Dental Tribune

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News in Brief

GDC successful at Doncaster Magistrates' Court

The General Dental Council (GDC), has successfully prosecuted a non-registrant for illegally practising dentistry and a clinic for carrying on the business of dentistry. On Thursday 21 March 2013 Mr Gavin Empson appeared at Doncaster Magistrates' Court and pleaded guilty to the offence of unlawfully practising dentistry he also appeared as the Director of New Smile Denture Clinic and pleaded guilty to carrying on the business of dentistry. Mr Empson was fined £250 and ordered to pay a £15 victim surcharge. He was also ordered to pay GDC costs in the sum of £1,000. New Smile Denture Clinic was fined £1000 and ordered to pay a £15 victim surcharge. The clinic was also ordered to pay GDC costs in the sum of £1,250.

FGDP(UK) launch latest radiography guidelines

The Faculty of General Dental Practice (UK) will launch the third edition of its seminal publication *Selection Criteria in Dental Radiography* on Friday 26 April at 1.30pm on stand H11 at the BDA Conference & Exhibition, ExCel, London. This third edition of the book, the clinical standard on the subject and a must-have for dental students, is a rewrite rather than an update, due to new evidence and research findings alongside the advent of radiography as one of the General Dental council's core CPD topics. Editor Keith Horner said, "Patient and practitioner safety, as well as livelihoods, are dependent upon following recognised standards. The FGDP(UK) takes its standards setting role very seriously. Dental professionals cannot afford to be out of date with the guidance that they follow in this area."

Good Practice

The British Dental Association is this year marking the first 200 dental practices achieving Gold Membership of its Good Practice Scheme. Practices attain Gold Membership by maintaining Good Practice Scheme member status for ten consecutive years. The achievement is being recognised through a celebratory publication that includes a profile of all practices with Gold Membership, which range from small rural establishments to large inner-city practices.

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GDC vote for Direct Access

New era for hygienists and therapists as vote allows patients to see them without dentist prescription

After months of research and consultations, the recommendation for Direct Access was passed on Thursday 28th March, with 20 votes for and two abstentions.

As a result of the vote at the GDC, dental nurses will also be allowed to carry out preventive programmes. This means that hygienists and therapists will be permitted to carry out their full scope of practice without prescription and without the patient having to see a dentist first.

Orthodontic therapists should continue to carry out the majority of their work under the prescription of a dentist, but can carry out Index of Orthodontic Treatment Need (IOTN) screening without the patient having to see a dentist first.

Clinical dental technicians should continue to see patients direct for the provision and maintenance of full dentures only and should otherwise carry out their other work on the prescription of a dentist.

With Evlynne Gilvarry commenting that much has already been done in anticipation of the Direct Access vote being passed, 1st May has been confirmed as the implementation date.

Chair of the GDC Kevin O'Brien said: "This decision has been made with patient safety as an upmost priority. Registrants treating patients direct must only do so if appropriately trained, competent and indemnified. They should also ensure that there are adequate onward referral arrangements in place and they must make clear to the patient the extent of their scope of practice and not work beyond it."

The British Association of Dental Nurses (BADN), the UK's only professional association for dental nurses, welcomed the recent decision by the General Dental Council (GDC) to remove the barriers to Direct Access for Dental Care Professionals (DCPs).

For dental nurses, this decision means that, from 1 May 2013, they can participate in preventative programmes without the patient having to see a dentist first, providing that they are trained, competent and indemnified for any tasks they undertake, work within their scope of practice and follow the GDC's "Standards for Dental Professionals".

BADN President Nicola Docherty said: "BADN welcomes this decision to allow patients direct access to dental care professionals. We are particularly pleased that dental nurses with appropriate Oral Health qualifications will now be able to make full use of their skills.

"However, we do draw dental nurses' attention to the fact that if they are doing so they MUST be trained, competent and indemnified for any tasks they undertake. It is a dental nurses' own responsibility to ensure that s/he is fully indemnified, and BADN strongly suggest that this indemnity includes cover of legal fees in the event of any professional misconduct charge. BADN Full members, whose indemnity cover is included in their membership, must inform our indemnity providers if they undertake additional tasks. Non-members, particularly those who are covered (or think they are covered) by their employers' indemnity cover (including so-called "crown indemnity"), should check that this cover is indeed in place and adequate (for both their own protection and that of their patients) and, if they are in any doubt, consider joining BADN, their professional association.

"It is also worthy of note that DCPs are not obliged to offer Di-

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← DT page 1

rect Access if they are not comfortable with it, or do not fulfill the training, competence and indemnity criteria – nor can employers oblige them to offer it."

