

DENTAL TRIBUNE

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News in Brief

Granny banned from dentist

After expressing her views on mercury fillings a grandmother from Witham has been banned from visiting her dentist. Angela Kilmartin 70, was left "gobsmacked" when she received a letter from Witham's Cairn Brae practice telling her not to come back. On behalf of the practice, a spokesman for Dental Protection Ltd said: "We cannot comment on specific cases for reasons of patient confidentiality. Cairn Brae Dental Practice prescribes dental care under both NHS and private arrangements and in accordance with all national guidance on dentistry. We strive to provide a high standard of care."

Cupid and the tooth fairy

With Valentine's Day a week away, ideas about what to buy your loved one can be a bit difficult, especially if you want to move away from the more traditional avenue of roses and chocolates! Fortunately, if helping to look after your loved ones teeth is your main priority this Valentine's Day then there is a non-toxic chocolate-based toothpaste named Theodent(TM) toothpaste on the market that is set to be a winner. According to its makers, Theodent(TM) neither tastes nor looks like chocolate but its active ingredient is extracted from cocoa and research has shown that it benefits both teeth and gums. "Instead of giving your Valentine a box of chocolates that is full of sugar and fat, consider giving him or her Theodent to brighten and whiten their smile," said Theodent(TM) President and Chief Executive Officer Arman Sadeghpour PhD.

'Secret smokers'

Since the UK's smoking ban the number of people hiding their habit from friends and family has risen. According to a poll conducted by One Poll on behalf of the Co-operative Pharmacy, out of 2000 people, one in 12 have a smoking ban at home; however, 57 per cent of the smokers keep their habit a secret from both partners and children. Since the smoking ban one third of smokers have smoked less, whilst a further four-fifths of smokers have said they want to quit. Despite having the occasional cigarette, one in eight smokers believe they have given up.

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News



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Liz Hughes reveals the banks are lending

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Don't let drink sneak up on you

People will be warned that they are at risk from serious illness including heart disease, stroke and cancer if they drink just a little bit more than they should, says Health Secretary Andrew Lansley

A brand new nationwide Change4Life campaign launched last week, will expose that drinking slightly over the lower-risk alcohol guidelines can seriously impact long term health.

While people recovered from their weekend excesses or wound down with a glass of wine at home, the new TV adverts went out for the first time.

The adverts highlights that regularly drinking around two large glasses of wine or two strong pints of beer a day triple the risk of developing mouth cancer and double the risk of developing high blood pressure.

A shocking new survey has revealed that most people are unaware of the serious illnesses caused by drinking more than the guidelines. For example:

- 85 per cent of people did not realise it increases the risk of developing breast cancer
- 66 per cent did not realise it increases the risk of bowel cancer
- 63 per cent did not realise it increases the chance of pancreatitis
- 59 per cent did not realise it increases the risk of mouth, throat and neck cancer;
- 30 per cent did not realise it increases the risk of high blood pressure

- 37 per cent did not realise it reduces fertility

A new online calculator will be available on the Change4Life website to help people check how much they are drinking and work out whether they need to cut down. Two million leaflets will also be available for Change4Life supporters and health professionals around the country.

The campaign also offers handy hints and tips on how people can cut down – such as having booze free

days, not drinking at home before people go out, swapping to low-alcohol or alcohol free drinks and simply using smaller glasses.

Secretary of State, Andrew Lansley said: "It's crucial we support people to know about how drinking too much poses risks to their health and how they can take control of their drinking.

"It can be easy to slip into the habit of having a few extra drinks each day, especially when drinking at home. But there can be se-

rious health risks. Don't let drinking sneak up on you. That is why I am launching this campaign, to alert people that it is not just binge drinkers that damage their health. There are simple ways we can all cut down how much alcohol we drink if we need to.

"Change4Life is a fantastic, well known campaign, which has already helped a million families around the country. I want to expand it beyond eating well and moving more, so people look after themselves and really do live longer." 



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NHS to get £28m cash boost to improve access to dentists

Andrew Lansley has announced extra cash for dentistry in a major Government drive to increase the number of people able to access an NHS dentist.

820,000 more people have already been given access to an NHS dentist since May 2010. Today £28 million of funding has been announced, which will bring the number of extra people now able to access an NHS dentist to one million.

The funding will be given to PCTs, who have bid for the cash to spend on expanding local services in ways that best meet their patients' needs. This will include things like increasing the number of appointments with NHS dentists and providing care in people's homes for people who can't travel to see an NHS dentist.

