

# DENTAL TRIBUNE

The World's Dental Newspaper • United Kingdom Edition

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## News in Brief

### Dentist of Facebook

Mark Zuckerberg's father Dr Edward Zuckerberg, a dentist, said in a recent radio interview that an early exposure to computers inspired his son's interest in technology. Edward Zuckerberg said he computerised his offices in 1985 and his son Mark Zuckerberg, cofounder of Facebook, was born in 1984 and was raised in the house where his father's dental offices are located. The dentist majored in biology in college and said he has "always been technologically oriented in the office" and "always had the latest high-tech toys," including an early Atari 800. "It came with a disk for programming," he said. "I thought Mark might be interested and I imparted that knowledge to him. From there it took off." Zuckerberg said he uses Facebook to promote his dental practice and spends about an hour a day on the site. He also still does Mark's "routine dental care."

### Civil war dentistry

A full civil-war dental surgeon's kit is currently on display at the Rosenburg Library Museum. Historians are of the opinion that the kit was owned by a Confederate soldier and contained more than 50 items, including dental elevators, picks and some rather grisly looking forceps, all contained in a handmade rosewood box. It was manufactured in New York by John D. Chevalier, a dental supply house with a history stretching back to 1853. It is unusual to have such a complete and well-preserved dental kit and historians have discovered a surprising amount of information about mid-19th century dental care and it has allowed an insight into the nation's health of the 19th century. The dental surgeons kit in question was donated by Clark Hazlitt in 1949, Hazlitt had bought the kit from the estate of W.T. Armstrong. Armstrong (1864-1949) was an attorney and dean of the Galveston Bar was a board member of the library from 1905 to his death in 1949.

### IDH, ADP in merger deal

Private equity company Carlyle has bought Integrated Dental Holdings (IDH) for £450m from the buy-out division of Bank of America Merrill Lynch and is planning to merge it with Associated Dental Practices (ADP). The deal will create the biggest dental group in the UK, with control of around 450 private dental practices, treating more than 3.5m patients.

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



**Cheap treatment**  
Dental Tribune reports on dental tourism

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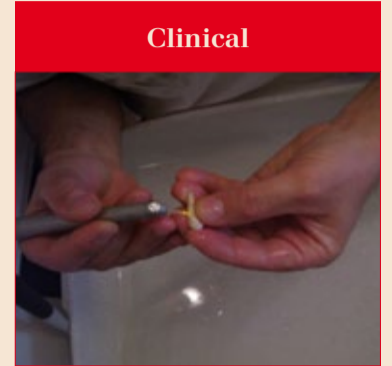
**"I am a glow worm"**  
Sharon Holmes on knowing the MDD

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**Form and function**  
Michael Sonick details a case of aesthetic management

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**Morphological changes**  
Georgi Tomov discusses hard dental tissues

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# The only constant is unforeseen change

## Minister for dentistry looks to the future in keynote speech

The minister responsible for dentistry took to the stage to urge dentists to embrace change in a keynote address to Foundation Dentists and trainers.

Earl Howe (pictured), Parliamentary Under-Secretary of State for Health and, made the speech at the Career Opportunities for UK Dentists Conference, held in London earlier this month.

Addressing a packed auditorium, Earl Howe gave a rallying call for dentists to be involved in the political process surrounding the latest wave of changes in dentistry: "You are the future of the dental profession and all of you need to understand and be engaged in the development of policy in the area for which you have been trained.

"I am aware that there has been lots of change in dentistry in the last few years, and I'm sure many of you must be wondering what sort of opportunities there are for you once you had graduated from your dental schools. Looking around the room I see a few more mature heads scattered about, and I'm sure that they will tell you that paradoxically one of the few constants in life is un-



foreseen change. It is how you respond to those changes that it is crucial - some people see it as an opportunity, others see it as a threat - but it a constant feature in the world of medicine and dentistry as it is throughout the world of work."

Discussing the proposed reforms to the current dental contract Earl Howe said: "As dentists you will be dealing with dental conditions that are varied, changing in nature and changing in prevalence. The way you provide services and patient management has to constantly evolve to align with changes in people's health and improvements in methods of treatment and technology.