BSDHT President Julie Rosse commented: "This decision is one that BSDHT have advocated since the debate on Direct Access began and I'm delighted that the efforts of many within the Society have been rewarded with a positive outcome. But the hard work now begins and there is much to be done to prepare for the introduction of this important development for dental hygienists and therapists, and BSDHT will continue to take an active role in the implementation process in support of its members".

"As president of BADT, I along with the Executive Council am absolutely delighted with this decision and personally appreciate all the support and cooperation that I have received over the years. This is a day which will go down in our history as a major leap forward for our profession," Bal Chana, President BADT.

However, not everyone is happy about the change. Dr Judith Husband, Chair of the BDA's Education, Ethics and the Dental Team Committee, said: "This is a misguided decision that fails to consider best practice in essential continuity of care, patient choice and cost-effectiveness, and weakens teamworking in dentistry which is demonstrated to be in patients' best interests. Dental hygienists and therapists are highly-valued and competent members of the dental team, but they do not undertake the full training that dentists do and on their own are not able to provide the holistic, comprehensive care that patients need and expect. Our fear is that this could lead to health problems being missed in patients who choose to access hygiene and therapy appointments directly.

"The decision also ignores the stated limitations of the literature review on which the decision has been based and goes against the findings of the GDC's own patient survey last year, which found that just three in ten people favoured a move to allow direct access.

"The undue haste with which the decision is to be implemented does nothing to alleviate the impression that this is an inadequately-considered decision that is being pushed through without proper reference to the risks it creates." DT

Dentists at risk of psychiatric trauma from needlestick injuries

Sharps injuries are a daily risk to health workers

A new study published in the scientific journal *Occupational Medicine* has found that those who experience needlestick injuries can suffer persistent and substantial psychiatric illness or depression.

Needlestick or 'sharps' injuries are a daily risk to nurses, medical and health ancillary workers. The physical health effects of a needlestick injury are well known but this new research has demonstrated the mental health consequences of sharps injuries. The researchers found that those affected suffered psychiatric trauma that is similar in severity to trauma caused by other events such as road traffic accidents. This had a major impact on work attendance, family relationships and sexual health. The duration of the psychiatric symptoms were linked to the length of time the person injured by the sharp had to wait for blood test results.

Although sharps injuries mostly occur in healthcare settings, many other employees are also at risk including prison and police officers, park wardens, street cleaners and refuse collectors, tattoo artists and others who may come across carelessly or maliciously discarded hypodermic needles. A sharp contaminated with infected blood can transmit more than 20 diseases including hepatitis B, C and human immunodeficiency virus (HIV). This transmission risk causes worry and stress to the estimated 100,000 people who experience a needlestick accident every year.

Professor Ben Green who undertook the research said: "The psychological aspects of needlestick injuries are often overlooked. The chances of physical damage - infection and so on - are what are focused on by society, but these risks are in reality very small. The main health implication of needlestick incidents is probably psychiatric injury caused by fear and worry."

The Society of Occupational Medicine called for a much greater awareness of the psychiatric and physical effects of needle stick injuries. Workers who experience a needle stick injury need fast access to occupational health support, rapid results from blood tests and access to psychological support where appropriate. Occupational health specialist can help employers by undertaking a risk analysis and preventing and minimising exposure. DT

Dental bib clips harbour oral and skin bacteria

40 per cent of bib clips tested reported aerobic bacteria

Researchers at Tufts University School of Dental Medicine and the Forsyth Institute have published a study that found that a significant proportion of dental bib clips harboured bacteria from the patient, dental clinician and the environment even after the clips had undergone standard disinfection procedures in a hygiene clinic.

Although the majority of the thousands of bacteria found on the bib clips immediately after treatment were adequately eliminated through the disinfection procedure, the researchers found that 40 per cent of the bib clips tested post-disinfection retained one or more aerobic bacteria, which can survive and grow in oxygenated environments. They found that 70 per cent of bib clips tested post-disinfection retained one or more anaerobic bacteria, which do not live or grow in the presence of oxygen.

"The study of bib clips from the hygiene clinic demonstrates that with the current disinfection protocol, specific aerobic and anaerobic bacteria can remain viable on the surfaces of bib clips immediately after disinfection," said Addy Alt-Holland, M.Sc., Ph.D., Assistant Professor at the Department of Endodontics at Tufts University School of Dental Medicine and the lead researcher on the study. "Although actual transmission to patients was not demonstrated, some of the ubiquitous bacteria found may potentially become opportunistic pathogens in appropriate physical conditions, such as in susceptible patients or clinicians."