Health Secretary Andrew Lansley said: "Too many people still have problems getting to

see an NHS dentist. Giving people back their NHS dentist is a key priority of mine so I am delighted that we have been able to find more money for dentistry because of our successful programme of efficiency savings in the NHS.

"This is a great example of how the money we are saving through better management of money, cutting bureaucracy and rooting out waste in the NHS is being reinvested in frontline

services for patients."

The extra funding is part of the Government's drive to improve oral health and increase access to NHS dentists. Part of this is the Government's commitment to replace the current dentist contract with one that they believe supports dentists to improve oral health and increase access to services.

Alison Simpson, a dentist

who runs a dental practice in Northampton said: "This is fantastic news for people who couldn't get to see an NHS dentist before.

"We will use the money to make sure that an extra thousand people in the Northampton area will get access to NHS dental care. This means local people will have healthier teeth, and will be less likely to suffer from long-term dental problems." **DT**

Save water, save money!



Turning off the tap when brushing your teeth could save up to 12 litres of water

Water consumption in the UK is up 30 per cent per person since 1970 and it is feared that if the trend isn't reversed there will come a time when the demand just won't be able to be met. This will have a devastating effect on the UK's rivers, lakes and stream levels, animal and plant life so this year, for the first time, the National Smile Month Campaign is promoting responsible water use.

The campaign aims to encourage adults and children to turn off the tap when brushing their teeth and save up to 12 litres of water, every time. So far Save Water Save Money and 19 of the UK's Water Companies have joined forces to encourage water efficiency, by

raising awareness of the high levels of water wasted in the bathroom.

Currently, 25 per cent of household energy is spent heating up water and according to Waterwise, if every adult in England and Wales turned off the tap when brushing their teeth, it could save enough water to supply nearly 500,000 homes or fill 180 Olympic swimming pools – every day!

A list of key facts, water saving products and advice on why we should save water can be found on the National Smile Month website, www.nationalsmilemonth.org/page/turn-off-the-tap **DT**

3D printer designs jaw

A jaw that was designed and created by a 3D printer has been fitted to an 83-year-old woman in what doctors say is the 'first operation of its kind.'

The jaw is far from a simple design, with articulated joints and cavities to help encourage muscle attachment and grooves to direct the regrowth of nerves and veins; according to a BBC report, it was made out of layers and layers of titanium powder that was heated and fused together by a laser.

"Once we received the 3D digital design, the part was split up automatically into 2D layers and then we sent those cross sections to the printing machine," Ruben Wauthle, LayerWise's medical applications engineer, said in the BBC report.

"This was repeated with each cross section melted to the previous layer. It took 33 layers to build 1mm of height, so you can imagine there were many thousand layers necessary to build this jawbone."

Once completed, the new jaw was then given a bioceramic coating.

The team said the operation, which was carried out in June in the Netherlands, took four hours and incredibly the woman was able to go home after four days.

"Shortly after waking up from the anaesthetics the pa-

tient spoke a few words, and the day after the patient was able to swallow again," said Dr Jules Poukens from Hasselt University, who led the surgical team.

Technicians are hoping that after the operations success, similar techniques will become more common in the future.

The jaw itself has been described as 'patient-specific' and although it weighs a third heavier than the woman's previous jaw, doctors have said that it won't be long before she gets used to the extra weight.

The surgery follows research carried out at the Biomedical Research Institute at Hasselt University in Belgium, and the implant was built by LayerWise - a specialised metal-parts manufacturer based in the same country.

However, the work doesn't stop there. Later this month the team will remove healing implants that were inserted into the implant's surface; this will be followed by the attachment of a specially made dental bridge and false teeth, which will be screwed into place.

The research follows a separate project at Washington State University where engineers demonstrated how 3D-printer-created ceramic scaffolds could be used to promote the growth of new bone tissue. **DT**

Are clinical decisions affected by fear?

Former Dentist of the Year Dr Helen Chapman, Dr Susan Chipchase and Dr Roger Bretherton from the School of Psychology at the University of Lincoln have been awarded £77,357 from The Shirley Glassstone Hughes Trust Fund to investigate 'Dentists' emotions and clinical decision making: Individual differences in susceptibility and the development of a coping package'.

During this 15 month project, the researchers will explore the emotions experienced by dentists in their clinical work and identify possible implications of these emotions.

An early information gathering stage will inform the development of a coping skills package, based on cognitive be-

havioural principles, which will be evaluated in the last stage of the research.

The ultimate aim of this research is that this coping skills package will be included as part of dentists' continuing professional development to increase their awareness of how their emotions may impact on their clinical work and equip them with the skills to cope with these emotions in their dentistry work.