"We know that the currency of any contract has significant impact on the nature of services delivered. Historically, dentists pay was based on an item of service methodology. At a time when we know that the prevalence of active dental caries is decreasing most reasonable people would agree that it would be perverse to continue to relate remuneration to activity. But it's vital that not only do patients get the most appropriate treatment and dentists are appropriately rewarded; but also that taxpayers get value for money for their investment.

"The coalition government is committed to introducing a new dental contract based on the three elements of registration, capitation and quality. We are keen to develop quality indicators for use in monitoring services and cru-

cially for the first times outcomes for primary care dental services. We are very grateful for the co-operation we have been receiving from the dental associations and clinicians from all fields in dentistry in developing high quality indicators.

"It's complex and challenging work but I'm sure that there will be a need for indicators to evolve with experience. It's vital to the

morale of the profession and the satisfaction of your careers that we get them right and we keep their roles under review."

Earl Howe added: "The world you are entering is now significantly changing - and changing for the better. As minister I am committed to both sustaining that change and making sure that the direction of that change is correct and positive." [DT](#)

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# Free toothpaste for families, experts say

Dental health experts are calling for radical plans to be implemented to halt rising rates of child tooth decay. Dr Gill Davies and Dr Colette Bridgman, dental public health specialists who work for Manchester's NHS primary care trust, want a new approach to tackle the growing number of children, some as young as three, who have to undergo painful extractions.

Writing in the *British Dental Journal*, they demanded that parents play the key role in getting their offspring into good dental hygiene habits from soon after they are born by not giving them high-sugar foods and drinks, ensuring they have regular check-ups and cleaning their teeth regularly.

They also want schools to stop rewarding students who do well with chocolate; child-mind-

ers and nursery staff to ensure that toddlers brush their teeth twice a day; and a big increase in the number of children receiving fluoride varnish.

To halt the rising rates of child tooth decay, dentists are saying that not only should families receive free toothpaste and toothbrushes and parents told not to sweeten babies' feeding bottles, but pupils should also be banned from sharing birthday cakes with friends at school.

"It is the parents who have influence over food and diet choices, purchasing and use of toothpaste and the making of appointments for dental care," they write. "How many children are likely to insist that no more biscuits or sugary drinks be bought for a household?"

Given that only 10 per cent of the UK has fluoridated water, the

authors want other steps taken, such as:

- Children using family fluoride toothpaste, not children's toothpaste, which is low in fluoride
- Schools and nurseries to stop giving children fruit squash at snack times
- Every schoolchild to have fluoride varnish painted on their teeth at least twice a year. Currently less than 15 per cent do so
- "Meet the dentist" sessions at primary schools
- An end to the practice of sharing birthday cakes at schools

Their recommendations draw on the success of the Manchester Smiles dental health campaign which began last year. Under it, 6,000 pupils at 80 primary schools have supervised brushing sessions twice daily and dental practices are "buddied" with schools. Under a different scheme, 200,000 families in Manchester have received

free toothpaste and toothbrushes since 1999, a plan that Davies and Bridgman believe should be extended nationally.

The Department of Health said: "The government has wasted no time in setting out

its plans to improve dental services. At their heart is improving preventative care for children. They need a service that helps them maintain good oral health and prevents decay, rather than one that is based solely on treatment." **DT**



Experts want birthday cakes to be banned in schools

# Dentist removed after diagnosis concerns

The chairman of the Assembly's health committee has said Health Minister Michael McGimpsey will face "difficult questions" after the removal of a senior dental consultant from his job at Belfast's Royal School of Dentistry.

After a review of senior dental consultant Professor Philip Lamey's work, the Belfast Trust has recalled 117 people as a "precautionary measure" following concern about the late

diagnosis of cancer found in some patients.

Four patients have since died; however the Belfast Trust will not confirm whether a late cancer diagnosis may have contributed to their deaths.

