

DENTAL TRIBUNE

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

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News in Brief

Humans can smell disease

Humans can smell sickness in someone whose immune system is highly active, according to a new study from Karolinska Institutet. According to the research published in *Psychological Science*, there is anecdotal and scientific evidence suggesting that diseases have particular smells. A person who suffers from diabetes, for example, is known to sometimes have a breath smelling of acetone. For the study, participants were injected with either a form of lipopolysaccharide (LPS) – a toxin made from bacteria and known to ramp up an immune response – or a saline solution. The volunteers wore tight t-shirts to absorb sweat containing odorant molecules connected to immune response over the course of four hours. A separate group of participants were instructed to smell the sweat samples. Overall, they rated t-shirts from the LPS group as having a more intense and unpleasant smell than the other t-shirts.

New gum created to fight U.S Army's plaque problem

U.S military scientists have created a 'combat gum' that kills the bacteria that cause cavities, according to the *New York Daily News*. The gum has been produced to help reduce dental problems among Army recruits. All necessary dental work must be done before the troops deploy, which could mean they miss training time. If toothaches occur overseas, the soldiers have to be pulled and taken to the nearest dentist, wherever that may be. Scientists have spent seven years on the gum, which contains an ingredient that enhances the body's natural ability to kill the bacteria that cause plaque. Fighting tooth decay and gum disease could be as easy as chewing the gum for 20 minutes after meals.

A problem shared is a problem halved

One way of coping with stress is to share your feelings with someone who is having a similar emotional reaction to the same scenario, according to a new study from Sarah Townsend from the USC Marshall School of Business. "For instance, when you're putting together an important presentation or working on a high-stakes project, these are situations that can be threatening and you may experience heightened stress," said Townsend. "But talking with a colleague who shares your emotional state can help decrease this stress."

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News



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Endo Tribune



Endodontic Award
Winner Jamie Nelson's entry

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Practice Management



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Solving staffing issues
by Kate Russell

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Clearance for HIV positive healthcare workers

The Department of Health has announced a system of health clearance for healthcare workers living with HIV whose disease is adequately controlled, so that they are able to return to their chosen profession

In August 2013, Chief Medical Officer Sally Davies announced that healthcare workers who are HIV-positive will be able to return to practice, and now the Department of Health announced a system of health clearance, setting those wheels in motion.

In January 2011 the DoH said that it was reviewing its policy on the prevention of HIV-positive surgeons and dentists

exceptional case, the likes of which we have not seen before or since."

The regulations were brought in after the publicity associated with the death of an American dental patient in 1990, one of six patients believed to have been infected with HIV in an unresolved Florida case. Regulatory bodies in most countries responded to the case differently – the

viral load; and are regularly monitored by their treating and occupational health physicians.

Those with HIV wishing to perform exposure-prone procedures will need to be registered on a confidential na-

tional register, the UKAP-OHR. An interim paper-based version is being made available to allow healthcare workers to register, whilst the web-based version is in development and will be made available in April 2014. [DT](#)

'After decades of living in fear and dealing with prejudice, dentists can finally return to their professional calling'

from carrying out 'exposure-prone procedures', and now the day has come for the UK to fall in line with most other Western countries, and give these healthcare workers their careers back.

As Kevin Lewis, Dental Director of Dental Protection put it: "After decades of living in fear and dealing with prejudice, dentists can finally return to their professional calling, although regrettably it is too late for some to do so. Patient safety should be at the forefront of healthcare, but the original rules were introduced as a reaction to a mysterious and

UK banned all HIV-infected healthcare professionals from undertaking exposure-prone procedures, leading to health workers becoming deskilled, losing their careers, or suffering in silence. Since most dental procedures are classified as exposure prone, the ban had a devastating significance for dentists diagnosed with the disease.