The research question was originally posed on the Primary Dental Research Forum. A survey via the discussion forum of GDUK found that 60 per cent of participants felt that their clinical decision making was affected by fear on a daily basis. Contributors also felt that training to help cope

with the issue is needed.

The research team is currently seeking to recruit a pool of volunteers from the Lincolnshire area who might be interested in participating in an hour-long face-to-face interview to discuss this issue which will be conducted at their practice. From this pool, the team hopes to draw a sample of dentists who represent a complete cross section of primary care dentists.

If you think you might be interested in participating, please contact Helen Chapman at hchapman@lincoln.ac.uk or 0796 455 6316. You will then be sent a full description of the study so that you can make an informed choice about possible participation. **DT**

Editorial comment

In these days of focusing on ‘the patient journey’ it is easy to forget that the practitioner takes a journey too.

It seems that the practitioners’ journey is coming more into focus as research looking at the clinical implications of the emotional state of the clinician is about to begin.

Smile centre launches

Two of the North West’s leading dental clinicians have teamed up for a joint venture in Manchester.

Clinical Dental Technician Barrie Semp, owner of The Smile Centre in Whitefield, has joined forces top dentist Phil Broughton, owner of The Mall in Manchester. Situated in Pall Mall, The Smile Centre at The Mall will provide a complete service for patients covering dentures, dental implants and cosmetic dentistry. Broughton, who leads a team of six dentists, will also provide dental services to Semp at The Smile Centre’s other new clinic in Lichfield, Staffordshire.

Semp, who sits on the board of the British Association of Clinical Dental Technology, said: “I am delighted to be joining forces with Phil Broughton and The Mall team. Phil is widely recognised as one of the leading implant dentists in the UK.

“Implants are an increasingly popular option for replacing missing teeth and can be inserted directly into the jawbone like the roots of natural teeth. The dentures are then securely fixed to the implant.

“The new venture will also offer patients the complete range of cosmetic dentistry including teeth whitening, orthodontics and veneers.

“By joining forces, we are combining two of the most advanced dentistry businesses in the North West, providing patients with a customer experience second to none.”

Phil Broughton, who includes footballers, actresses and other celebrities among his patients, said: “The opening of The Smile Centre at The Mall is a superb development not just for our two businesses but, more importantly, patients across the UK. This joint venture brings together the country’s leading denturist with our own, technically advanced, mercury-free, independent dental practice. **DT**

As you can see from our article on page two, a research project ‘Dentists’ emotions and clinical decision making: Individual differences in susceptibility and the development of a coping package’ is looking for Lincolnshire-based volunteers to take part in the research. The aim is to develop strategies to help clinicians cope with emotions to minimise the

impact on clinical decision-making.

Recently, a report into the three years of the existence of the Practitioner Health Programme (PHP) has been published. PHP provides healthcare services to medical and dental practitioners primarily in the London area; over the last three years more than five per cent of those who used PHP’s services were dentists. Many of the cases that PHP has

seen include addiction or mental health diagnoses.

Given that those in the health-care profession are often the ones most reluctant to seek treatment (‘physician, heal thyself’ springs to mind) this rising awareness of practitioners’ needs is a vital one.

Take care of yourselves. **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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¹ Marinho et al. (2002); Cochrane Database Syst. Rev. no3. ² Delivering Better Oral Health - An evidence-based toolkit for prevention, Second Edition, Department of Health, July 2009.

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Cigarette machine ban begins in Wales



Wales introduces ban on cigarette vending machines after it emerged that 10 per cent of 11-15 year-old smokers used them (picture by Andrew Janes, WalesOnline)

A ban on cigarette vending machines came into force in Wales on 1st February and is soon to be issued in Northern Ireland on 1st March.

The ban came about after it

emerged that a shocking 10 per cent of smokers between 11-15 years-old brought cigarettes from vending machines; with the new law in place young people will now find it much harder to buy cigarettes.

The ban was originally imposed in England in October 2011; however, due to legal reasons, it has taken time to be imposed in other areas of the UK.

“Banning sales of tobacco from vending machines is a step in the right direction to reducing smoking addiction in childhood and improving the public health of our communities,” said Steve Whitehouse, chair of Wales’ heads of trading standards (WHoTS) officials in a BBC report.

There were an estimated 3,000 vending machines in Wales before the ban was imposed and research published by Welsh trading standards officials in 2009 young people could successfully purchase cigarettes from vending ma-

chines. However, Simon Clark, director of the pro-smoking group Forest, said that vending machines were an expensive way to buy cigarettes and he did not believe the machines were being used by children.

