Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

GnR's Axl Rose knocks out fan's teeth

A Guns N Roses fan is suing Axl Rose after being injured by a microphone during the band's tour of Australia. Axl Rose threw his microphone into the crowd during a recent gig in Perth, and reportedly broke two of fan Darren Wright's teeth. Mr Wright is now suing the singer for around $5100 in a bid to get them fixed. "With the bright lights and explosions, I couldn't see anything," Wright has said. "The next thing I knew, I was whacked in the mouth. I thought I had been punched. I was quite stunned and it took a few seconds to realise what was going on. I could feel bits of teeth in my mouth. "At the very least, I want someone to pay to get my teeth fixed."

Dental nurse is 'best dressed' at Cheltenham

Dental nurse Charlotte Hamilton from Pittville was crowned 'best dressed' on Ladies' Day at Cheltenham Festival. Charlotte, who wore a coat, fur scarf, hat and leather gloves, was delighted with the prize. "I'm overwhelmed," she said. "It was not the outfit I was planning on wearing but when I saw the weather I decided to go for it." Charlotte was presented with a bottle of bubbly to celebrate the success by Cotswold farmer Adam Henson.

FGDP(UK) to host series of seminars

Delegates attending this year's British Dental Conference and Exhibition at ExCel London will be given the opportunity to hear from some of the most respected professionals in the industry courtesy of the FGDP(UK). Leading dental professionals, including Professor of Oral and Maxillofacial Imaging at Manchester University, Keith Horner, and FGDP(UK) Course Director Paula McHenry will be speaking on a variety of topics from minor oral surgery to new radiology guidelines. Each session will last between an hour and ninety minutes. All four seminars will be taking place over Thursday 25 and Friday 26 April and offer an exciting opportunity to investigate some of the new developments within dentistry and recognise how to implement best practice as delegates develop their career.

News

Smoking
Smokers more likely to quit for sake of children

page 4

Comment

Tooth whitening
Neel Kothari discusses changes in the law

pages 8-9

Opinion

Long term gain
Michael Sultan discusses importance of long-term care

page 13-14

Meeting

Keeping up with the industry
Richard Kahan talks CIC 2013

page 15-16

Tooth decay highest amongst England's most deprived

New figures on hospital admissions for dental procedures reveal higher rates for patients from the most deprived sectors of the population when the primary diagnosis is tooth decay

Almost one fifth of such admissions were for patients from the most deprived ten per cent of the population. However, those from the least deprived ten per cent of the population accounted for only four per cent of admissions with a primary diagnosis of dental caries.

Health and Social Care Information Centre (HSCIC) Chief Executive Tim Straughan said: "[These] figures show a correlation between rates of hospital dental procedures caused by tooth decay and the patient's level of deprivation. [This] report has implications for the public's dental health and for hospital trusts in England that perform dental services, in particular those that serve England's most deprived areas."

Professor Damien Walmsley, the Scientific Adviser to the British Dental Association, said: "The striking and persistent correlation which exists between those with the best and worst oral health and their social backgrounds, particularly among children and young people, has long been apparent.

"Dentists working in Britain's poorest communities are working with fundamental problems such as children not being taken to see a dentist, not being provided with toothbrushes and fluoride toothpaste and being fed irregular diets heavy with sugary and acidic food and drink. As a result, sadly, we see many children with significant levels of decay; some of whom have to be referred to hospitals for multiple extractions before they are even ten years old.

"Tackling these problems and the social determinants that underlie them needs to be part of governments' wider public health strategies across the UK, as the BDA continues to stress."

Dr Nigel Carter OBE, Chief Executive of the British Dental Health Foundation, said: "Although the findings of the report are nothing new, the scale of the problem is a worry. Social inequalities have a great bearing on oral health, both in adults and children.

"While there have been major improvements in oral health in the last 30 years, with research leading to advances in the prevention and treatment of disease, inequalities remain and a marked social gradient in oral health is seen similar to that in general health.

"Recognition of the common risks shared between chronic diseases such as cardiovascular diseases, cancers, obesity and oral diseases has facilitated more oral health organisations to work with health disciplines to educate and inform patients about the risks.

"Those with a lower social economic status tend to have an unbalanced diet containing little or no fresh fruit and vegetables. The entire profession should take every opportunity to discuss their patient's diet to assess their risk and give them as much information on how to reduce their risk."