Decided on a case-by-case basis, HIV-infected healthcare workers may be allowed to undertake certain procedures if they are on effective combination antiretroviral drug therapy (cART); have an undetectable



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New BDIA marketing campaign launched



A new marketing campaign promoting The British Dental Trade Association's (BDTA) re-brand to the British Dental Industry Association (BDIA) to the dental

team has launched.

The name change of the UK's principal industry body, which represents more than 80 per cent of the dental industry, has driven a complete brand refresh. The new advertising creative explains the rationale behind the name change as the Association drops 'Trade' and gains 'Industry', to convey the increasing diversity of its membership, in addition to highlighting the benefits of choosing to do business with quality-conscious BDIA member companies.

Tony Reed, BDIA Executive Director, explained: "BDIA encompasses the wider world of dentistry beyond the direct 'trade' including banks, insurance companies, publishing companies as well as suppliers of services and technologies to the dental industry amongst its membership. The new advertising campaign is refreshingly simple in its approach and hopefully it will ensure the Association's new name is instantly recognisable throughout the dental sector."

Since 1923, the Association

has played a crucial role within the industry as a not-for-profit organisation, using its funds solely for the purpose of developing dentistry for the benefit of its members, the profession and the public.

Today, BDIA plays a pivotal role in driving quality standards within the dental industry: equipping its members with exclusive information and statistics to provide greater insight and knowledge; creating opportunities for networking and collaboration to address market challenges; shaping the future

of the wider dental industry through its proactive engagement with relevant bodies; organising exhibitions that deliver a key focal point for the industry and the profession to conduct business for mutual benefit; as well as providing highly regarded training for the industry ensuring a thorough understanding of the essentials of dentistry.

To find out if your suppliers are members of BDIA or if you are interested in becoming a BDIA member, please visit www.bdia.org.uk or call 01494 782875. **DT**

Dental nurse stuck off following 'number of convictions'



Adrienne Ford had a history of criminal conduct

A London-based dental nurse has been struck off by the General Dental Council (GDC) following a public

hearing into a number of allegations including convictions for theft and failure to declare convictions and cautions.

The allegations against Adrienne Ford were heard by the GDC's Professional Conduct Committee (PCC) in December 2013.

Between 1983 and 2007, Adrienne was convicted of theft a number of times, received a caution for an offence of possession of a Class B Drug (cannabis

resin), and was convicted of theft and attempted theft. She also committed two offences of welfare benefit fraud between 2003 and 2007.

She failed to register with the GDC by 30th July 2008, the date by which dental nurses were required to be registered. She worked at The Penerley Road Dental Practice as a dental nurse on days after 30 July 2008 and before 23 June 2010 without registration. When she did eventually

registered with the GDC, she declared that she had not been convicted of any criminal offences.

Furthermore, between July 2008 and May 2012 Adrienne was not indemnified or insured in respect of claims from patients arising out of her practice as a dental nurse.

The GDC's PCC told Adrienne: "You have demonstrated a history of criminal conduct involving dishonesty spanning

three decades. You subsequently made a false declaration to the GDC for the purposes of obtaining registration as a dental professional. Your repeated dishonesty and criminal conduct goes to your character and is therefore, in the Committee's view, very difficult to remedy. Moreover, there is a need to declare and uphold standards within the profession. You have demonstrated repeated conduct which is capable of bringing the profession into disrepute." **DT**

Hundreds of students without foundation training place

The Committee of Postgraduate Dental Deans and Directors (COPDEND) has released the number of Foundation Training offers for 2014.

In total, 1,318 applications were made. So far, 80 per cent of appointable applicants have been offered places, with 244 candidates placed on the reserve list.

According to a release issued by COPDEND, each applicant was asked to state a preference order for each of the 71 training schemes and offers of a place were made on the basis of ranked scores achieved and stated preferences. Out of the successful applicants, 49 per cent secured their first choice, 71 per cent were offered a place on one of their top

three schemes and 88 per cent on one of their top 10 schemes.

Further training places are expected to become available later in the year.