Led by Dr. Bruce Paster, Chair of the Department of Microbiology at the Forsyth Institute, microbiologists at the Forsyth Institute used standard molecular identification techniques and a proprietary, one-of-a-kind technology that can detect 300 of the most prevalent oral bacteria, to analyse the sampled bacteria from the bib clips. The analyses found:

- Immediately after treatment and before the clips had been disinfected, oral bacteria often associated with chronic and refractory periodontitis were found on 65 per cent of the clips.

- After disinfection, three of the bib clips (15 per cent) still had anaerobic Streptococcus bacteria from the oral cavity and upper respiratory tract.

- Additionally, after disinfection, nine clips (45 per cent) retained at least one anaerobic bacterial isolate from skin. DT

Editorial comment

Hello and welcome to the brave new world that is life under the authority of the NHS Commissioning Board, or NHS England as they are now officially and affectionately known.

A look at the auspicious who's who of the management board on the NHS England website includes people from all over the medical and management spectrum… except dentistry! In fact the visibility given to the fact that they are now commissioning dental services is such that it is actually not that easy to find anything about the sector on the site. I hope this is not a sign of things to come…

As a team we are looking forward to the upcoming BDA Conference and Exhibition. I always enjoy this event, it's great to catch up with colleagues and update on the latest news and views surrounding the profession. I'm really interested to gauge the reaction from BDA members over the new membership structure – I am sure that this will be one of the topics to be discussed by the coffee machines! 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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Spray treats dry mouth caused by anti-depressants

Researchers from the universities of Granada and Murcia have confirmed the effectiveness of a spray containing one per cent malic acid, which greatly improves xerostomia, or dry mouth, caused by anti-depressant drugs.

As the main author of this study, University of Granada lecturer, Gerardo Gomez Moreno, explains, one of the main causes of dry mouth is the consumption of different medications. "There are over 500 drugs, belonging to 42 pharmacological groups, which can provoke xerostomy as a side effect. Those that are most related are anti-depressants, the prescription of which has increased over recent years, thus leading to a higher number of patients with xerostomy from taking anti-depressive drugs, above all in 45-50 year olds".

The University of Granada research was carried out in a double-blind randomised clinical trial on 70 patients diagnosed with anti-depressant-induced xerostomy, split into two groups. The first group of 35 patients took a sialogogue mouth spray (one per cent malic acid), while the second group - also consisting of 35 patients - received a placebo. Both products were applied on demand over two weeks. To check the xerostomy both before and after applying both the product and the placebo, the researchers used a specific questionnaire, called the Dry Mouth Questionnaire (DMQ).

Dr. Gomez Moreno points out that are various therapeutic possibilities for treating xerostomy (sialogogues, salivary substitutes, other general treatments), "although the effectiveness of many of them is controversial. For example, some studies have described citric and malic acid as salivary stimulants, even though, for years, their use was rejected due to the possible de-mineralising effect on tooth enamel".

The results have been published in the latest edition of the Official American Journal on Depression and Anxiety. DT

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Regular aspirin use cuts mouth cancer risk

Aspirin use could prevent cancer by a quarter

Taking a regular low dose of aspirin could prevent head and neck cancers by almost a quarter, according to new research. The results of the study, published in the British Journal of Cancer, concluded that people were almost a quarter (22 per cent) more likely to avoid developing head and neck cancers if they took aspirin on a weekly and monthly basis. Throat cancers had the most benefit from regular aspirin use.

More than 16,000 people in the UK are affected by head and neck cancers every year. One of those is mouth cancer, a disease on the rise that affects more than 6,000 people and claims more lives than testicular and cervical cancer combined.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, stressed the importance of the findings but urged a word of caution.

Dr Carter says: "Mouth cancer cases are increasing, so this piece of research is encouraging. Regular aspirin use has been linked to preventing a number of cancers, and if it is a particularly successful practice for warding off mouth cancer, it should act as a springboard for more research.

"But as much as these results are encouraging, people should not be fooled into thinking that taking aspirin counteracts the dangers of mouth cancer. If you smoke, drink alcohol to excess, have a poor diet and are at risk from picking up the Human Papillomavirus (HPV), often transmitted via oral sex, aspirin use will be irrelevant."

Using data from the National Cancer Institute Prostate, Lung, Colorectal and Ovarian Cancer (PLCO), a large scale investigation of the effect of aspirin and ibuprofen on head and neck cancer risk was undertaken. For those aged 55-74, a 'significant' reduction of head and neck cancer risk was observed between weekly and monthly aspirin use; daily aspirin use and ibuprofen were not significantly associated with a reduced risk. DT

Tobacco display ban helps young people quit

One in four young people who gave up smoking last year said the ban on displaying tobacco products in large shops helped them quit, a survey has found.

Just over 25 per cent of ex-smokers between the ages of 18 and 24 said that keeping the products hidden had encouraged them to kick the habit.