Further research shows that more than 30 per cent of children in the UK will have dental decay by the time they are five. The Infant & Toddler Forum (ITF) is also calling for a focus on public health education in order to make a difference, with the aim to help families instil healthier attitudes in their children for lifelong health, through a programme of everyday tips on which foods to offer and which behaviours to encourage as early on as possible. DT

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Funding uplift places extra pressure on GDPs, BDA warns

BDA warns of fiscal pressure

A Government decision to award general dental practitioners in England an uplift to their funding of 1.5 per cent for 2013/14 will do little to relieve the increasing pressure on high street dentists, the British Dental Association (BDA) has warned.

The Department of Health's decision has this year been made without a recommendation from the Doctors' and Dentists' Review Body, following its decision to suspend DDRB's role in determining pay settlements.

The Department of Health has also signalled that it intends to implement changes to the way that dental contracts are managed at the end of the 2013/14 financial year, although details of these changes are yet to be published.

Dr John Milne, Chair of the BDA's General Dental Practice Committee, said: "While dentists understand the financial challenges facing the public purse that sit behind this decision, they also know that their practice expenses are continuing to escalate and that their professional lives are becoming ever more challenging.

"Dentistry in England is facing an uncertain time with new commissioning arrangements being implemented in just a few weeks and new contractual arrangements being piloted.

"Dentists are working hard not only to care for their patients today, but also to make these reforms work to build a better future.

"That future will also depend on the funding shortfalls that are being endured by practices now being recouped in future years. The BDA will continue to remind Government of this and look to the DDRB for future recommendations to more effectively support dentists' hard work caring for patients.

"We will also press for the all-important detail of the changes to contract management that have been announced alongside today's announcement to be published. Inevitably, the devil will be in the detail of these changes and we will be looking very closely at them."

Salaried dentists will receive a one per cent pay uplift, in line with the award given to other NHS employees. DT

Thousands encouraged to use internet to improve health

Online to better health?

The NHS Commissioning Board (NHS CB) has announces plans to help up to 100,000 more people to use the internet to improve their health.

The Board is forming a new partnership with the Online Centres Foundation to fund existing UK Online Centres to train and support people to help their health and well-being through the internet. The funding will support the Online Centres Foundation to develop at least 50 of their existing centres in public places such as libraries, community centres cafes and pubs to become digital health hubs.

These hubs will provide training and support to help people go online for the first time so they can start using websites such as NHS Choices. As people become more confident they will also be encouraged to do more online, such as provide comments on their use of the NHS or order repeat prescriptions online. To support the centres and the people who use them there will be online health information training on their website www.learnmyway.com.

In addition to the health hubs, the programme will also establish a new network of larger NHS digital projects working in health locations (including hospitals and GP surgeries) to pilot innovative approaches to getting involved in online healthcare.

The NHS Commissioning Board is concerned that those who experience the greatest health inequalities – and who have the greatest need of NHS services - are least likely to be online. People over the age of 65 account for more than half of NHS spending, but 36 per cent of those over the age of 65 have never been online before and half of the eight million people who have never used the internet have a disability. Homeless people, travellers and some rural communities experience health inequalities and poor health – but often also lack access to online services.

To support the centres and their users, a digital health information learning package will be established on the online learning platform Learn my way, which will help evaluate the best way to encourage people to find health and information and complete transactions online. DT

Smoking increases lung cancer risk after radiation exposure

The risk of developing cancer or tissue damage after exposure to ionising radiation varies among people because of genetic and lifestyle factors, according the Health Protection Agency's independent Advisory Group on Ionising Radiation (AGIR).

An AGIR report concludes that there is strong evidence that smoking substantially increases the risk of developing lung cancer after exposure to ionising radiation; an effect particularly marked in people exposed to radon gas. There is also evidence that genetic factors affect the way people react to ionising radiation, although further research is needed to confirm this and identify all the genes responsible.

The conclusions raise ethical issues that will need careful consideration and could have implications for advice given to smokers who undergo radiotherapy, work with ionising radiation or are accidentally exposed.

Professor Bryn Bridges, chairman of AGIR, said: "Smoking may well be important when considering future risks in exposed people. It is an appropriate time to start to consider how knowledge of lifestyle factors such as smoking might be incorporated into occupational, medical and public radiation protection." DT

Another risk from smoking

Britons fear tooth loss more than weight gain

A new survey from dental brand Corsodyl has revealed that permanent tooth loss is the nation's biggest confidence killer.