Health Minister Michael McGimpsey is expected to make a statement to the Assembly in relation to the dentist's work and he is also due to meet with the chair of the health committee, Jim Wells.

Mr Wells said the 117 patients involved "deserve serious answers from the Belfast Trust"

"This simply isn't good enough. The committee will be asking very searching and difficult questions," he said.

Dr Lamey is due before a hearing of the General Dental Council in London on 9 July.

One of the patients recalled by the trust told BBC reporters how the situ-

ation was affecting him. Reports said that the patient, who remains anonymous, said it was "very worrying".

"Until Monday morning when I go to my appointment and the follow-up, I'll not know for sure. This condition hasn't gone away, it's very upsetting not only for me but for my family," reports stated him saying.

According to reports, Trust Medical Director Dr Tony Stevens said problems with the

care administered by the dentist came to light in late 2009; however he was not removed from his post until the end of last year. Even though he is no longer treating patients he is still employed by the trust. Dr Stevens said anyone who needs to be contacted has already been sent a letter.

The trust is also providing a helpline, which received between 40 and 50 calls at the weekend. The telephone number is 028 9063 6330. **DT**

# Training centre opens at Portsmouth University

A new £9 million purpose-designed facility to train dental care professionals and final-year undergraduate dentists was officially opened by Health Minister, Earl

Howe at the University of Portsmouth's Dental Academy.

Supervised by tutors, dental students will work with hygiene therapists and dental nurs-

ing students, as they would in practice and provide free treatment for 2,000 local people every year.

The new centre has 20 additional dental chairs, radiography facilities, a state-of-the-art instrument decontamination centre as well as seminar rooms.

Each year, 80 final year students from King's College London Dental Institute will be trained alongside dental nursing students from Portsmouth.

Development of the new building has been enabled by capital funding support from the Department of Health, the local NHS and the Higher Education Funding Council for England (HEFCE).

Earl Howe, who is the Min-

ister with lead responsibility for Dentistry, said: "I was delighted to see the high quality hands-on training provided at Portsmouth Dental Academy today.

"As set out in the NHS White Paper, we are committed to improving oral health for adults and children as well as increasing access to NHS dental services across the country. The University of Portsmouth Dental Academy has an important role to play in delivering on this agenda. They are providing first-class training and education for our future dentists and dental care professionals and excellent services to patients in the area."

Director of the Dental Academy, Sara Holmes MBE, said: "Today marks the culmination of over two years of planning and represents a unique part-

nership between the University and the NHS. The entire staff and student body are thrilled to be working and studying, alongside colleagues from Kings, in such a dynamic and progressive institution right the heart of Portsmouth."

Nairn Wilson, Dean and head of KCLDI, said: "King's College London Dental Institute is delighted to have joined forces with the University of Portsmouth to create the Dental Academy, with a focus on innovation in the education of the dental team and the student experience.

The event was attended by over a hundred members of the local dental community, representatives from the local NHS and from KCLDI who was joined by University Chancellor, actor Sheila Hancock. **DT**

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## Editorial comment

Here at *Dental Tribune* we are committed to providing our readers with insightful articles, practical help from specialists in their fields and a mix of news and opinion which helps to keep all members of the dental team up to date.

- **cosmetic dentistry:** covering the most significant developments in the world of cosmetic and restorative dentistry
- **implants:** delivering the latest thinking in implant therapy
- **roots:** presenting up to date information in the field of endodontics

These quarterly titles, presented in a glossy, high

quality format, will deliver superior articles from both international and UK clinicians focusing on a wide range of issues surrounding each particular topic. We do not want these magazines to be all things to all readers. We want highly focused titles related to your interests.

To celebrate the launch of

*roots, implants, and cosmetic dentistry*, we are currently making these titles available at very special prices for a year's subscription.

Call my colleague Joe Aspis on 02074008969 or email him [joe@dentaltribuneuk.com](mailto:joe@dentaltribuneuk.com) to get the latest. 

