is closely linked to gum disease; it has also been proven that factors such as low birth weight or heart disease complications are an indicator of developing periodontal gum disease later in life.

The issue of DNA testing has proved controversial in the UK in recent years. Tests now exist that can detect common disorders such as diabetes and heart disease, but many people fear discrimination by insurance companies. People in the USA are already protected by The Genetic Information Nondiscrimination Act of 2008, which prohibits discrimination

on the basis of genetic information with respect to health insurance and employment.

The results of the initial genetic test will be then combined with the two leading factors of diabetes and smoking. Researchers will also examine rates of tooth survival against what kind of dental treatment plans people have. All these results will give the researchers enough precious data in order to see how they correlate.

To view the source of the article visit <http://worldental.org/dental-news/genetic-testing-prevent-gum-disease-complications/4652/> **DT**

## £200K funding available for primary care research

Applications for funding for research projects in two areas are being sought by the Shirley Glasstone Hughes Trust Fund this year. Bids for the 2011 competition are invited for research projects that explore one of two questions:

1. Does dentists' fear have an adverse effect on clinical decision making?
2. Which dental liners under amalgam restorations have greater patient benefit?

The questions have been selected after a review of 12 topics suggested by users of the Primary Care Dentistry Research Forum, an online community that helps general dental practitioners to shape the research agenda. A maximum of £200,000 of funding is available to the successful applicant(s).

The successful projects are expected to begin in January 2012 and should be of no more

than three years' duration. Bids are welcomed from UK-based candidates only and will be judged on criteria including their originality, relevance to quality enhancement in primary dental care and the involvement of dental practitioners in the research.

Full details of the award and how to apply are available at: [www.bda.org/dentists/policy-research/research-overview/shirley-glasstone.aspx](http://www.bda.org/dentists/policy-research/research-overview/shirley-glasstone.aspx).

The deadline for applications is 19 September. The trustees of the fund are expected to announce which bids have been successful by the end of November.

Dental practitioners are also encouraged to submit topics for consideration for the 2012 shortlist. They can do so by logging on to the Primary Care Dentistry Research Forum at: [www.dentistryresearch.org](http://www.dentistryresearch.org). **DT**



DNA testing could be used to detect gum disease



# Don't lose your smile factor

The British Dental Health Foundation (BDHF) is urging people to change their attitudes towards their teeth and dentists, or risk losing their 'Smile Factor' forever.

The British Dental Health Foundation has been promoting good oral health as part of its National Smile Month campaign. The Foundation believes the nation is not making oral health a priority and people need to adopt a different attitude to their teeth and oral care if they are to keep their 'Smile Factor' – the theme of this year's campaign.

The Foundation has developed a checklist, challenging the public to change their views towards their oral health. This includes advice to develop knowledge in order to become a healthier patient, be proud of their natural teeth

– you don't have to be perfect to have the 'Smile Factor'! – and keep a good diet, staying away from sugary foods and drink to help maintain good oral health.

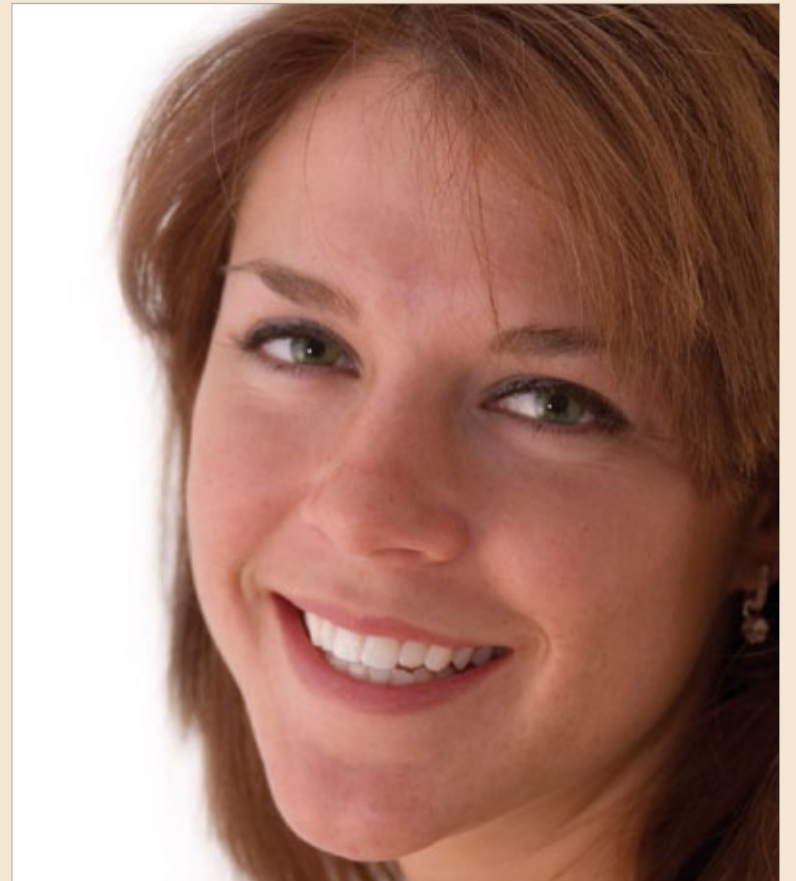
Other steps encourage to give up smoking, to prevent staining teeth and to pamper our teeth as much as we do our skin and hair, both of which will boost our 'Smile Factor'. There is also advice to visit dentists regularly in order to prevent oral health from deteriorating.