Out of the adults surveyed, 51 per cent said that losing a tooth would be the worst blow to their confidence, compared to 19 per cent who cited changes in weight, and ten per cent bad skin.

Despite these findings, 48 per cent of those surveyed said that healthy looking gums are not as important as other aspects of their oral health, and only 18 per cent said they would visit the dentist if they had gum problems.

Dentist Amit Rai commented: "Gum disease is prevalent in Britain and this new report highlights what I see in my practice on a daily basis - that some British adults seem to know little about the health of their gums. Although most patients nowadays understand the importance of brushing twice daily, they don't often realise that the bugs, which cause gum disease, love to hide within the spaces in-between their teeth.

A build-up of bugs causes the gums to become inflamed, commonly resulting in red, swollen gums which may bleed upon flossing or brushing. Over time gums could pull away from teeth and, if left untreated, gum disease could result in the scary reality of tooth loss. There are many products available to treat gum disease. Where appropriate, I often recommend a medicated mouthwash, containing chlorhexidine, for short term use to treat the signs of gum disease, as well as a good oral care routine." DT

Editorial comment

Last week saw the sixth World Oral Health Day. Organised by the FDI, World Oral Health Day is celebrated every year on 20 March and was created to remind the global population that healthy teeth, gums and mouth play a crucial role in our ability to work or study without constant, nagging and painful toothache, in our self-confidence and in the health of our whole body,

This year's theme is 'Healthy Teeth for Healthy Life'. It reflects the major contribution oral health makes to our lives. The event provided a fantastic opportunity for FDI member associations to organise events locally to raise oral health in the public's awareness.

Although the day is not widely marked in the UK, the opportunity for focusing on oral health should never go begging. I made sure that our social media was on the case, I hope your was too!

If you'd like to see more about World Oral Health Day so you can plan for next year, go to http://www.fdiworldental.org/events/world-oral-health-day/world-oral-health-day-2013.aspx. DT

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

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Tooth loss? Rather have the flu!

Americans are more afraid of losing a natural tooth than they are of getting the flu, according to a January survey by the American Association of Endodontists. Despite an especially bad flu season that taxed hospital emergency rooms nationwide and led some cities to declare a public health emergency, more survey respondents hoped to avoid losing a permanent tooth (74 per cent) than avoid getting the flu (73 per cent).

Also, 70 per cent of respondents say they want to avoid getting a root canal, and 60 per cent were more anxious about root canal treatment than getting a tooth pulled (57 per cent), or receiving a dental implant (54 per cent). The underlying factor of these numbers could be connected to outdated concerns about root canal treatment.

During the seventh annual Root Canal Awareness Week, March 17-23, the AAE wants to dispel myths that root canals are painful and encourage patients who need a root canal to see an endodontist to save their natural teeth.

"We want patients to know that there is no reason to be anxious about receiving a root canal," said AAE President Dr. James C. Kulild. "With today's advanced technologies, root canals are no more painful than getting a filling - root canal treatment is actually one of the best ways to save your natural tooth!" DT

New drug treats oral mucositis

Mouse model studies show that administered genetically or topically, protein Smad7 protects against or heals mouth sores commonly associated with cancer treatment.

In some cancer patients treated with radiation, the mouth sores known as oral mucositis become so severe that feeding tubes are required for nutrition and narcotics are needed for pain. In fact, 40-70 per cent of patients treated with upper-body radiation develop the condition to some degree. Currently, there is no FDA approved treatment. A University of Colorado Cancer Center study published this week in the journal *Nature Medicine* takes an important step toward changing that.

"We developed a genetically engineered mouse that produces a protein called Smad7 in the surface layers of its mouth. With this protein expressed, mouse models were dramatically more resistant to the development of oral mucositis than were controls," says Xiao-Jing Wang, PhD, CU Cancer Center investigator.

Wang and collaborators including Qinghong Zhang, PhD, Yosef Refaeli, PhD, and radiation oncologist David Raben, MD, are pursuing further research with the goal of developing Smad7 as a therapeutic agent for human oral mucositis. The group joined Smad7 in with a short peptide that allows the protein to cross through cell membranes, and produced this combination protein from cultured bacteria. When they applied the engineered compound directly to the mouse oral cavity, it both protected against the development of oral mucositis and worked to heal existing ulcers. Importantly, it revived wounded normal cells but not cancer cells, avoiding a major problem of growth factors currently used to promote the cell growth that heals ulcers.