Dr Judith Husband, Chair of Ethics, Education and the Dental Team for the BDA, said: "The conclusion of the first stage of DFT allocations marks the beginning of a difficult and anxious time for those who have not been awarded a place. Those currently completing their studies must remain focused on giving themselves the best possible chance of securing a place by concentrating on doing so successfully. I also urge those individuals to seek the support of their tutors and to contact the BDA for help and information.

"The BDA continues to press for guaranteed DFT places for all UK graduates, as we believe it is unfair to the young people aspiring to work in the NHS and the taxpayer alike that they should be deprived of the chance to do so." **DT**

E-cigarettes banned for under-18s



1.3m people in the UK use e-cigarettes

Under-18s in England will be banned from buying electronic cigarettes, the government has announced.

An estimated 1.3 million people in the UK use e-cigarettes, and while smoking rates have fallen, experts believe that e-cigarettes could encourage teenagers to take up the habit.

Prof Dame Sally Davies, England's chief medical officer, said: "We do not yet know

the harm that e-cigarettes can cause to adults, let alone children, but we do know they are not risk free.

"E-cigarettes can produce toxic chemicals and the amount of nicotine and other chemical constituents and contaminants, including vapourised flavourings, varies between products – meaning they could be extremely damaging to young people's health."

The law change will be introduced in Parliament this week as an amendment to the Children and Families Bill.

Ministers also plan to make it illegal for adults to buy traditional cigarettes for anyone under 18. The new rules, which could be in force by the autumn, may mean that anyone caught buying cigarettes for a child could be given a £50 fixed penalty notice or a fine of up to £2,500. **DT**

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Editorial comment

Welcome to this month's edition of *Dental Tribune UK*.

Now we are settled into the new year (unless you just celebrated Chinese New

Fluoridated water does not increase bone cancer risk

Fluoride levels in drinking water do not lead to a greater risk of primary bone cancer, a new study has found.

Researchers at Newcastle University found that higher levels of natural or artificial fluoride in drinking water in the UK had no impact on the incidence of either osteosarcoma or Ewing's sarcoma in people 0-49.

Dr Richard McNally of the Institute of Health & Society at Newcastle University led the study. He said: "This is the largest study that has ever been conducted examining the possible association between fluoride in drinking water and risk of osteosarcoma or Ewing sarcoma."

"Karen Blakey used sophisticated software to link together data on the geographical distributions of bone cancer incidence and fluoride levels. Statistical modelling of these data showed that there was no evidence of an association."

Andy Hall, chairman of Bone Cancer Research Trust's (BCRT) Independent Scientific Advisory Committee, said: "Bone cancer is diagnosed in about 550 patients every year in the UK and Ireland, many of whom are children. However, at present, very little is known of the factors which trigger the disease."

"The study funded by the Bone Cancer Research Trust and reported by the team in Newcastle provides very important reassurance to patients and their relatives that fluoride is not involved in this process and shows that more research is needed to find out how this potentially devastating form of cancer can be prevented." 



Fluoridated water has no impact on incidence of bone cancer

Year, in which case Kung Hei Fat Choi) I hope all those resolutions you made are working well for you and your practice.

This month the news is about the establishment of a workable system to allow HIV positive healthcare workers to return to work.

Providing a certain criteria

is met, healthcare workers – including dental professionals – with HIV will be allowed to work with patients, even where it is considered an exposure prone procedure (in which dentistry often falls).

This is fabulous news – for too long healthcare workers have either been stigmatised or forced to lie (or worse, live in ignorance) because the rules governing their working status have been left behind by infec-

tion control procedures and advances in medicines.