The BDHF has found that nearly half of the population admitted to regularly skipping brushing their teeth. They discourage this completely, recommending a routine of brushing for two minutes, twice a day, using a fluoride toothpaste.

The tips also encourage to "count our smiles"; smiling, they say, is infectious, and makes a huge difference to our mood and relationships. The Foundation states that receiving and sharing 25 smiles a day will boost your confidence and 'Smile Factor'.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: "Following these tips will not only give you good all-round oral health, they will give you a renewed energy and the confidence to portray your smile on a daily basis."

Information is available from the British Dental Health Foundation's website at [www.dentalhealth.org](http://www.dentalhealth.org). Confidential advice is also available by phoning the Foundation's Dental Helpline on 0845 065 1188. **DT**



Patients are encouraged to keep their smile factor

## Dentist faces jail for parking Ferrari

A millionaire dentist who used a deceased gentleman's disabled badge to park his Ferrari for free faces being struck off the dental register.

Dr Chirag Patel, 33, admitted two charges of misusing the permit on December 8 and 9, 2009 and a judge has ruled that he must now stand trial for fraud.

However, Patel denies the more serious count of fraud, which carries a sentence of up to five years imprisonment. If he is convicted it

could mean that he will be taken off the GDC register.

According to one report, Dr Patel, who lives in a £2m house in Coombe Lane West, Kingston, tried to get the charge thrown out at South Western Magistrates' Court; according to his lawyers the charge was "irrational and oppressive".

However, district Judge Barbara Barnes ruled Wandsworth Council acted properly by pursuing the case and the case will return to trial on September 9. **DT**

## Chocolate makes us smile the most

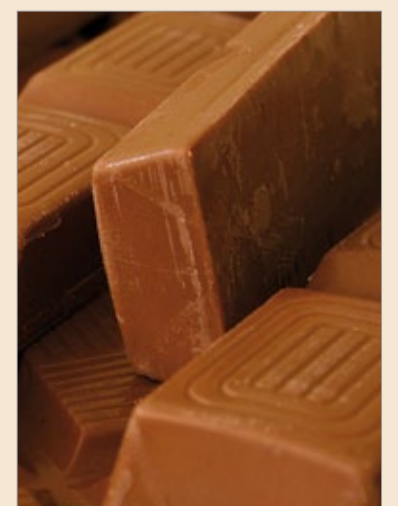
The British Dental Health Foundation has asked hundreds of people what makes them smile the most. In a close fought competition a simple bar of chocolate has topped the poll, followed by 'seeing a loved one'.

Food and 'relationships' were common inclusions in a bewildering array of things mentioned in the poll, which spontaneously gave people the 'Smile Factor' – the theme of this year's National Smile Month campaign run by the BDHF.

Around half of respondents featured chocolate on their list of items, with 60 per cent of women making it their favourite choice. Men preferred a Sunday roast to chocolate, but both

scored highly.

The contagious nature of smiling was also highlighted by around a third of people saying they smiled when they 'saw someone else smile'. **DT**