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

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

Or email: [lisa@dentaltribuneuk.com](mailto:lisa@dentaltribuneuk.com)

As part of this commitment we have been looking to see how we can provide more to UK dental professionals with regards to specialised material related to a particular interest.

Now, to the point – in March we are bringing to the UK three titles of international renown tailored to the UK dental profession – *roots, implants, and cosmetic dentistry*. Although the international versions are published by our colleagues at *Dental Tribune International*, the UK versions will be published by the same team that brings you *Dental Tribune UK*. The three titles cover the following issues:


## All under one roof

Thirty members of the dental press gathered at London's World famous department store for this year's Showcase press launch.

The launch was held in Harrods's Georgian Restaurant and gave the gathering of dental editors and reporters the opportunity to hear what's in store at this year's event.

BDTA Dental Showcase provides members of the dental team with the chance to see, hear, learn and buy everything they need to do their job, all under one roof. From the latest products and most appealing special offers to the highest quality services, Showcase is really 'Your one stop dental shop!'

The dental press were also informed that the Dental Lab @ Showcase would be returning by popular demand in 2011. A programme of lectures and seminars would also take place at the event supported by other learning opportunities in the Show Guide and in the exhibition hall.

BDTA Dental Showcase 2011 takes place at the NEC, Birmingham from 20-22 October 2011. For further information, visit [www.dental-showcase.com](http://www.dental-showcase.com) 

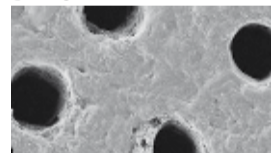
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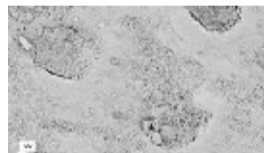
BEFORE<sup>1</sup>



In Vitro SEM photograph of untreated dentine surface.

The tubules that lead to sensitivity are open

AFTER<sup>1</sup>



In Vitro SEM photograph of dentine surface after application.

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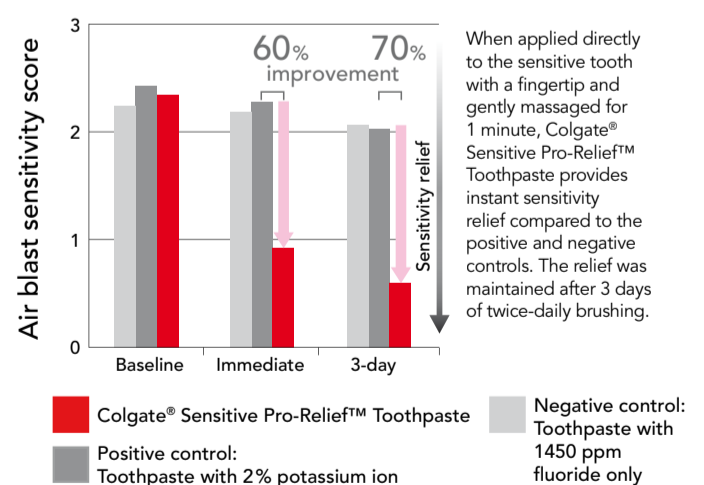
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\*Instant relief is achieved with direct application of toothpaste massaged on sensitive tooth for 1 minute.

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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# The price of dental tourism

Throughout the UK, Europe and America, people are heading abroad to receive dental care, having been lured by the cheap prices of dental treatments and cosmetic dentistry. Dental tourism is rapidly becoming a very attractive option for those people who need cosmetic dentistry procedures, restorative dental care, and routine dental treatment but believe the treatments carried out in the UK are too expensive.

However, the current trend is giving patients more problems than it is solving and there are more and more high profile cases of treatments going wrong overseas. Recently, Sherree Rolf, 49, travelled to Hungary and had a full set of crowns, veneers and bridgework done for half the cost of UK dental work at just £5,765. However, she claims the Hungarian company Dentart-Klinik left her jaw broken halfway through the five days of treatment in Győr.

Thousands of Britons travel abroad every year for cheap dental work and many issues can begin as soon as the patients return home. Once Sherree was back in the UK she visited her dentist, who upon inspection found that her jaw was broken. They also found that two veneers were also cracked.