In the BBC report, Carole Morgan-Jones, campaign manager at Action on Smoking and Health (Ash) in Wales, said the ban was the most “comprehensive measure” to tackle children’s access to cigarettes.

“The rationale behind it is that vending machines are easily accessible to children to purchase cigarettes and they often aren’t challenged by staff where they are at the moment and this is a vital measure,” she told the Good Morning Wales programme.

Health Minister Lesley Griffiths said: “Making cigarettes less accessible is one way of discouraging children from taking up smoking in the first place.

“It will also support the efforts of the many adults in Wales who try to quit smoking each year.”

From 1 February, a business found to be selling cigarettes to the public directly from a vending machine could be fined up to £2,500 and if vending machines display tobacco advertising the business could face a fine of up to £5,000 and a two year prison sentence. [DT](#)

www.bbc.co.uk/news/uk-wales-politics-16813794

Suffolk dentists miss out on funding

According to a recent report, NHS Suffolk has not applied for a portion of the £2m set aside by the Government to help increase the amount of people to have an NHS dentist.

The funding was available for Primary Care Trusts (PCT) throughout the region as part of a £28m project announced by Health Secretary Andrew Lansley. The cash had been set aside for PCTs to expand lo-

cal services to best suit patient needs, however, according to an NHS Suffolk spokeswoman, the PCT did not bid for the additional funding due to a concern that dentists would not be able to meet the requirements for the funding to be used this year.

According to the report, NHS Suffolk has invested more than £5m in the dental community over the past four years; in total, seven new practices have

been established and existing practices have been expanded. Overall, the investment has helped more than 60 per cent of NHS practices accept new patients.

The spokeswoman said in a report: “Providing NHS dental services within a rural area does present more of a challenge. In response to this challenge in 2008, NHS Suffolk’s Board established standards for access to NHS dental care; individuals

living in an urban area should be within six miles and those living in a rural area within 12 miles of an NHS practice and we continue to aim for our dental provision to meet these standards.

“For instance a routine appointment would be available within six weeks and an urgent appointment for anyone in pain within 36 hours. These standards are being met across Suffolk.

“In addition, a new domiciliary (home) service for patients unable to leave their home or residential care home started in November 2010 covering the whole of Suffolk.”

The spokeswoman also said that patient access for new patients had continued to increase ‘month-on-month’ in the past six months, with 97 per cent of patients being able to book an appointment when needed to. [DT](#)

Sussex dentists ‘struggle to fill NHS holes’

According to report, dentists throughout Sussex are struggling to fill gaps caused by a shortage of NHS patients

Although health bosses are urging the public to take advantage of the NHS dental places, some practices are not registering as many new patients as they had planned.

For example, a practice that opened in Worthing six months ago in response to calls from local residents for more NHS dentists, has failed to fill the number of patients originally expected. The practice currently cares for 1,000 patients and yet has the potential to care for up to 6,000 people.

Practice manager Shane

Smith, of The Tooth Booth said they had until the end of this financial year to boost numbers or they could lose vital funding.

He said: “We have been surprised at the lower-than-expected numbers because a lot of people have been talking about the unavailability of NHS dentists.

“Yet we are here and we are

finding it difficult to get people to come along.”

The practice opened on August 1, having been commissioned as part of a £1.8 million investment in dentistry across the county by NHS Sussex.

NHS Sussex dental contracts manager Tim Price said: “Often people don’t realise that there are

NHS dental practices across the county taking on new patients, just like Tooth Booth in Worthing, and we would encourage people looking for a NHS dentist in the Worthing area to call the practice and book an appointment.

“We can assure people that dental practices across Sussex continue to take on new NHS patients.” [DT](#)

Dentist gets paper clip prison sentence



Mr Clair’s victims are ‘annoyed’ at his one year sentence

Boston dentist, Mr Clair, who had been using paper clips as a cheap alternative in root canal treatments, was sentenced at the Bristol County House of Correction, US. Reports claimed that he had not only faced charges of assault and battery, but also faced charges with regards to defrauding Medicaid of \$130,000.

The court heard that Mr

Clair’s substandard dental treatment left many patients in terrible pain and a number of patients developed a range of problems, including loss of teeth and infections.

Originally the prosecutors had requested a five-seven year sentence; however, much to the annoyance of Mr Clair’s victims and former colleagues, the dentist only received a one-

year sentence.