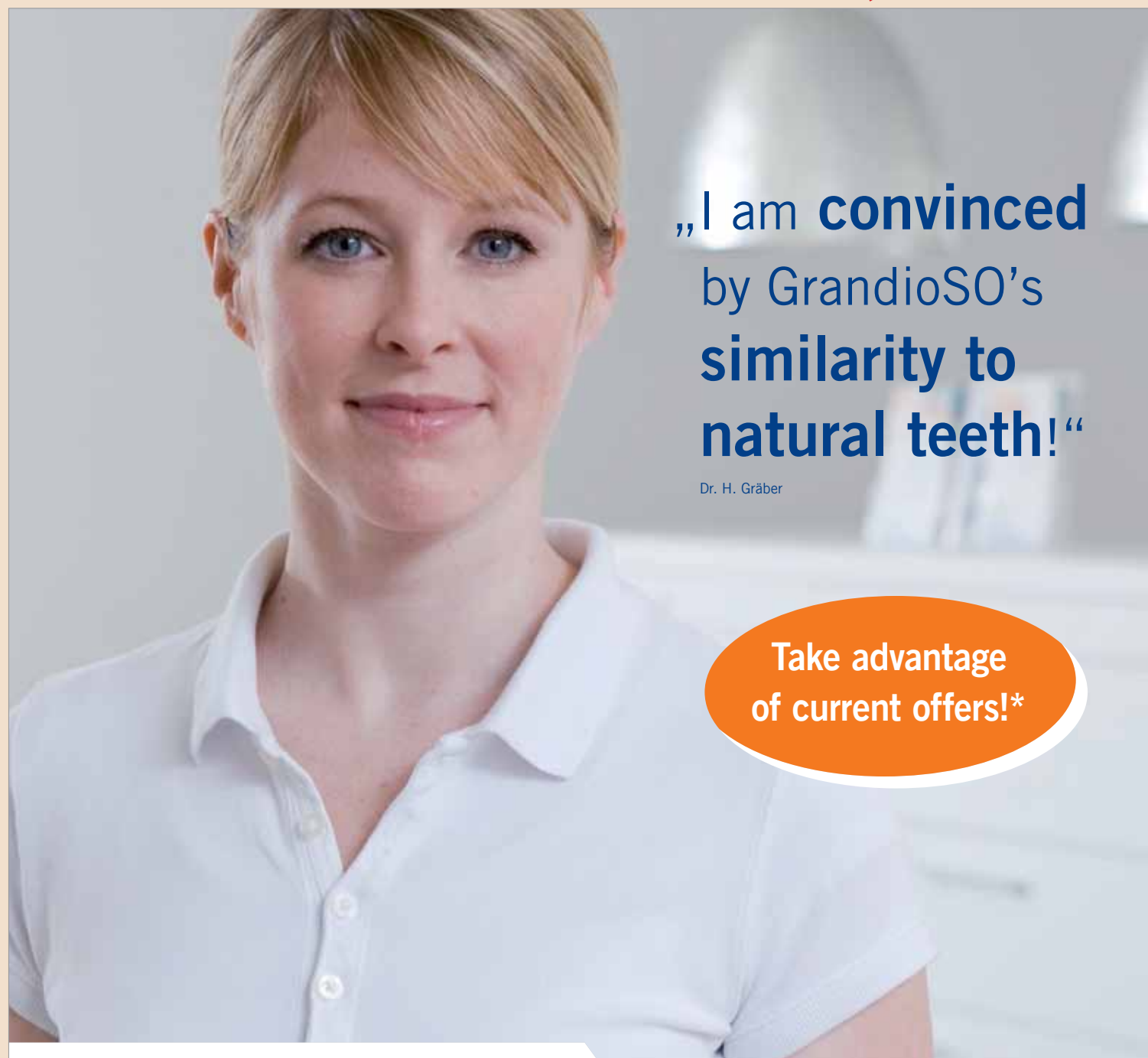
Now people who have already had such a life-changing event such as an HIV diagnosis do not have to face losing their working status and livelihood too.

Let us support colleagues who need it to get back to work and caring for patients where they belong. 

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

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Fukushima children's teeth to be checked for radiation impact



Teeth checked following 2011 disaster

The Fukushima Prefecture Dental Association will spearhead efforts to determine whether children's teeth contain the radioactive isotope strontium-90 following the meltdown from the Fukushima nuclear plant in 2011, according to the Japan Times.