Commenting on the issue, a spokesman for Dental Protection said: "Prevention is better than cure. Patients travelling abroad for dental treatment should enquire what arrangements are in place and what costs might be involved if the treatment is unsatisfactory. Patients should also ensure that the dentist providing the treatment is properly indemnified against claims in negligence, and that the dentist and patient can communicate effectively when seeking and giving consent for treatment."

With regards to where the

blame would lie if the treatment fails in spite of additional work carried out by a UK dentist, the spokesman added: "It is standard practice for dentists to examine all new and existing patients carefully, particularly noting any changes that might have occurred since the patient was last examined. It is important where treatment has been carried out in another practice (or indeed another country) that a new baseline chart is documented. It is also critical that any concerns identified are described to the patient, without bias and in a factual way, noting the conversation in the records and any specific issues that the patient wanted to discuss.

"These records are very important if concerns are later raised by the patient in the light of any remedial treatment undertaken in the UK or with regard to the original work done outside the UK. All the con-

temporaneous dental records, radiographs, photographs etc are invaluable sources of evidence if a claim in negligence is made."

Deputy head of the DDU, Bryan Harvey said: "All procedures carry a degree of risk, wherever they are carried out.

"We believe it is important that patients themselves ask questions before signing on the

dotted line for dental treatment overseas. For example, does the dentist speak English, do they know what follow-up there will be from the dentist carrying out the procedure and what will happen if they return to the UK and something goes wrong? Is there a complaints procedure? And most importantly, if the dentist acts negligently and the patient is harmed as a result, will it be possible to obtain compensation?" **DT**



Patients need to know the risks of getting dental treatment abroad

## BDA calls for piloting overdue NI contracts

Piloting of new contractual dental arrangements for Northern Ireland is overdue and must begin promptly, the British Dental Association (BDA) argued.

Submitting its response to the Health and Social Care Board's consultation on piloting new dental contracts, the BDA said that it believed the proposed personal dental services scheme would meet the objective of testing the proposed arrangements for den-

tistry and pressed for progress.

The BDA response also stresses the importance of pilots being allowed to produce a clear picture of both positive and negative implications of the new arrangements against a difficult financial position, and emphasises the need to understand the effect of elements of the contract including payments for patient care, quality and items of service. BDA also welcomes the Health and Social Care

Board's acknowledgement that it will be important to pilot revised patient charges prior to the implementation of the definitive new contracts.

Whilst the BDA response also signals its agreement with the proposal to have separate contracts for primary dental care, orthodontics and oral surgery, it highlights that changes in one area of dentistry will impact on another. The ability of practitioners with enhanced

training and skills to deliver treatments that might otherwise be unavailable to patients in certain areas is particularly important, the BDA argues.

Peter Crooks, Chair of the BDA's Northern Ireland Dental Practice Committee, said: "It's nearly five years since reform was touted. Progress is well overdue. These pilots will take place against a backdrop of financial pressures and will need to take ac-

count of the difficult circumstances facing practitioners. "Nonetheless, Northern Ireland Dental Practice Committee endorses the proposed scheme and looks forward to continuing constructive and meaningful engagement as pilots progress. It is important that these pilots are given the time and resources they need so that their effects can be properly understood and a better future delivered for health service dentistry in Northern Ireland." **DT**

## Time running out for 'early bird' discount

AOG and Smile-On, in conjunction with the Dental Directory and the Faculty of General Dental Practice (UK), will again be hosting the 2011 Clinical Innovations Conference (CIC). Now in its eighth year, the CIC promises to be bigger and better than ever, with a wealth of top speakers, including the AOG's President, Pomi Datta, who said: "Last year's conference and the dinner brought together innovators and thinkers of this millennium. We are going to build on that with our partners and friends. We want to make this the most exciting annual event in Europe."

Taking place on the 6th and 7th of May 2011 in the iconic setting of the Royal College of Physicians, (pictured), situated in the heart of London, the CIC promises to offer all members of the

dental team some unmissable learning opportunities and the chance to gain up to 14 hours of verifiable CPD.