According to reports, the final sentence was decided after ‘mitigating factors’ were taken into account; these included a lack of criminal record, mental health issues and the fact that Mr Clair accepted responsibility for his actions. However, after it was revealed that Mr Clair’s former staff members were concerned for their own

safety, a further request from the prosecutors that Mr Clair stay away from his victims and ex-colleagues was granted by the Judge.

Reports further stated that Mr Clair is now banned from practicing dentistry anywhere in the USA and upon leaving prison he will have to complete five years of probation. [DT](#)

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EARLY BOOKING DISCOUNT

‘Give dental kits to every child’

A £15m project aimed at improving the dental health of children has been introduced in Scotland;

Although the scheme, which is called Childsmile, has been described as ‘ambitious’ by Public Health Minister Michael Matheson, its focus is to stress to children the importance of brushing their teeth.

The scheme will mean that by the age of five, all children will be given a pack containing a toothbrush, toothpaste and an information leaflet at least six times.

In the more deprived areas of Scotland, fluoride will be applied to children’s teeth to help prevent them getting tooth decay.

So far children have been taught how to brush their

teeth properly in more than 90 per cent of nursery and primary schools in the most deprived areas.

Mr Matheson said in a report: “Thanks to work to ensure that children know the importance of dental care at the earliest age, Scotland’s children are now primed to have a lifetime of good oral health.

“Through Childsmile nursery we have seen specially trained dental nurses going into schools and providing clinical preventive care to children. Targeting children in the most deprived areas, Childsmile School is also delivering a range of preventative care interventions for children in primary one and two to reduce the risk of dental decay.”

Ray McAndrew, associate medical director in oral health at

NHS Greater Glasgow and Clyde, said in the report: “This exciting programme encourages dentists and their staff to give advice to parents on the care of their children’s teeth. It places a strong emphasis on preventing dental decay through daily tooth brushing using fluoride toothpaste and advice on diet.

“Childsmile Practice also encourages dentists to apply fluoride varnish to young children’s teeth, which has been shown to reduce tooth decay.”

So far around 900 dental practices across the country are involved in the scheme. DT



Dental packs will be given to children under five

Studies analysis supports baking soda plaque removal

New research published in The Journal of Clinical Dentistry (Volume XXII 2011 Number 5) has found that baking soda toothpastes are more effective in enhancing plaque removal from harder-to-reach areas of the dentition than non-baking soda variants.

In addition to offering immediate plaque removal benefits, baking soda toothpastes were also found to remove twice as much plaque after repeated regular brushings than non-baking soda toothpastes.

Dental consultant for Church & Dwight Co., Inc, the maker of Arm & Hammer toothpastes, Dr Graham Barnby says: “The clinical credentials and potential health benefits of baking soda have been the source of investigation for many years. This new

study provides evidence that the use of baking soda in toothpastes can result in greater plaque removal than in non-baking soda toothpastes.”

To date, there have been numerous studies to support the efficacy of baking soda as a mechanism for plaque removal. This new study states that baking soda is a unique ingredient, clinically demonstrated to remove plaque biofilm present on tooth surfaces.

In all but one of the 24 comparisons carried out, baking soda toothpastes were relatively more effective in areas with less access by the toothbrush. This indicates that plaque removal is achieved by the action of baking soda in its dissolved form, rather than due to physical displacement caused by the baking soda crystal. DT

Is it time to call for a sugar tax?



Sugar taxes have been suggested to curb and control the consumption of sugar

In the past 50 years sugar consumption throughout the world has more than tripled and according to US experts, the sweet granule is just as damaging and addictive as alcohol and tobacco and should be regulated.

To curb and control the soaring consumption of sugar new policies, such as sugar taxes, have been suggested by a University of California team. Other suggestions have been made in the jour-

nal *Nature*, where Prof Robert Lustig argued for a ‘major shift’ in public policy, suggesting that taxes, age restrictions and limiting the sales of sweet food and drinks during school hours would be a change in the right direction.

However, the Food and Drink Federation have reportedly said that ‘demonising’ sugar would not solve the problem, as the key to good health is a balanced diet.

Even still, several countries have already started imposing taxes on what are considered as unhealthy foods, such as soft drinks and saturated fat, and now US researchers are proposing similar policies on sugar.

Dr Peter Scarborough of the British Heart Foundation Health Promotion Research Group at the University of Oxford, said in a report that although imposing taxes on certain

foods was something policymakers should consider, doing so could have ‘unintended consequences’ in the form of people cutting out fruit and vegetables so they can afford the sweeter things in life.

He told the BBC: “If you only tax one aspect of food like sugar you can have unintended consequences... [But] if you tax fat, salt and sugar, combined with subsidies for fruit and vegetables, you’ll get healthier diets.”