Similar to calcium, strontium-90 tends to be absorbed by the bones and teeth once it enters the body. It is widely believed to cause bone cancer and leukaemia, and cannot be detected by whole body radia-

tion counters.

The teeth of children aged five to 15 will be checked if extracted during regular dental visits, and the research will start by examining the teeth for cesium or other isotopes. For the other teeth, checks for radioactive isotopes will be carried out in groups of ten, rather than on individual teeth.

The education ministry released readings for strontium detected in the Fukushima area in September 2011 that

said the amount present in soil was less than a hundredth of the cesium present.

Noboru Takamura from Nagasaki University said: "Based on past radiation data, any detected amount would be extremely small. If that is proved by the research, people will feel relief. I want the researchers to take the time to explain the results to the children whose teeth will be examined." **DT**

Learn how to save a life at the Dentistry Show



The Mouth Cancer Foundation will be at stand F37 at this year's Dentistry Show, where delegates can learn how to save a life in just two minutes.

Dental practices in the UK should be performing thorough mouth cancer checks on their patients. This quick detailed examination takes just two min-

utes, yet very few patients are aware they should receive this at least once a year and it is suspected that some dental practices are still not doing it.

The charity's Mouth Cancer Screening Accreditation Scheme is raising awareness amongst both patients and dental practices by calling every dental practice in the UK to be

carrying out a thorough head and neck examination as part of regular check-ups.

The scheme is a 'Two minutes to save a life' screening protocol that every dentist should be able to include in their routine examinations in order to increase early detection rates and save lives.

The scheme is open to any dentist registered with the GDC or any dental practice whose clinicians are registered with the GDC. For more information, email info@mouthcancerfoundation.org or call 01924 950 950. **DT**

Leicester MP calls for sugar ban in schools



member, councillor Vi Dempster, urging the education authority to ban sugar from school's canteens and vending machines.

Valence Primary School in Dagenham banned fruit juice, and Mr Vaz wants to follow this example.

Councillor Dempster said: "All of our menus are devised with the help of a dietician – all of our recipes meet Government guidelines.

"Over the past few years, our menus have been reviewed to reduce the amount of sugar that's used. Given the levels of childhood obesity in the city, I absolutely support the points Keith Vaz raises about sugar." **DT**

Leicester MP Keith Vaz is campaigning for sugary and drinks to be banned in all schools in the city, according to the *Leicester Mercury*.

Mr Vaz said: "For too long, food and drink manufacturers have misled parents about the amount of sugar added to their products. These hidden calories are contributing to an epidemic of childhood obesity."

He has written a letter to the Leicester's education cabinet

Lords backs ban on smoking in cars with children



Labour introduced the plan, which has been given Lords' backing

The House of Lords has backed a Labour plan to ban smoking in cars carrying children, despite opposition from the government.

According to the BBC, government backbenchers will not be pressed to reverse the change in the Commons. Instead, they will have a free vote on the amendment when the bill returns from the Lords.

The amendment to the Children and Families Bill was brought forward by Lord Hunt of Kings Heath, Lord Faulkner and Baroness Hughes.

Lord Hunt said: "I was very surprised by research that has

been identified by the British Lung Foundation, which shows that a single cigarette smoked in a moving car with a window half open exposes a child in the centre of a back-seat to around two-thirds as much second-hand smoke as in an average smoke-filled pub of days gone by."

This level increased to 11 times when the car was not moving with the windows closed.

Conservative peer Lord Cormack argued that any law which "brings the state into the private space of individuals should be deplored".

However, Lord Hunt said: "There are more important

principles than that. One for me is the need for child protection. Unlike most adults, children lack the freedom to decide when and how they travel, they lack the authority most adults have to ask people not to smoke in their company."