On April 6 last year supermarkets and other large shops were prohibited from displaying cigarette packs to the public.

The poll of 1,000 former and 1,000 current smokers - commissioned by health insurance firm PruHealth - also found the measure had helped 17 per cent of all smokers cut down on the amount they smoke.

Ministers introduced the move across England to help to change attitudes and social norms around smoking and to "protect" young people who are often the target of tobacco promotion.

At present, the display ban only affects large shops such as supermarkets - smaller shops do not have to change the displays until 2015.

Dr Katie Tryon, head of clinical vitality at PruHealth, said: "The younger generation is who the ban is primarily aimed at so these findings are very encouraging."

"The key to preventing a future generation of smokers is to try and discourage people from starting in the first place, as the older people get, often the harder it can be to quit." DT

Young smokers say display ban helped them quit

Different times for loading implants don't determine success rate

A new study has been published by The Cochrane Library, exploring whether there is a difference in success rates between immediately and early loaded implants compared with conventionally loaded implants.

Twenty six trials including a total of 1217 participants and 2120 implants were involved in the study. This review looked at the effects of attaching artificial teeth either the same day that the implant was placed, or early (after only six weeks) compared to the usual delay of at least three months.

Some studies also compared the artificial tooth being attached so that it did not touch the opposite tooth (non-occlusal loading). The review found no evidence that attaching artificial teeth either immediately, after six weeks (early) or after at least three months (conventional) led to any important differences in the failure of the implant or the artificial tooth, or to the amount of bone which surrounded the implant (any bone loss would be an undesirable consequence).

The authors concluded that more research needs to be done in this area. DT

Twenty five types of bacteria found in biofilm

A team of researchers led by scientists from the J. Craig Venter Institute (JCVI) has published a study outlining the recovery and genomic analysis, using single-cell genomic techniques, of a periodontal pathogen, Porphyromonas gingivalis, from a hospital sink. This is the first time that a single-cell genome sequencing approach was used to isolate and analyse a single microbe from a biofilm in a healthcare setting. The team, led by JCVI's Jeffrey McLean published their study in the April 5 edition of the journal *Genome Research*.

Understanding the community of microbes living in biofilms, especially those in healthcare settings, has been limited partially because pathogens can be in very low numbers and many other bacterial types are not easily cultured. A method for DNA sequencing from single cells developed by JCVI's Roger Lasken group, is now allowing researchers to sequence the vast numbers of uncultured microbes in the environment. With this approach this team hopes to sequence many hospital pathogens that have been otherwise inaccessible.

In this study the team targeted bacterial cells in a biofilm sampled from a hospital bathroom sink. Using single-cell genomic sequencing combined with a new single-cell genome assembler, SPAdes, developed by Pavel Pevzner, University of California, San Diego, the team found 25 different types of bacteria within the biofilm. The bacteria represented environmental species, human commensals and human pathogens.

The team then reconstructed a near complete genome of one specific periodontal pathogen, P. gingivalis (designated as JCVI SC001) from a single cell. While this globally important pathogen is well known, only three other P. gingivalis genomes have been sequenced to date, and all of those were cultured from patients. This is the first strain sequenced from a single cell from the environment. The team was able to compare the JCVI SC001 strain to the cultured strains, finding it to vary by 524 unique genes, some potentially altering its virulence. The team believes that the JCVI SC001 strain could potentially contain adaptations relevant to survival outside of the host and to transmission to humans.

The scientists conclude that using single cell sequencing and analysis will open up new avenues of research into environmental samples, including healthcare settings where biofilms are critical in harboring pathogens that contaminate water sources, medical instruments and catheters. This has important implications in better understanding infectious disease especially modes of transmission as well as the spread of antibiotic resistance. DT

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Do you have what it takes to be a Buddy?

The BDHF is looking for Buddies to improve children's oral health

The British Dental Health Foundation is looking for Buddies to aid its quest to improve oral health in children.

The charity is asking dental care practitioners, oral health promoters and oral health promotion units to take up the challenge and visit local schools in a bid to increase oral health education in the classroom.

Latest figures reveal a third (33 per cent) of 12-year-olds have some kind of cavity while around one in seven (14 per cent) of eight-year-olds have signs of decay in permanent teeth, with one in 100 losing a tooth to decay.

Children who learn good oral health habits early are far more likely to carry them into adulthood – that is why the Foundation has launched www.dentalbuddy.org – a website with a range of free materials and resources to encourage more dental professionals to forge links with schools and deliver oral health messages to children in the community.

The symbol of the campaign is Buddy, a spaceman character who will set out to explore oral health in partnership with children.