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: “A proposed tax on sugar certainly could have a positive impact on oral health, particularly for children. Tooth decay remains a large problem, with one in three children starting school with the disease.

“However, it remains to be seen how such a tax would be

implemented successfully. It is not as simple as merely taxing sugar, as all fermented carbohydrates would also need to be taxed, so we should approach the idea with caution.

“It is clear from the rising number of health problems resulting from high sugar consumption that people need more education on what sugar-free alternatives are available. People also need clear information and advice on how they can regulate their diet. The frequency of sugar intake can cause damage to teeth, so cutting down on sugary foods and drinks will satisfy not just oral health, but overall health too.”

Barbara Gallani, director of food safety and science at the UK Food and Drink Federation, said in a BBC report that: “The key to good health is a balanced and varied diet, in the context of a healthy

lifestyle that includes plenty of physical activity.”

Sugar Nutrition UK said: “Over many years, a number of expert committees have examined the scientific evidence relating to the consumption of sugar and other carbohydrates. These committees have included The European Food Safety Authority (2010), World Health Organization and Food and Agriculture Organization (2005), Institute of Medicine of the National Academies (2002), Food & Agriculture Organization of the United Nations (1998) and UK Department of Health (1989).

“All have concluded that the balance of available evidence does not implicate sugar at the level currently consumed in any of the ‘lifestyle diseases’ such as obesity, diabetes, coronary heart disease, or cancer at any site”. DT

BDA calls for retirement age pensions proposal to be rethought

The British Dental Association (BDA) is calling for a proposal to extend dentists’ working lives to the age of 68 to be abandoned by Government. The proposal is part of a raft of fundamental reforms Government wishes to make to the NHS pension scheme. Health trade unions, including the BDA, are consulting members on the acceptability of those proposals, the current iteration of which was arrived at before Christmas 2011 as the

best achievable by negotiation.

The BDA call follows a survey of more than 4,000 dentists, which found that a significant majority of practitioners (68 per cent) did not think it was safe for practitioners up to the age of 68 to continue treating patients. A further 14 per cent of respondents said they were not sure whether doing so was safe or not.

Practitioners’ concerns

have been communicated to the Department of Health (DH) in a letter from Dr Susie Sanderson, the Chair of the BDA’s Executive Board. The warning echoes that expressed by other bodies representing health professionals, including the British Medical Association.

The BDA survey also asked dentists whether they might, in principle, consider taking industrial action if they consider

the proposals unacceptable. The response to that question is being analysed and will inform a BDA Representative Body decision about the appropriateness of dentists participating in such action when the pensions proposals are finalised following further talks.

Dr Sanderson said: “A great deal of concern has been expressed about clinicians being asked to extend their working lives as a result

of these pensions proposals. Dentistry, like other careers in healthcare, can be very physically demanding. The wisdom of asking dentists to extend their working lives is questionable and, as this survey shows, a cause of significant anxiety to those best-placed to judge their own ability to carry on providing care to patients. We are asking Government to listen to these concerns and re-think this proposal.” DT

MDDUS welcomes clarification of treatment during pregnancy

Dentists in Scotland are urged to get up to speed with the latest advice issued on the contentious subject of the use of amalgam fillings during pregnancy.

NHS practitioners in Scotland will have received a document entitled *'White fillings in those who are pregnant or are nursing mothers'* with their January schedules.

Over the past few months, UK-wide dental defence organisation MDDUS has received a number of enquiries in relation to this increasingly controversial issue.

While the advice in this circular represents a complete departure from previous policy, MDDUS dental adviser Doug Hamilton welcomes the publication of definitive guidance for posterior restorations in pregnant patients.

He says: "Provision of amalgam during pregnancy has always been attended by more general concerns in relation to

its possible teratogenic effects.

"Current advice from MDDUS continues to mirror that provided by the Department of Health - while foetal risk from amalgam is largely theoretical, placement and removal of this material during pregnancy should be delayed unless there is an over-riding clinical need."

Clearly, such clinical concerns do not apply where a pregnant patient will not consent to the placement of amalgam. However, in these circumstances, problems have arisen where practitioners have offered these patients an alternative in the form of posterior resin, but on a non-NHS basis.

"To do so would seem quite reasonable since there has never been any section in the Statement of Dental Remuneration which expressly provides for non-amalgam posterior occlusal fillings in pregnant patients," says Hamilton. "Yet, in adopting this approach, NHS practitioners were potentially in breach of their terms of service.