Chocolate came up tops in making us smile

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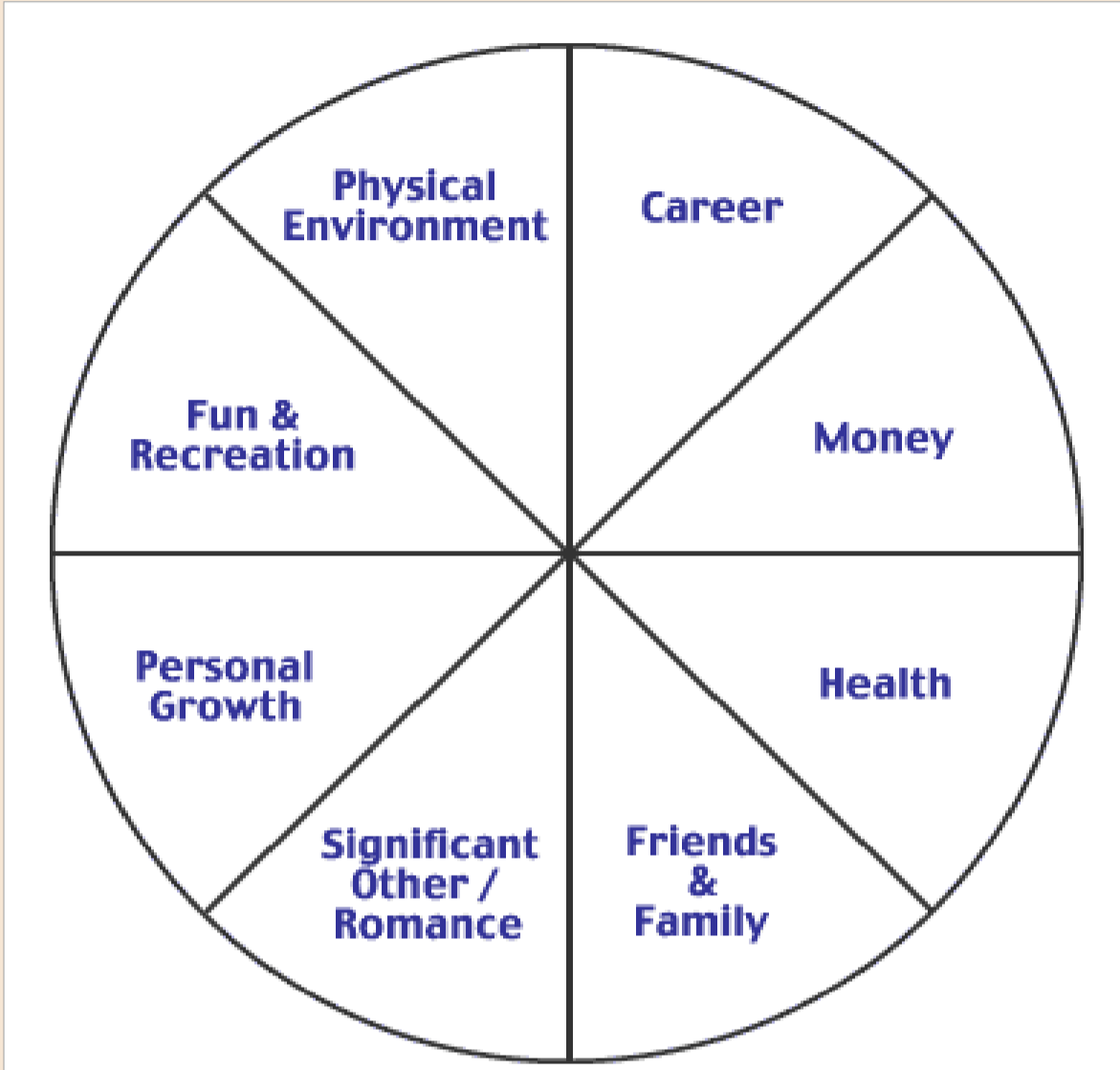
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# Myth-busting

Alun Rees discusses the work-life balance



The wheel of life

The phrase work-life balance is frequently used by lifestyle gurus, weekend newspapers and advertisers. A Google search brings up nearly 20 million references in less than a quarter of a second so I suppose there might be something to it; but as a great many of those websites are seeking to sell a cure for the very thing they describe, they would seek to maintain the myth. My view is that the very phrase suggests that work and life are different and mutually exclusive, which is of course plainly nonsense.

Life is everything and work is merely a part of the whole, (a very important part I acknowledge and for many people it is the driving force of their very existence but it is still only one aspect.) So my suggestion is that what is needed is balance in all things in one's life whether that be career, money, family and friends, health, spouse and romance, personal growth, fun and recreation or physical environment.

During my coach training I was introduced to the "Wheel of Life" which comes in many forms, a simple one of which accompanies this article.

To those of my clients who are struggling to find balance in

their lives (whatever that means to them) I recommend that they read M Scott Peck's book *The Road Less Travelled* which is based on his personal life and professional experiences as a psychiatrist.

There's no need to read the whole book and, if your time is short just go to the first page and read and accept the first line - *Life is Difficult*.

So why is it that so many dentists insist on making it even more so?

One of the answers is that the very nature of the job contributes hugely. Dentistry is an exacting, precise task. It is performed in an environment that is restricted, poorly lit and technically challenging with materials that need sympathetic and correct handling. Added to that of course is that the recipients are awake and bring with them a lifetime's baggage of dental experiences. For success the surgeon must be in total control of every aspect of all procedures in which they are involved. That is how things should be; it is what I expect in a professional dealing with me.

The downside of this however is that dentists try to bring

the successful disciplines of the surgery to every other aspect of their business; the result is frequently a micro-managing, all controlling individual who frequently has problems seeing the wood for the trees. In many cases they will not let anybody else have any more than notional responsibility for the management of the business, they have to have sight of and check every last procedure. Software systems that produce increasingly detailed reports give them ways to know (and therefore add to the delusion that they control) more and more about things that matter less and less.

With an in-built mantra of "fill the book, we're only successful when we're going flat out" they arrive at the end of the day, week, month or year exhausted but with all the running of the business to do. The result is an individual who spends his or her evenings and weekends "catching up". Why? Because nobody else knows how to write referral and patient letters correctly. No matter how many courses the practice manager has attended they're not permitted to make any kind of "strategic decisions" (that's a phrase they read about in *Forbes* magazine just after

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