"It's very reasonable to hope that this line of research will result in a drug that patients can self-administer topically to oral mucositis sores, or use to prevent them altogether, thus significantly improving the quality of life for many cancer patients," Wang ways.

Additionally, Wang points out that the mouse model engineered to develop human-like oral mucositis in the presence of radiation treatment is a useful tool for studying the disease – offering opportunities to search for biomarkers and test experimental therapies. DT

Stub it out for the children's sake!

Smokers are most likely to kick the habit due to the effect it has on children, according to the results of a new survey.

Almost a third (30 per cent) of those surveyed by the British Dental Health Foundation said they would stop smoking due to the effects it has on children. More than one in four (26 per cent) said the danger of developing mouth cancer would be the reason they quit, while less than one in five (19 per cent) said the risk of lung cancer.

Children are often exposed to second-hand smoke in the home and particularly cars. Public Health Minister Anne Soubry has already called for smoking to be banned in cars carrying children on "child welfare" grounds.

Children are particularly vulnerable to the effects of second-hand smoke and exposure increases the risk of cot death, glue ear, asthma and other respiratory diseases.

A review by the British Medical Association's Board of Science concluded that there is no safe level of exposure to tobacco smoke for children and adverse effects can be found at low levels of exposure.

Tobacco use is a major killer worldwide, and Dr Nigel Carter OBE, Chief Executive of the British Dental Health Foundation, hopes the one in three smokers in the UK that want to quit do so sooner rather than later.

Dr Carter said: "The research is clear-cut – smoking in any environment is harmful to you and those around you. Around one in six adults in the UK still smoke, and if they are doing so around their children it could have a catastrophic effect on their future health.

"Children see their parents as role models. If they are smoking, children are more likely to take up the habit. By stubbing out cigarettes now, not only will you stop damaging your body, you will stop damaging those around you." DT

Children are vulnerable to the affects of scondhand smoke

National award for Tyneside dental project

A ground-breaking project which delivers a dedicated dental service for children in care in North Tyneside has won a national award.

Northumbria Healthcare NHS Foundation Trust's initiative for looked after children in the borough won the 'continuity of care' award at the Patient Experience Network (PEN) awards.

The scheme, which operates in partnership with professionals responsible for the children's welfare and wellbeing, ensures there is no interruption in dental care for children entering care and has resulted in improvements in their oral health.

The project, run by the Trust's Northumbria Dental Service, started as a 12-month pilot in conjunction with North Tyneside Council in 2010, however due to its success, has continued.

Community dental officer Dr Alex Rushworth, who co-ordinates the project alongside senior oral health promotion officer Jo Mackintosh, said: "We are really excited and proud to have won this award. This service was designed for the looked after children of North Tyneside with the help of the children, young people and carers themselves.

"Although Northumbria Dental Service already assessed and treated looked after children, this service means we have more robust links with everyone involved in the care of these patients. It means that more children are able to access our service and benefit from a project specifically designed to deliver health benefits to them."

There are plans to extend the service into Northumberland.

The award means that Northumbria Healthcare has triumphed at every PEN awards – for the last three consecutive years.

Annie Laverty, the Trust's director of patient experience, said: "It is brilliant news that we have again been successful at the only awards which reward teams who really go out of their way to improve the quality of care for their patients.

"This project was truly unique as the service was tailor-made to meet the needs of the children in full partnership with those responsible for their welfare, the children themselves and their carers.

"It is a clear example of how our staff are committed to finding innovative new ways to improve the experiences of patients and it is fitting that they have been rewarded in this way." DT

BDA launches major changes to membership

For the first time, the British Dental Association (BDA) will offer dentists a choice of membership packages that reflects individuals' different needs.

Following extensive research, the BDA is launching a new membership scheme and from 1 June 2013 the current 'one size fits all' membership will be replaced with three different packages, offering a range of benefits.

At the same time, the BDA is also launching a new online CPD 'Hub' which will be available to all members.