Director of Educational Resources at the Foundation, Amanda Oakey, is asking for dental professionals to become a 'Buddy' themselves and take their expertise into the classroom. Amanda said: "Teachers have a lot of pressure to deliver education that meets national targets in literacy, numeracy and areas such as Personal, Health & Social Education, which oral health happens to fall under.

"By going into schools and nurseries, and sharing their knowledge and experiences, dental professionals and oral health teams can really make a positive difference for many children in the UK, particularly in more deprived areas where inequalities in health are more apparent.

"Oral health levels of children in the UK are generally very good but fundamental problems still exist. Children not being taken to the dentist, not being provided with toothbrushes and fluoride toothpaste and having imbalanced diets loaded with sugar. These are basic lessons we can pass on directly to the children themselves and teach them the value of good oral hygiene."

Resources on the website include lesson plans, activity sheets and presentations, geared specifically towards Early Years, Key Stage One and Key Stage Two children. DT

Lucky dental winners donate prize to charity

Susan and James Williamson won the £2,500 prize

A couple of patients from Queensway Dental Clinic who won a £2,500 holiday with oral health care brand TePe, have decided to kindly donate their prize to charity.

Susan and James Williamson from Billingham entered the competition to win a £2,500 holiday when attending their regular appointment at Queensway Dental Clinic, where they have both been patients for more than 30 years. And while most people would be booking the first flight to somewhere hot and sunny, the couple have instead generously decided to donate the prize to a charity.

Susan shared her excitement after discovering they had won the competition: "We were delighted to win the prize and it was quite a shock, but we're not big travellers so it was lovely to be given the option to donate the prize to a charity. We've both been patients at Queensway for decades and my husband uses the TePe brushes, so just to be offered the chance to enter the competition as a thanks from the companies was lovely, but to actually win it was great." DT

Dentists can pay a high price for fee complaints

The Dental Defence Union (DDU) has issued advice to dental professionals to help them avoid complaints about dental fees, a common factor in many of the cases reported by DDU members. In the latest DDU Journal, it warned that such complaints might easily involve patients leaving the practice or, in some cases, lead to bad publicity.

DDU dento-legal adviser, Leo Briggs, said: "Dental fees often feature in complaints reported to us by members. Common reasons include a patient's assumption that their treatment was being provided under the NHS rather than privately, that the cost of treatment was higher than expected, or anger about being charged for treatment which had not achieved the desired result, in the patient's view.

"Many complaints about fees are the result of a breakdown in communication between the dental professional and patient which can be avoided if the treatment plan and charges are agreed in writing before treatment begins. This is part of the consent process but it also helps reduce the chances of a complaint and demonstrates good practice in the event of a GDC investigation." DT

Dental cuts proposals deeply flawed, says BDA

Proposals that threaten to set back the cause of improving Northern Ireland's oral health are deeply flawed and must be reconsidered, the British Dental Association (BDA) has warned.

Responding to the Department of Health, Social Services and Public Safety's consultation on the treatment available in General Dental Services, BDA Northern Ireland has warned that the proposals will undermine dentists' attempts to improve oral health in communities by placing restrictions on treatment.

The proposals would slash the funding available to dental practices, make many treatments – including bridges and some root canal work – subject to bureaucratic prior approval processes that will cause anxiety and uncertainty for patients, and undermine the patient-practitioner relationship.

The BDA has also warned that the proposals could, if implemented, have unforeseen economic consequences for dental practices and businesses that depend on their custom.

Dr Peter Crooks, the Chair of BDA's Northern Ireland Dental Practice Committee, said: "It's time for Government to admit that this is a dangerous, deeply-flawed cocktail of change and think again. The proposals threaten oral health, patient care, jobs and the viability of dental practices. They are based on saving money and put pounds before patients.

"At a time when we should be doing everything in our power to intensify our efforts to fight the poor oral health that plagues too many of Northern Ireland's communities, these proposals ask patients to accept a downgraded core service that puts health service bureaucracy before patient care. That is, quite simply, wrong."

BDA Northern Ireland led a campaign of opposition against the proposals, encouraging dentists and patients to make their views on the consultation known. A BDA-organised petition against the proposals has attracted more than 5000 signatures. DT

Bridgepoint acquire Oasis Healthcare

Oasis, one of the UK's largest dental corporates, has been acquired by Bridgepoint in a transaction valuing the business at £185 million.

Founded in 1996, Oasis plc was de-listed from the Stock Exchange in 2007 by Duke Street who are now selling the business. Under the terms of today's acquisition, Duke Street will rollover a portion of their proceeds to take a minority stake in the business.