Director of pro-smoking group Forest, Simon Clark, said: "Legislation is completely unnecessary. Most adult smokers accept that smoking in a car with children present is inconsiderate and the overwhelming majority choose not to. Education, not legislation, is the way forward." **DT**

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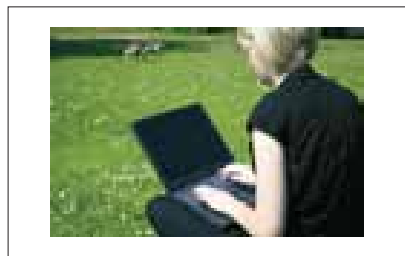
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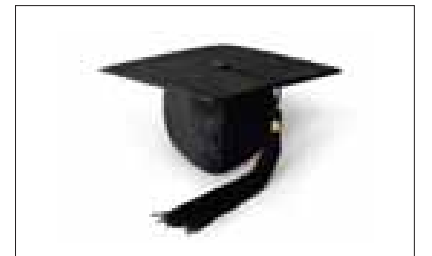
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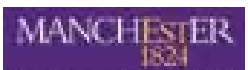


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Blackpool defers decision on fluoridated milk



Decision will be made following study results

Blackpool councillors have deferred their plans to introduce milk containing fluoride into local primary schools, according to the *Blackpool Gazette*.

The council met on 27 January 2014 to make a decision on whether school children should

have fluoridated milk, but decided to hold off introducing it.

Blackpool's director of public health, Dr Arif Rajpura, said: "We have decided to defer the decision on fluoridated milk.

"A study which took place in Newcastle showed slightly

higher levels of fluoride than expected in children who used the milk. Public Health England has asked that any local authority considering a decision on using fluoridated milk to await the findings of its study.

"The information was only provided to us today [27 Janu-

ary] and we will look at the findings and make a decision on fluoridated milk in the coming weeks when we have a chance to review it."

If the council goes ahead with the plans, parents will be given the chance to opt out of the scheme.

Councillor Sarah Riding, cabinet member for health, said: "The issue for us is that unfortunately children's teeth in Blackpool are some of the worst in the country.

"Introducing fluoride would not be something that happens in isolation – we would continue with all our initiatives in schools around brushing teeth." **DT**

Paediatricians should manage dental trauma, says report



Non-dentists should manage trauma

Non-dentists can play a key role in preventing and treating dental trauma, according to a new report by the American Academy of Pediatrics.

In guidelines published in Pediatrics, the academy lays out the basics of prevention, diagnosis, and treatment for injured teeth.

In children six years of age and younger, oral injuries are the second most common injury, writes Martha Ann Keels, chief of pediatric dentistry at Duke University, and her colleagues. Anyone who sees children in urgent care settings needs to be prepared to treat dental trauma because often no dentist is available and time may be of the essence.

The authors write that physicians who care for children should try to prevent injuries to their patients' teeth by recommending safety measures. They should also tell their patients to wear mouth guards during sports. **DT**