With innovation once again the main theme, dental professionals can expect to learn more about the latest developments within the field of endodontics from the likes of Julian Webber, occlusion from Raj Rayan OBE and an opportunity to discover the benefits of practising minimally invasive orthodontics with speakers such as Tif Qureshi and James Russell.

**Confirmed speakers include:** The internationally acclaimed Nasser Barghi, Joe Omar, Peet van der Vyver, Eddie Lynch, Bob McLelland and Wyman Chan, amongst many others. On the Friday, attendees will also have

the opportunity of attending the Conference Charity Ball, which will be held at the fashionable Millennium Mayfair Hotel. Last year's proceeds went to the AOG-sponsored project in Chitrakoot to repair cleft lips and palates and provide dental treatment for 500 villages in one of the most rural parts of India.

Secretary of the AOG, Dr Nishan Dixit, is thrilled to once again be involved with this dynamic gathering: "As one of the UK's fastest-growing dental organisations, we are a body that not only values professional standards but also understands the need for innovation within dentistry, as well as the vital role that continuing education plays within the profession. We also hope that CIC delegates will join us in striving towards 'the greater good',

our organisation's motto, at the Conference Charity Ball, which promises to be a really fun and glamorous occasion, all in aid of a good cause."

Given the record attendance rates at the 2010 event, delegates are advised to book early to avoid disappointment. The deadline for early bird registration, which entitles those who book before 7th March 2011 to a 15 per cent concession, is fast approaching! Members and clients of affiliated sponsors and co-organisers may also be entitled to special rates, so get in touch with the organisers to find out more.

Why not use this opportunity to keep in touch with innovations in this dynamic and fast-growing area of dentistry and help your practice reach its most

profitable potential?

For more information, visit [www.aoguk.org](http://www.aoguk.org) - For early bird offers, or to book, please visit: <http://www.clinicalinnovations.co.uk/> or call 0207 400 8956 **DT**



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# BDTA surveys raise B2A cash

The British Dental Trade Association (BDTA) is pleased to announce the donation of nearly £1000 to Bridge2Aid following the submission of completed membership questionnaires and technology surveys sent out last year.

In order to assess how well the Association is meeting the needs of its members, questionnaires were sent out to each member company, and the BDTA offered to donate £5 to the Bridge2Aid charity for every questionnaire returned. 47 member surveys were filled in and submitted which represented an exceptionally high response rate.

The BDTA also conducted research amongst dentists to investigate their attitudes towards new technologies and training courses. Again, an excellent response rate was received and £2.50 was donated to Bridge2Aid for each of the 285 surveys completed and returned.

Executive Director of the BDTA, Tony Reed, stated; "It is important for us to understand the needs of our members in order to continue to serve them effectively and introduce new ben-



efits. It is vital for our members to understand how members of the dental team respond to new technologies and the mix of training preferred. We were extremely pleased with the response achieved from the questionnaires and to be able to donate funds to Bridge2Aid made the research worthwhile on a number of levels. Thank you to all those who participated."

Mark Topley, Chief Executive at Bridge2Aid, commented: "The BDTA has been a great support to us over the past six years and

helped us to achieve so much – restoring tens of thousands of smiles and changing many lives in Tanzania. This donation will go a long way to helping us relieve the pain of thousands more people in the coming year and extend our work to new areas desperate for basic dental services and training. Our thanks go to the BDTA for thinking of us in this way, and to all the members of the dental industry for completing their questionnaires."

For further information on the BDTA visit [www.bdta.org.uk](http://www.bdta.org.uk)

## Osseointegrated Implantology Courses

If you are interested in implantology then the Osseointegrated Implantology Courses, which are being held on Sunday 27th March – Friday 1st April 2011 could be the right choice.

Delivering 36 hours of CPD accreditation, the fee for the course is £2,200 and is ideal for delegates who wish to participate in a course over six consecutive days.