"Firstly, these patients could have been offered a temporary dressing followed by a permanent amalgam post-partum, both of which are available on the NHS. Secondly, it was the established custom and practice at Practitioner Services to award a code and discretionary fee which allowed posterior resins to be provided free of charge for pregnant patients.

"Therefore, in instances where complaints were made by patients who had paid privately for this treatment, it was the advice of MDDUS that a refund should be offered."

In response to the growing confusion, a circular was released by Practitioner Services in September confirming their ongoing policy of approving and funding of resin fillings in posterior occlusal surfaces during pregnancy, but indicating that each case would be scrutinised by a dental adviser to prevent the replacement of existing amalgams unnecessarily or for non-therapeutic purposes.

However, the latest advisory note reverses this position, stat-

ing that, for the first time, no fee will be payable under GDS arrangements for the placement of posterior resin in a pregnant patient unless they also have an exceptional medical condition.

"It might be assumed that this change in policy automatically validates the provision of this treatment on a private basis," adds Hamilton. "Dentists should read the details of the January 2012 directive before deciding which treatment options a pregnant patient is entitled to consider.

"Every case must be individually assessed and discussed," advises Hamilton. "If the patient in question consents to amalgam and the dentist agrees then this material should be used.

"Alternatively, if the proposed treatment does not require removal or placement of amalgam, then an application may be made to PSD for a temporary dressing fee, so that the tooth can be restored with amalgam after the birth.

"NHS patients should be of-

fered these options to avoid infringement of the practitioners' terms of service."

While the flow chart which accompanies this circular is very informative, some practitioners may feel that it fails to address every clinical scenario.

In response to these possible concerns, Hamilton concludes: "These guidelines may be subject to further clarification. However, at this stage, we anticipate that, where retention of a temporary dressing requires amalgam removal, an NHS fee may not be payable. In such circumstances, the practitioner should make scrupulous clinical notes (ideally accompanied by pre-operative photographs), together with a very careful record of the consenting process.

"As always, practitioners must be prepared to justify the recommendation of private treatment to NHS patients."

Members of MDDUS who have concerns in relation to this matter should not hesitate to contact a dental adviser for further information. [DT](#)

Cocktail of uncertainty for dental students

A cocktail of spiralling levels of debt for dental students, uncertainty about the financial support available to them, and concerns about changing career pathways, could conspire to dissuade capable young candidates from applying for careers in dentistry, a new British Dental Association (BDA) report warns.

Student Futures warns that significant levels of debt, potentially as much as £60,000, could have a psychological effect on potential candidates, deterring those who feel

unable to take on such a financial burden from applying for places at dental schools.

These concerns could be exacerbated, the report warns, by other changes that make the cost of studying a dental degree difficult to assess, including likely increases to tuition fees to £9,000 as a result of 2011 Government reforms and continued uncertainty about the student bursary system.

The difficulty of judgments about whether to

take on uncertain levels of debt is further complicated, the report warns, because the shifting labour market into which dentists will graduate makes careers and future earnings more unpredictable than ever.

Dr Martin Nimmo, the Chair of the BDA's Young Dentists and Student committees, said: "Many dental students already incur significant debts completing their studies. The size of these debts alone may be prohibitive to some potential candidates, whose concerns about their personal

finances may be deterring them from applying for dental courses. Uncertainty about funding arrangements and career prospects make decisions about whether to apply for dental courses even harder.

"If the Government is serious about its very laudable Fair Access to the Professions agenda, then it must think seriously about these issues and seek to provide certainty by finalising arrangements for NHS bursaries to ease concerns about how studies can be funded.

"It must also continue its pursuit of the reform to dental services in England that could help provide greater certainty about career prospects."

Student Futures also calls for better links between schools and dental schools and more exposure to business and management training for dental students, as well as the maintenance of dental academic staffing levels to protect teaching standards. The report is available on the BDA website. [DT](#)

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All uptime, no downtime?

WHO
CARES?

What are you going to do?

Stephen Hudson provides part II of his conspiracy trilogy

What are you going to do? In my recent article Are they all out to get you? I put forward the concept of dealing with the irritations and annoyances in life by either accepting them completely, or taking massive

action to change them. Both concepts are designed to empower you and give you back your piece of mind. Both actions are designed to change your focus, and I want to talk about these concepts in more depth.