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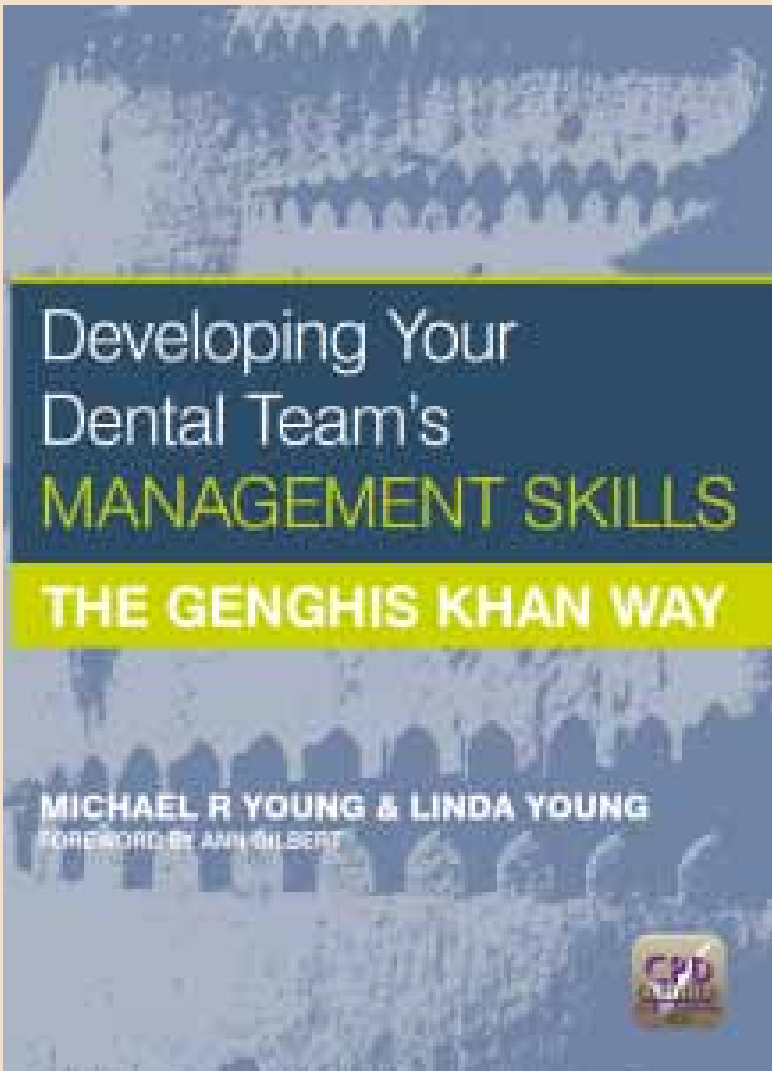
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Genghis Khan and how he can help your dental team

Dental Tribune reviews the sequel to *Managing a Dental Practice the Genghis Khan Way: Developing your dental team's management skills the Genghis Khan way*



In 2012, *Dental Tribune* reviewed *Managing a Dental Practice the Genghis Khan Way* by Michael Young; now he's joined forces with his wife and published a follow up – *Developing Your Dental Team's Management Skills the Genghis Khan Way*. Continuing with the Genghis Khan theme, this series of books focuses on his strategies such as intelligence gathering, successful people management and quick ability to learn and adopt new ideas, rather than Mongol invasions and massacres.

Michael is a former den-

tist, practice owner and teacher of clinical dentistry. Now a full time author, he wrote the prize-winning book *Managing a Dental Practice the Genghis Khan Way* and the critically acclaimed *How to be an Effective Expert Witness*. Linda was a senior manager for a customer-orientated international company for more than 20 years, and developed, wrote and delivered a diverse range of training materials and courses. With such a wealth of expertise, these two know their stuff and this is evident throughout *Developing Your Dental Team's Management*

Skills.

This book is designed to be used alongside the first book but has a completely different approach – being more like a textbook with activities for the reader to work through rather than a book that sits on your bedside table.

Resource

It is a resource that can be used by anyone who wants to train, develop or mentor those people working in a dental practice. It will enable the team to develop a better understanding of how their workplace should function, and help all members build their knowledge and skills, giving them the confidence to grow as a professional. As Ann Gilbert says in the foreword, this resource recognises that training, continuing education and implementation of policy and procedure is crucial in a modern, successful dental practice.

The sections of this resource follow the order of the first book: Preparation, People, and Planning. It is set out in short, manageable sections which include learning outcomes, suggested background reading, and activities for the student to complete. This easy-to-follow set up allows the student to refer back to the text and activities when needed, making it useful in the long-term.

Preparation is all about understanding what management is, with the aim of teaching the student the stages of the management process, as well as enabling them to understand their strengths and weaknesses.

Expectations

The People section is divided into three parts: the patient, the employee, and the practice manager. In this section, students will learn about patients' expectations, the necessity of good communication, and why a customer care programme is so important – both for the patient and those working in the practice.

Students will learn about the process in recruiting an employee, the employee's journey through the work-

ness plans, planning for disaster, policy and procedure, and managing change.