### Topics covered include:

- examination and treatment planning
- dealing with the patient within the practice
- anatomy, physiology
- biomaterials
- sterility
- surgical templates
- surgical techniques (to include bone augmentation and advanced surgical techniques)
- implant impression techniques
- jaw registration
- articulation
- periodontal consideration (to include maintenance protocol and guided tissue regeneration)
- connecting teeth to implants
- detailed literature review.

There will be guest speakers on the following subjects:

- Dr Joe Omar on "Medical Emergencies"
- Dr Alan Cohen on "Medico – Legal Aspects"
- Mr Sean Goldner on "CT Scan-

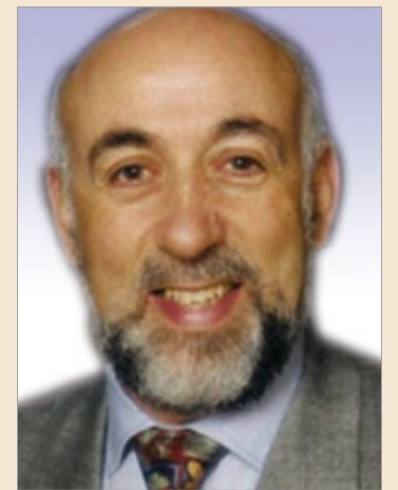
ning"

- Mr Keith Rowe on "Laboratory Techniques"

There will also be hands-on session on the surgical, prosthetic and laboratory phases and delegates will attend a CT scan appointment with one of the patients on the course.

This course is suitable for the application of all different osseointegrated implants systems and delegates who complete the course are eligible for the ICOI Fellowship, without further examination.

For more details or to book your place please call 020 7584 9833 / 020 7584 7740 or email [reception@walpolestreetdental.co.uk](mailto:reception@walpolestreetdental.co.uk)



Eddie Scher - course director

## V+B scheme 'to be scrapped'

According to reports, the government is preparing to announce that a scheme for vetting people who work with children is to be scrapped.

Set up by the Independent Safeguarding Authority (ISA), the original Vetting and Barring Scheme system was designed to prevent unsuitable people working with children and vulnerable adults, with employers facing prosecution for breaches. Approximately nine million adults who came into contact with children once a week or more had been subject to checks.

Home Secretary Theresa May suspended it last June so a review could be held. A Home Office spokesman said an official announcement - which affects England, Wales and Northern Ireland - would be made shortly.

It has also been reported that the government will also announce that criminal record checks are to be sent to individuals first to allow them to challenge any mistakes.

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# Wear one short sleeve and one long

Tony Jacobs highlights the hot topics of debates in the world of GDP UK

As you read this, GDP UK forum members will have been discussing the new Health Bill, as well as proposals from the GDC for revalidation, the next bête noir.

A major topic was when a colleague asked for opinions from others about a request from a patient with chronic leukemia to have her amalgam fillings removed and replaced with composit. The reaction of many dentists is to immediately worry that the patient will not recover, and health will not improve if this is done. On the other hand, if the same patient had attended and asked for replacement of the same silver fillings with tooth-coloured ones for aesthetic reasons, how many of us would hesitate?

This led to a heated debate with more than 50 replies. Does the metal in her mouth have an effect on her disease? There are tests which can investigate these matters. Another writer asked us to consider whether changing the fillings would give the patient a positive mental lift. And so the debate swung on from “don’t touch with a barge-pole” to treat like an aesthetic request. Concepts of professionalism were brought in, aspects of “do no harm”. Another poster suggested making the change slowly to see if there was any benefit to her health.

Modern amalgam alloys have more copper in them and latest research links exposure to copper as a factor in chronic leukemia. Another turn and there was a mention of seriously ill patients clinging onto illogical hopes and being willing to undergo unproven medical treatments, in the hope of success. If a dentist is investigated by the GDC for this type of claim to treat other diseases, the dentist loses the case and their career. This poster says we must ensure we do not give patients any false hope, and ensure there are no more high profile cases showing lack of professionalism by dental colleagues.