The new membership packages are:

- Essential (£295) – covering trade union support, access to online advice, subscriptions to the *BDJ* and *BDA News*; access to the brand new online CPD system
- Extra (£795) – covering everything in Essential membership plus, tailored support and advice via phone or email, and a VIP three-day ticket to the British Dental Conference and Exhibition
- Expert (£1,095) – covering everything in Essential and Extra memberships plus exclusive access to BDA Expert (including over 170 model policies and protocols); two three-day DCP tickets to the British Dental Conference and Exhibition; and a *BDJ Clinical Guide*

Concessionary rates will also be available:

- Students (£24 a year while at university) – covering a range of benefits including access to e-books, BDA publications and free entry to the Conference and Exhibition
- Those over 65 (£150) – for access to the Essential membership package. DT

1.5 Hours CPD Points

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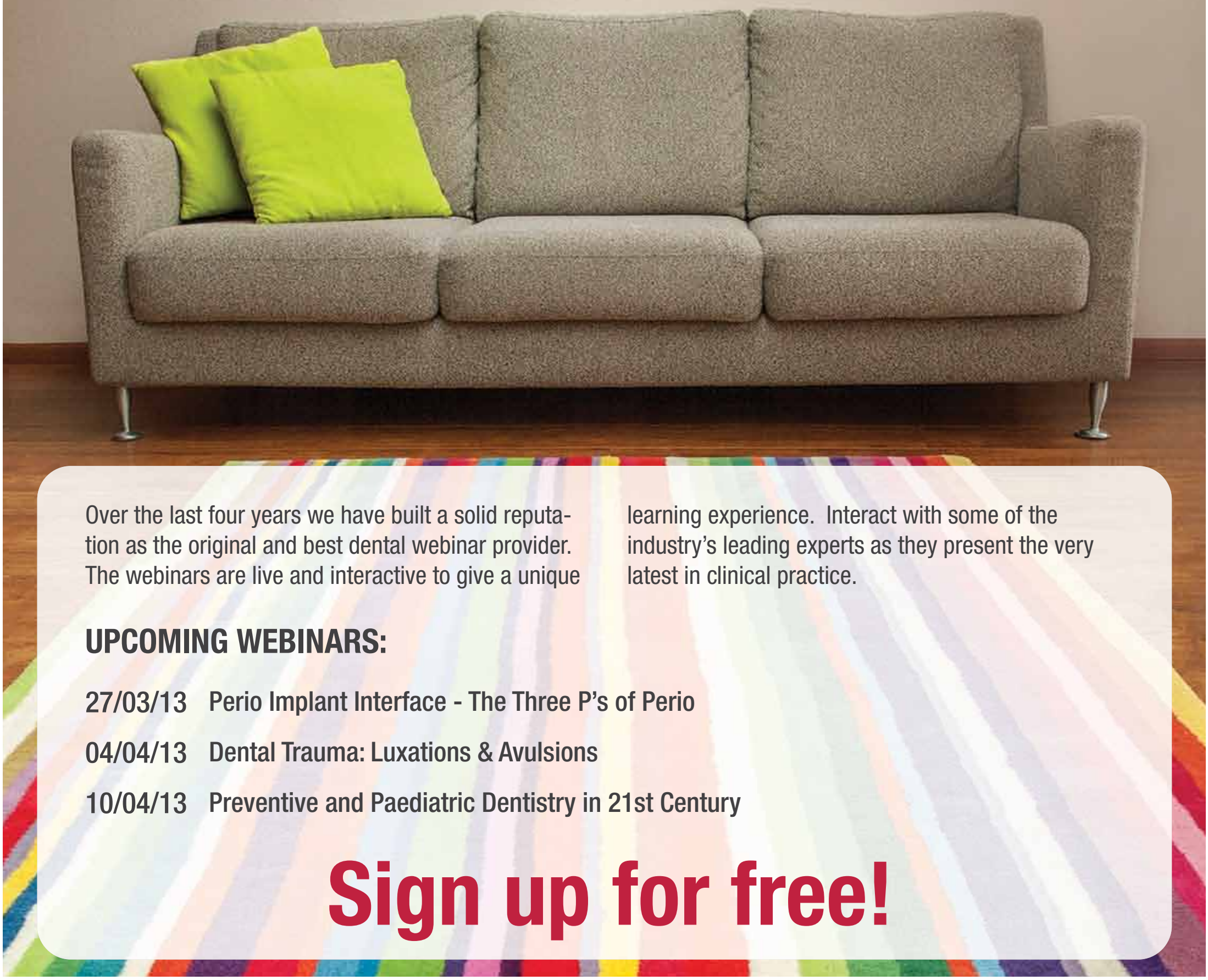

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Work in Burma with Burmadent

Burmadent

A chance encounter whilst on holiday in Burma in March 2012 was the starting point for UK dentistry's newest Charity, Burmadent.