Justin Ash, Oasis Chief Executive, said: "Consumers are becoming more demanding of dentistry, and with growth in the dental market generally, it's exciting that Oasis is now set up to lead a transformation in the delivery of high quality dental care. With Bridgepoint as our new funding partner, we will be strongly positioned for further profitable expansion. We have a successful track record of acquisitions and new openings, and plan on-going and rapid expansion whilst we continue to support our dental teams to deliver great patient care."

Jamie Wyatt, a partner at Bridgepoint, said: "Oasis' financial performance has been impressive throughout the recent economic cycle. It is a robust platform with a commitment to quality and innovation from which to create the only branded dental operator of scale in the UK." DT

BDA bids to raise £20K for charity

The British Dental Association (BDA) is encouraging the dental family to bid generously in an auction it is organising to raise money for two leading dental charities. The auction, which will be taking place at the 2013 British Dental Conference and Exhibition, is aiming to raise £20,000 to be split evenly between the BDA Benevolent Fund and the Bridge2Aid charities.

An array of prizes, including a Champagne City experience trip to France, a break at Raymond Blanc's Cookery School at Le Manoir aux Quat'Saisons, dental equipment including an intra-oral camera and an operating light and sufficient places at dental courses to obtain a full quota of CPD for a year, will be on offer.

The auction will be held as part of the Exhibition Hall drinks reception at 6pm on Thursday 25 April at the 2013 British Dental Conference and Exhibition at ExCeL London. It will be hosted in the Demonstration theatre area.

Dr Martin Fallowfield, the Chair of the BDA's Principal Executive Committee, said: "Dental professionals are, by their nature, caring people who are used to putting others first. I hope many colleagues will join us for this auction and help us raise money for two excellent charities that are close to the heart of the dental family.

"I'd also like to like to place on record my thanks to the organisations who have donated some outstanding prizes for the auction." DT

On course for occlusion success

Courses organised by the British Society of Occlusal Studies (BSOS) offer delegates the opportunity to attain a better understanding of occlusion for easier, more rewarding and more enjoyable dental practice.

Despite the critical importance of occlusion, dental schools cannot include comprehensive training in this subject in an already crowded curriculum. Recognising this shortfall, the BSOS has designed three complementary stages of learning to help dentists and dental technicians reap the greatest rewards from occlusion education:

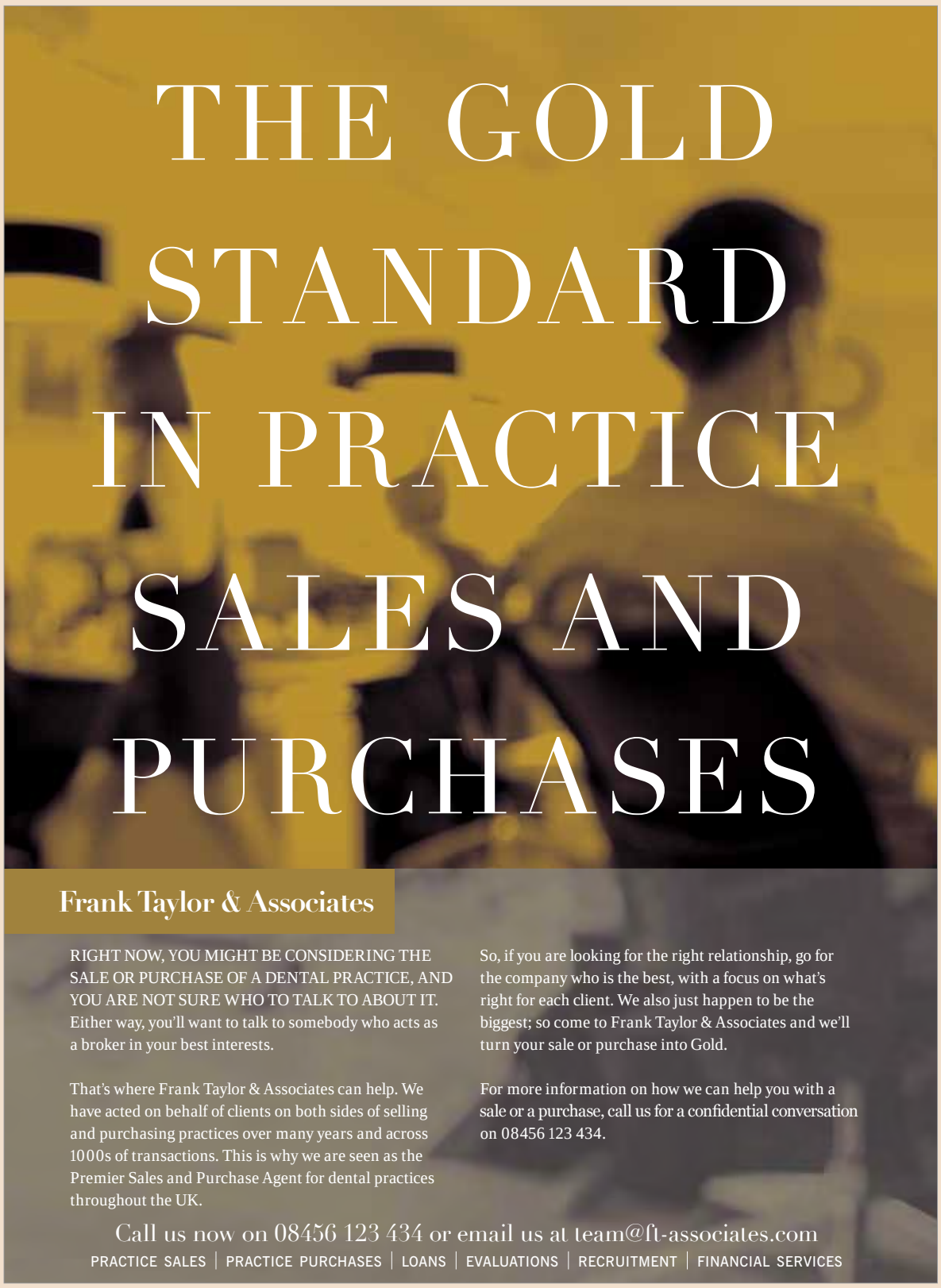
1. Attending the introductory roadshow, Occlusion in Everyday Practice