Two notes of caution, regarding emergency drug kits, one report that buccal midazolam is now £274 for a 5ml bottle. Will you be stocking it? Plus a practice inspector was perturbed that a practice’s emergency drugs kit was visible to the

public. The principals explained the box had to be easily accessible by the team in an emergency, the inspector insisted it must be locked. A solution was found using a tamper-evident displaying plastic tag, as used on fire extinguishers.

On the same vein, one PCT wrote to dentists insisting that their infection control advice, due to aerosols generated, was that dentists and teams must now wear long sleeves in surgeries. If implemented, this would mean removing cloth-

ing too, between patients. This is contrary to advice in HTM 0105. Advice from the forum – ask the PCT which regulation should be ignored, HTM or theirs, or ... wear one short sleeve and one long!

Approximately 6,000 people in the UK annually are diagnosed with oral cancer - with an estimated 2,000 deaths every year

(Source: British Dental Health Foundation, www.mouthcancer.org)



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- 2: Team Approach - Looking at all aspects of communication both within the team and with patients
- 3: Screening Examination - Practical advice on improving the opportunistic screening procedure in practice
- 4: Case Studies - Providing first hand experiences of examining, making referrals and living with oral cancer



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### About the author



Tony Jacobs, 52, is a GDP in the suburbs of Manchester, in practice with partner Steve Lazarus at 406Dental (www.406dental.com). He has had roles in his LDC, local BDA and with the annual conference of LDCs, and is a local dental adviser for Dental Protection. Nowadays, he concentrates on GDP UK, the web group for UK dentists to discuss their profession online, www.gdpuk.co.uk.



# ‘We are all worms. But I believe that I am a glow-worm’

Sharon Holmes provides some advice on understanding the Medical Device Directive

I am sure there are many dental practices and laboratories out there scratching their heads in wonderment with regards to the Medical Device Directives, which has been a legal requirement for dentists since March 2010, and covers a vast amount of dental and medical materials used on patients.

A statement of manufacture

is a prescription of the device that has been prescribed, who it was prescribed by, and what the product is. It informs the patient of the manufacturer and the materials used. It also states standard after care advice of how to care for the device that has been prescribed and issued.

### Barrage of questions

Our group dental arts studio is made up of six practices and we use many different laboratories so when this task was set before me I knew it would take some organisation, however I was unprepared for the barrage of questions that came flowing in from many of the labs.

Due to my frustration at what should have been a simple task I did some research and

*‘What I understood was that it was the dentist’s responsibility to liaise with their lab with regards to the statement of manufacture, which must be supplied with all laboratory work that gets placed into our patient’s mouths’*

made a couple of phone calls to find out that I was not the only person who was struggling to make some sense of the Medical Device Directive.

As this is a legal requirement it concerned me, and I wanted to implement it as soon as possible to avoid any future repercussions. What I understood was that it was the dentist’s responsibility to liaise with their lab with regards to the statement of manufacture, which must be supplied with all laboratory work that gets placed into our patient’s mouths. Changes have been made to this Medical Device Directive 93/42/EC to improve the standard of appliances provided to patients to ensure good and ongoing patient care.

All dentists were notified about the directive requirement and made aware of their



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Visual representation of dentine cross-section and dynamic reparative layer



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**References:** 1. Burwell A et al. Journal of Clinical Dentistry 2010; 21(Special Issue): 66-71. 2. LaTorre G & Greenspan DC. Journal of Clinical Dentistry 2010; 21 (Special Issue): 72-76. 3. Efflandt SE et al. Journal of Materials Science: Materials in Medicine 2002; 13(6):557-565. 4. Clark AE et al. Journal of Dental Research 2002; 81 (Special Issue A): 2182. 5. GlaxoSmithKline data on file SF/EU/05/10 Earl J, 2010. 6. Du MQ et al. American Journal of Dentistry 2008; 21(4): 210-214. 7. Pradeep AR & Sharma A. Journal of Periodontology 2010; 81(8):1167-1173. 8. Sallan S et al. Journal of Clinical Dentistry 2010; 21 (Special Issue): 82-87.

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