Founded by practice owners Sharon Bierer and her husband, dentist Henrik Overgaard-Nielsen, together with fellow Trustees, Brian Weatherly and Lesley Naismith from Software of Excellence, Burmadent has been established to provide dental care and promote oral health education in Burma.

Initially a holiday in March 2012 took Sharon and Henrik to Inle Lake in Burma where they were granted access to the Mein Thauk orphanage. The levels of caries and decay they found in the mouths of such young children was shocking and motivated the couple to organise a return trip to the area in November last year, with the aim of providing a programme of dental care to the orphans.

The couple were joined on the trip by the head nurse at their London practice, Zar Ni, and his wife May Myat San as well as Support Manager at Software of Excellence and trained dental nurse, Lesley Naismith.

Burmadent aims to arrange for dentists to work in Burma with an English speaking nurse. Dentists will pay for their own flights and hotel (at £15pp per night). Burmadent will facilitate this by providing information on useful contacts, advice on precautions that should be taken, how to get a visa, necessary injections, hotel details, travel arrangements etc. – in fact every resource needed to make your trip a reality.

Burmadent has a number of events planned for the coming year and has a programme of presentations to local BDA groups already arranged. In addition, a Burma Day was being held at Software of Excellence on 22nd March and don't forget the Burmaball on 12th October at "Eight" – the private members' club in London. DT

BDTA Dental Showcase launches new website

Registration for BDTA Dental Showcase, the UK's largest dental exhibition, is now officially open for 2013.

Whatever your reason for attending the UK's largest dental exhibition – to see the very latest technology, gain insight on the newest thinking, purchase equipment or to learn more and gain CPD – the new BDTA Dental Showcase website is the hub for everything you need!

The online portal of the UK's largest dental exhibition has a whole host of practical features, designed to ensure you maximise your visit to BDTA Dental Showcase.

Visit www.dentalshowcase.com now to:

- Register for free to benefit from BDTA Dental Showcase 2013. See what's new in the world of dentistry
- Find out the latest news and updates about the exhibition
- Use the new 'My Dental Showcase' section, where visitors can plan their day, see who will be exhibiting and research travel options
- Use the 'Save The Date' facility which will automatically add BDTA Dental Showcase to your online calendar
- Download your CPD from 2012 (if you have not already done so)
- View highlights from last year's BDTA Dental Showcase

The latest news and updates in the build up to the show are also available direct to you by following @dentalshowcase on Twitter or by liking the 'BDTA Dental Showcase' Facebook page.

This year, the exhibition will be held at Birmingham NEC from 17-19th October.

To find out more about Dental Showcase 2013, register for tickets and personalise your experience visit: www.dentalshowcase.com now! DT

Word of mouth strengthens oral health

Personal reccommendations are key

More than 28 million people in the UK chose their current dentist through word of mouth, according to new research.

In a poll conducted by Bray Leino, half of people questioned (44.7 per cent) used friends and family recommendations for choosing their current dentist, while only 7.5 per cent of people used the internet. Almost two thirds (63.7 per cent) would rely on recommendations from friends and family to choose a new dentist.

The trust people have in their dentist was also highlighted as the survey found that two in every three people (66.3 per cent) would prefer to see the same dentist every time they visit.

Tony Reed, Executive Director of the British Dental Trade Association (BDTA) said: "New technologies have transformed the whole experience of visiting the dentist. There are now a wide range of largely non-invasive treatments including laser treatments, to target decay and disease, and digital scanning technology which allows dentists to make replacement teeth and crowns without taking silicon impressions.

"Dental treatments have advanced significantly helping to make a visit to the dentist a much more relaxed experience and encouraging more patients to take care of their oral health which, in turn, benefits their overall health." DT

GDC's Chair and Chief Executive speak at BDA Conference

The General Dental Council's (GDC) Chair, Kevin O'Brien and Chief Executive, Evlynne Gilvarry will be appearing at this year's BDA Conference, taking place at London ExCeL on 25-27 April 2013.