Useful

Everyone in the dental practice will find this resource useful, both at an individual and team level. It can be used to deliver training within all types of practices – from the single-handed practice to NHS practices and corporate dental bodies. A must-have for all dental practices. [DT](#)

'This easy-to-follow set up allows the student to refer back to the text and activities when needed, making it useful in the long-term'

Reader Offer

Dental Tribune readers can get 20% of all of Mike Young's books, including *Developing your team's management skills the Genghis Khan Way* when you order via Radcliffe Health's online shop. Go to www.radcliffe-health.com and use code YOUNGBC. This offer expires March 31, 2014.

Book info

Developing Your Dental Team's Management Skills the Genghis Khan Way 103 pages. Paperback ISBN 978 184619 988 2

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Making Patients Feel Special

Glenys Bridges discusses patient plans

In this economic climate most people regularly make tough spending decisions. In some cases they must deny themselves one necessity in favour of another. Although it's true that some

top end practices seem to be relatively unaffected by the double (potentially triple) dip recession, many have seen a dramatic fall in income from elective, cosmetic procedures. Under these circumstances

this article asks, “How in the UK where 50 per cent of the population were not regular dental attenders during the previous favourable economic climate, can we attract patients into best fit options

to maintain their oral health during the current financial climate?"

When practices with a well-structured maintenance plan are losing patients for fi-

nancial reasons it may be that by reviewing the way they offer their plans to patients needs to be revised. Plan patients will have two objectives, one objective being to spread the cost of their oral care and the other to save some money for the course of the year.

Care Standard

A well-priced plan will allow a patient with a good standard of home care to save money on two oral health checks and scale and polishes by paying a monthly direct debit to the practice plan. Although this will involve the practice in a monthly administration charge, this will be more than balanced out by the monthly income and potential sales of home care products on each visit.

Promoting maintenance plans need not be based solely on a financial basis. There is also the opportunity to

‘Promoting maintenance plans need not be based solely on a financial basis. There is also the opportunity to build in added value for patients through customer care benefits linked to a loyalty scheme’

build in added value for patients through customer care benefits linked to a loyalty scheme. Alongside the clear value of spreading the cost of

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basic oral well-being maintenance, plan patients can be assured that enhanced measures are in place to ensure that their customer care needs are fully recognised and understood in appreciation for their loyalty to the practice, by opting to pay a monthly direct debit.

Examples

Presenting plans to prospective new plan patients should involve examples of how much they would have saved

pointments. Another service that can be offered to plan patients is regular updates on the latest developments in clinical and home care options.

Dental businesses need to be aware of the best offerings from their competitors; not other dental practices, rather the companies competing for the same disposable income those patients would spend on their dental plan. These com-

panies will be gyms, spas and designer labels, all of who use their marketing to make people purchasing their brands feel 'special'. As dentistry is a highly personal business making patients feel special and cared about is a must when asking them to commit to us and offer their undivided loyalty. 

About the author



Glenys is an experienced management trainer and assessor with 20 year experience of working with General Dental Practitioners and their teams. In addition, she has expertise and qualifications in Counselling and Life Coaching. Her first book Dental Practice Management and Reception was published in 2006 her second book: Dental Management in Practice was published during 2012.

‘Once a patient is on a plan the practice needs to go the extra mile to thank them for their loyalty. Without any doubt every patient is entitled to the best possible standard of dental care’

over the previous year on their assessments, scales (and treatment if the Plan offers discounts on standard private treatment fees). This will require a one-to-one discussion with each patient. This should take place in a private, low pressure, ethical selling environment, always making it clear that it is perfectly OK if the patient chooses not to join the plan.

Once a patient is on a plan the practice needs to go the extra mile to thank them for their loyalty. Without any doubt every patient is entitled to the best possible standard of dental care. Beyond the clinical care plan, patients can be offered special discounts on home care products and first choice of priority appointments. This requires notes to be made about each patient’s preferred ap-



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