2. The three-day Occlusion in Everyday Dentistry event

3. Completion of the follow-up hands-on course, Hands-on Occlusion Practical.

Successfully undertaking all three components is also a prerequisite to becoming a full member of the BSOS, since it is the only route available in the UK that allows you to meet criteria such as training in equilibration.

To find out more about the work of the BSOS, how membership of the Society can help you in practice or to book onto future courses, please visit www.bsos.org.uk or email info@bsos.org.uk DT



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Introducing the latest innovations at CIC 2013

Dr Adi Moran, specialist in endodontics, gives a sneak-peek at his lecture

Showcasing the latest innovations to hit the UK dental profession, Healthcare Learning: Smile-on are delighted to bring you the Clinical Innovations Conference 2013, in conjunction with the AOG and The Dental Directory.

The impressive line-up of speakers will include a variety of internationally renowned professionals, all discussing the hottest topics, products and trends in dentistry. A DFT Conference will run alongside the main programme, offering London Deanery Foundation students an insight into the modern world of dentistry.

Adi Moran

Amongst the highly respected speakers will be Endodontic Specialist Dr Adi Moran. Having originally qualified with honours from Semmelwels University in Budapest, Adi undertook post-graduate training in Periodontology before going on to specialise in Endodontics. He is currently an associate clinical teacher in the Department of Endodontics at the University of Warwick, leading MSc courses and research, as well as a guest lecturer at prestigious events around the world. He practices as an Endodontist on a referral basis at Harley Street Dental Studio and EndoCare.

"As I haven't attended CIC before, I am looking forward to my first experience," says Adi. "My lecture will focus on a brand new product to the UK. First introduced in the US in February 2013 and launched in Europe at the IDS 2013, I will discuss the many benefits of the new TF Adaptive NiTi system from SybronEndo. This twisted file system not only combines all the unique features of the current rotary TF systems, but also takes the advantages of the present reciprocation NiTi systems while eliminating many of their disadvantages.

'I hope they take away all the advantages and disadvantages of each system and are then able to apply these in their practice'

Less pain

"For example, the TF-A system is designed for significantly reduced debris extrusion, a known issue with the reciprocation systems currently available. This in turn encourages less post-operative pain for the patient. Additionally, the older systems advocate the use of a single file, which sometimes isn't the most efficient approach, especially on molar teeth. The new TF Adaptive supports up to three files, enabling the practitioner to choose whether to complete treatment with one, two or all three files, depending on the canal dimensions and apical size. It utilises all the advantages of the current TF rota-

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The Sterisil Straw and antimicrobial bottle are a graduation to a virtually maintenance free dental waterline disinfection solution from daily and/or hourly maintenance tablets.

The Sterisil® Straw works night and day for 365 days to disinfect your dental unit water lines and provide safe and clean water for you, your staff and patients. Simply remove the existing tubing and install the new antimicrobial Sterisil® tube and Sterisil Straw to your existing fitting.

Sterisil Straw is so effective that even well maintained units can still be heavily burdened with Biofilm. The shock treatment can be so shocking that yards of Biofilm are ejected during flushing! If you are in any doubt, a short term treatment with Citrisil shock tablets will consistently kill the existing Biofilm in your dentalwaterlines, which can then be maintained with the Sterisil Straw. In cases where Biofilm has established itself in multiple layers over an extended period of time, multiple shocks are most likely necessary. Our three month Starter Package will optimise the disinfecting of the Biofilm as well as the gradual removal of dead Biofilm in your waterlines.