Together they will present a session on Friday 26 April in Theatre 4 at 2.15pm, entitled Radical changes ahead – the GDC prepares for the future. In the session they will be discussing the GDC's work, future aims and strategy; cost effective regulation; and the importance of contributing to the GDC's work.

Kevin O'Brien will also be presenting the session Working to deliver dentistry in line with patient expectations on Friday in the Training essentials theatre at 11am. In the session, Kevin will be exploring the aims and objectives of the GDC's corporate strategy; the role of patient expectations and safety; and how progress in key projects such as direct access, the review of standards and CPD will impact dental professionals.

For more information about the conference and to book a place, please go to: http://conference.bda.org/ DT

General Dental Council
protecting patients, regulating the dental team

Where are you on the management skills ladder?

Glenys Bridges requests your help...

Climbing the skills ladder

The CASPER campaign began in June 2012 with a meeting of 12 interested parties at Aston University Business School. The aim of the meeting was to form a Steering Group to highlight the need for clear guidance on the standards of professional education required to enable dental professionals to meet regulatory standards for quality of care and patient safety.

With the enactment of the Health and Social Care Act 2008 and the creation of the regulatory bodies appointed to ensure compliance with its regulations we have been approached by an ever increasing number of practice teams struggling with the requirements. It is clear to us that many of the employers- Registered Providers do not have the training required to make the regulations into an effective tool for ensuring consistent standards of patient -focused care. Frequently, they employ a practice manger who does not have the required skills either.

The CASPER working group is made up of managers, communicators and trainers who understand the skills required at each level of practice management. Whether your management role is at the strategic level where managers are often Registered Providers and are responsible for business planning, or at the operational level at which managers are responsible for designing practical procedures, or the supervisory level at which managers supervise the work of colleagues, having the appropriate knowledge, skills and understanding of management principles is advisable, especially during adverse economic times.

'We are inviting interested dental professionals to register their interest in the CASPER project by completing the questionnaire below'

Registering your interest
We are inviting interested dental professionals to register their interest in the CASPER project by completing the questionnaire below, you can do this on paper and post your response with your name and postal or email address to: 24 Farnworth Grove, Castle Bromwich, Birmingham B36 9JA or email us asking for an electronic version for the questionnaire at casper.campaign@gmail.com

Completing the questionnaire
Identify the level of your management contribution by simply referring to the 'Management Function' column as follows:

1. Refers to Strategic Management or

2. Refers to Operational Management or

3. Refers to Supervisory Management

When you have identified your current level of management contribution, 1 or 2 or 3, complete all four functions; Planning, Organising, Leading/Directing and Controlling then do the same for the Training Needs column by completing the corresponding horizontal row.

When we have registered your interest through either the receipt of your request for an electronic survey, or your paper (by post), we will send you a second skills gap survey directly, relevant to your management level showing you the recognised skills and outlining relevant training opportunities for you. DT

How often do you use theses skills?				Do you have development needs?			
Management function	Always	Sometimes	Never	Training needs	Yes	No	Maybe
Planning				**Planning**			
1. Business plan development				1. Business plan development			
2. Working procedures				2. Working procedures			
3 Day-to-day schedules				3 Day-to-day schedules			
Organising				**Organising**			
1. Making decisions about resource procurement				1. Making decisions about resource procurement			
2. Allocating resources				2. Allocating resources			
3. Making best use of resources				3. Making best use of resources			
Leading/Directing				**Leading/Directing**			
1. Identifying and leading change				1. Identify and leading change			
2. Providing direction on change				2. Providing direction on change			
3. Supporting colleagues through change				3. Supporting colleagues through change			
Controlling				**Controlling**			
1. Determining quality systems to review				1. Determining quality systems to review			
2. Auditing and managing quality processes				2. Auditing and managing quality processes			
3. Gathering information to be audited				3. Gathering information to be audited			

About the author

Glenys Bridges 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.

Tooth whitening update, better late than never

Neel Kothari looks at the situation around whitening

On 31st October 2012 'The Cosmetic Products (Safety) (Amendment) Regulations 2012 (implementing Directive 2011/84 EU which amends Directive 76/768/EEC)' came into force for the first time, clearing up the legal position on tooth whitening in the UK.