Acceptance
Of course as we both know, it was never going to be as easy to accept such things. It is amazingly hard to accept that your council's traffic planning office is run by complete numpties who should have

been sacked years ago, especially if you drive to work every day. Imagine then how hard it can be to accept blatant corruption and injustice in your own supposedly civilised country. Can



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you look at the crimes the banks have been allowed to get away with and not feel a tad irritated? Can you see the growing underclass of people in this country that have been beaten down psychologically (and sometimes physically)

‘Are you prepared to take the massive action required, to put your head above the parapet and to make yourself a target to the establishment?’

by the system, who see themselves as having no future within that system and not feel just a smidge annoyed? Can you stand by as our politicians order our military to act as judge, jury and executioner in countries that many in this country couldn't find on a map..... without raising an eyebrow?

It's difficult isn't it? But here come those questions again:

Can you actually do anything about what is troubling you?

And if so, are you actually prepared to do anything about it?

Are you prepared to take the massive action required, to put your head above the parapet and to make yourself a target to the establishment?

Are you prepared to take the flak for your beliefs?

Change of focus
If the answer is no, then for your own psychological (and in some instances physical) health I would argue you have to accept it. Grumbling about it, complaining about it and

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* Conditions apply



Make the most most out of this world and life

writing “letters to the editor” or to your MP as an individual will do nothing, and as the situation worsens your dissatisfaction will only grow. It

‘It is perhaps time to focus your life somewhere else, and stop reading the damned newspaper. Switch off the TV, and go outside, breathe deeply and revel in the miracle of life’

is perhaps time to focus your life somewhere else, and stop reading the damned newspaper. Switch off the TV, and go outside, breathe deeply and revel in the miracle of life.

This world is amazing, so if you either can’t or won’t do anything about the problems of the world, then I would say it is time to focus on what is right, and how your life can be improved.

Right to judge

And another thing, don’t think anyone has a right to judge you if you said no. There are a million and one scandals, famines, wars, corrupt politicians, crimes and injustices in the world to keep you busy ever second of every day. Whilst I would argue that one person CAN change the world, you are not necessarily that person. I’m certainly not, I realised that months ago. For years I’d been raging about this and ranting about that and it didn’t achieve a damn thing except a deep feeling of dissatisfaction and indignation. Here are a few, just as a taster:

- The fact that the Blair government went into an illegal war in Iraq

- The fact that we are one of the largest exporters of weapons in the world

- The fact that the electric car has been a viable technology for over 30 years and yet has been allegedly suppressed... and if that’s not enough, put the following into Google “Japanese cars that run on water”

- The blatant incompetence of all western governments in dealing with this financial crisis

- The fact that big pharmaceutical companies are not researching new antibiotics because there’s not enough profit there... whilst our battle against bacteria slowly slips towards the dark ages

- The fact that there are poisons in our food...

Rant, rant, rant... repeat until sectioned under the

mental health act.

Well, enough of this. I can’t change any of that. And even if I could, I’m not sure I have the courage or the fortitude to make that change.

Life impacts

I can still take massive action though, for my health (mental and physical) and my wealth. I can take massive action to remove the impacts on MY LIFE by voting with my wallet and by taking control of what I think and what enters my body. I can take mas-

- Does anything need to change?

And of course, some of you will have answered YES to both of those questions. Some of you will see some a problem, some injustice, and just not be able to sleep at night if you didn’t at least try and make a change.

Again, I have no problem with that, but when it comes to this, there is no ‘try’, there is only ‘do’... (thank you Yoda). To make change you need guts, commitment and per-

‘To make change you need guts, commitment and perseverance’

sive action for my business and in my relationships, and I can choose to do that RIGHT NOW. And so can you. One of Ghandi’s most famous sayings was:

Be the change you want to see in the world

You can make your life a shining beacon of wealth, health, honesty, compassion and love. You can’t change the plight of the Palestinians or the fate of the rainforest, but you can change yourself. You control

- What you eat
- Where you shop
- What you focus your attention on
- Who you spend your time with
- What you read
- What you wear
- What you drink
- How you spend your time

severance. It requires focus and conviction. It requires your life’s energies. And you may well be the next Ghandi, the next JFK, the next Martin Luther King or the next Brian Haw. But all of those people made great sacrifices for what they believed in, and all of them paid the ultimate price. If you are going to do this, you need to leave your naiveté behind.

So what are you going to do?

Are you going to BE the change you want to see in the world?

Or are you going to try and MAKE the change?

That decision I leave up to you. But to do nothing just makes you part of the problem. **BT**

About the author

Stephen Hudson is a Dental Practice owner working in Chesterfield. When he qualified in 1995, he soon realised that the way most dentists treadmilled their dentistry was slowly killing them, and decided he needed to try and do something to reverse this trend. This was why he set up the website www.gdpsources.co.uk. He can be contacted through his website.



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