Together, the Sterisil® Straw and BioFree products provide a maintenance free program for delivering compliant dental water.

(Inc. Biofilm free bottle & tubing). Straw avaliable separately

✓ Antimicrobial Tubing & Bottle!

Sterisil's antimicrobial tubing and bottles resist the growth of bacteria on their surfaces. A continuous flow of Sterisil's antimicrobial component is supplied to the tubing over an extended period of time. The antimicrobial activity regenerates tubing, keeping it antimicrobial indefinitely.

✓ Kind to your unit!

Most importantly Sterisil® products are safe for all. They do not harm your equipment. They have no adverse effects on your composite fillings nor do they dissolve amalgam. They do not contain oxidisers or iodine and chlorine which have been shown to increase mercury discharge. The Sterisil Product Line also eliminates the need to empty bottles, purge and air dry lines at night.

✓ Handpiece performance!

Many clinicians have reported improvements in the performance of their handpieces and the easy annual replacement takes only one minute of your time, and no tools are required! We will even tell you when your straw needs replacing.

- Eliminates the need to empty bottles, purge and air dry lines at night.
- Sterisil Straw disinfects dentalwater lines 365 days of the year.
- The solution to transitioning from daily tablets to a single yearly change. Taking only minutes with no tools required.
- Includes automatic Shock Treatment upon initial use for optimum control of HPC bacteria and additionally to prevent the growth of bacteria.
- FDA Cleared and EPA registered to produce CFU per ml HPC purity 50 times below the ADA and CDC guidelines.

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tion system, but adjusts to rotate or reciprocate in the canal based on the file load. The filing sequence is intuitive, easy to follow and highly efficient, and file matched obturation systems are also available. I am also very confident that it greatly decreases the risk of file separation in highly curved canals, and I will present interesting case studies demonstrating this. In addition, TF Adaptive is designed to work consecutively with EndoVac, the latest generation of negative apical pressure irrigation systems.

'The set up of these events allows for personal interaction – delegates can ask the Specialists and experts specific questions and really get all the information they need'

Broad understanding

"My lecture will serve as an introduction to the new product, and I hope delegates will leave with a broad understanding of the differences between the new system and older ones. I hope they take away all the advantages and disadvantages of each system and are then able to apply these in their practice, helping them to choose the most suitable file every time. I will also be using as much scientific evidence and clinical trials to illustrate my point as possible."

With so many different ways now available for dental practitioners to gain further education and training, Adi discusses the benefits of attending events such as CIC.

"The set up of these events allows for personal interaction – delegates can ask the Specialists and experts specific questions and really get all the information they need," explains Adi. "By name, this is the Clinical Innovations Conference, so it also presents a great opportunity for professionals to discover the very latest products and techniques to reach the industry. It's a highly effective way for practitioners to keep up-to-date."

Award

In addition to the conference programmes, CIC 2013 will also host the return of the Clinical Innovations Award. Recognising the newest and most influential developments and products in the profession, a panel of esteemed professionals will announce the winner during the course of the evening's celebrations. Professionals in attendance will have the opportunity to make new acquaintances and catch up with old friends, while enjoying an evening of delicious cuisine and live entertainment.

The Clinical Innovations Conference 2013 will be held on 17th and 18th May at the Millennium Gloucester Hotel in Kensington, London. With time fast running out, make sure you don't miss out and book your place today! DT

About the event

To find out more or to book your place, please email info@health-care-learning.com or call 020 7400 8989

About the author

As well as working as a specialist Endodontist in the referral-based Harley Street Dental Studio and EndoCare, Adi is an Associate Clinical Teacher in Endodontics at the University of Warwick, Coventry and an honorary lecturer in the department of Endodontics in the Hebrew University – Hadassah. In addition to graduating his primary dental studies with honors and completing a 3 year full-time specialty programme in Endodontics, Adi also completed a full-time 1 year internship programme in Periodontology. Adi routinely lectures on Endodontics to postgraduate MSc students and general dental practitioners both nationally and abroad and runs hands-on clinical courses. He is involved in research and his main fields of interest include Dental Traumatology, Dental pain and Endodontic Microbiology and Immunology.

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Forest Dental
GUARANTEED PERFORMANCE
Be Wise!
Staying In Control
Multifunction touchpad with four programmable preset positions that accommodates three additional controls
Flawless Mechanics
Hydraulic cantilever mechanism with full emergency shut down
Slim By Design
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