Prior to this time the majority of the profession carried out tooth whitening procedures in breach of the law; in the absence of any political will to enforce it a messy situation ensued. The problem was that despite its illegality, tooth whitening was a treatment which in many cases offered a cheaper, less damaging and less risky approach to improving patients' smiles compared with conventionally carrying out veneers or crowns.

However the current amendment completely changes this. The vast majority of tooth whitening procedures can now comfortably be carried out with concentrations of six per cent or less Hydrogen Peroxide, rendering the need to use greater concentrations almost obsolete. Accordingly, it is now incredibly difficult for dentists to provide a clinical justification to break the law.

The regulations set out that products containing or releasing up to six per cent hydrogen peroxide can be used, subject to the following conditions:

- It is only to be sold to dental practitioners
- For each cycle of use, the first use is to be by a dental practitioner, or under their direct supervision, if an equivalent level of safety can be ensured
- After the first cycle of use, the product may be provided by the dental practitioner to the consumer to complete the cycle or use
- It is not to be used on a person under 18 years of age

The GDC position statement on tooth whitening further expands on this legislation stating that if they receive information or a complaint that a registrant is using a product for cosmetic purposes in excess of six per cent they may face fitness to practise proceedings and can expect to have the matter referred to the relevant trading standards department.

'Despite its illegality, tooth whitening was a treatment which in many cases offered a cheaper, less damaging and less risky approach to improving patients' smiles'

The Dental Defence Union (DDU) advises its members that in the worst case scenario 'dental professionals who use bleaching products containing or releasing over six per cent hydrogen peroxide could be imprisoned and/or fined up to £5,000 under the Consumer Protection Act 1987.' The DDU

also states 'the six per cent hydrogen peroxide limit applies to any compound whether used externally or internally e.g. on a root-canal treated tooth' and that 'it remains illegal to use tooth bleaching compounds containing or releasing more than six per cent hydrogen peroxide'.

Dental Protection also states that 'the use of products containing or releasing more than six per cent hydrogen peroxide is a breach of the Regulations' and 'members may consider, for example, the extensive published evidence that products containing or releasing more than six per cent hydrogen peroxide may lead to a higher incidence of side effects including sensitivity, which in turn are responsible for a significant number of complaints relating to these procedures. Furthermore, this evidence suggests that the use of these higher concentrations, whether administered in the surgery or at home, may ultimately confer no long-term benefits in aesthetic terms when compared to the alternative products that remain within the proposed new six per cent limit.' If a member considers that it is in a patient's best interests to use a product containing or releasing more than six per cent hydrogen peroxide and a member chooses to use this product they may be challenged on the use of the product by Trading Standards Officers.

'Dental Protection also states that 'the use of products containing or releasing more than six per cent hydrogen peroxide is a breach of the Regulations'

As part of the agreement to change the directive the EU demanded that there should be reporting of any adverse effects from the use of HP products up to six per cent. At the time of writing I am not entirely sure as to how this is meant to work in practice, so if I ever find out I will do my best to update you on this position. Alternatively if there is anyone out there who knows please email me at neel@sawstondentist.com.

In what may seem as a somewhat contradictory position The Department of Business, Innovation & Skills (BIS), who oversee consumer safety and trading standards, have advised that the Consumer Protection Act 1987 and the cosmetic Products (Safety) (Amendment) Regulations 2012 do not cover the final 'use' of the product, therefore these specific regulations do not prevent the direct application of any whitening product of any concentration to the teeth.

This suggests that it is not illegal under these regulations for anyone to apply whitening products of any strength directly to the teeth of patients, however it is difficult to see how this can work if dentists are restricted from purchasing HP products over six per cent and are not supported by their dental defence unions.

Essentially, the need to use stronger concentration whitening products has always been debatable given that similar results can easily be achieved using 'weak' or 'strong' products. Those advocates of 'power whitening' may ultimately feel disheartened by the ruling, however really have no choice but to abide by it. Over the past year I personally noticed seemingly excellent deals in a number of power whitening lamps – I am now extremely glad that I wasn't tempted to buy one. DT

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Sawston, Cambridge as a principal dentist at High Street Dental Practice. He has completed a year-long postgraduate certificate in implantology and is currently undertaking the Diploma in Implantology at UCL's Eastman Dental Institute.

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