Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

Robotic operation in UK

A minimally invasive treatment of oropharynx cancer is now available at the Wellington Hospital in London. The one-hour technique known as Transoral Robotic Surgery allows a surgeon to remove the cancer without splitting the jaw or taking tissue from other parts of the body. It involves the use of the Da Vinci robot to access the tonsils through the mouth and unlike a traditional surgery carried out by two surgical teams, it has less complications. Patients are in hospital for just a week and do not need long-term feeding tubes as they are able to swallow normally soon after the surgery.

Sleep deprivation

Three studies being presented at Sleep 2012 conclude that obesity and depression are the two main culprits making us excessively sleepy while awake. Researchers at Penn State examined a random population sample of 1,741 adults and determined that obesity and emotional stress are the main causes of the current "epidemic" of sleepiness and fatigue plaguing the country. Insufficient sleep and obstructive sleep apnoea also play a role; both have been linked to high blood pressure, heart disease, stroke, depression, diabetes, obesity and accidents. In the Penn State cohort study, 222 adults reporting excessive daytime sleepiness (EDS) were followed up seven years later. For those whose EDS persisted, weight gain was the strongest predicting factor. The three abstracts are being presented at SLEEP 2012, the 26th annual meeting of the Associated Professional Sleep Societies (APSS) in Boston.

Redheads and dentists

A new study by the *Journal of the American Dental Association* has suggested that redheads fear getting their teeth checked out by a professional more than the average Jane. The study's authors recruited 144 people for the study, 67 of whom were natural redheads, and 77 who were dark-haired. The participants answered survey questions about any fears or anxieties related to dental visits, and the researchers took blood samples that they later tested for specific gene variants common in people with red hair. People with one specific gene, MC1R, were more than twice as likely to report that they avoided dental appointments because of fear and anxiety than people without that gene.

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Meet the new CQC boss

David Behan takes over as Chief Executive in July

Dame Jo Williams, Chair of the Care Quality Commission (CQC) recently announced the appointment of David Behan as the Commission's new Chief Executive.

David is currently Director General for Social Care, Local Government and Care Partnerships at the Department of Health, prior to which he was Chief Inspector of the Commission for Social Care Inspection. He has served as President of the Association of Directors of Social Services and as Director of Social Services for Greenwich, Middlesbrough and Cleveland Councils.

David joined the Department in 2006. For the last six years, he has made a major contribution to the work of the Department as a member of the Departmental Board and the NHS Management Board. He has led on work to reform adult social care, and has worked closely with local government to deliver the system reforms set out in the Health and Social Care Act 2011.

In his previous role, he was the first Chief Inspector of the Commission for Social Care Inspection. Before that, David held a number of leadership and senior roles in the social care and health sector, building on the frontline experience he gained at the start of his career in 1978. His contribution to social care was recognised in 2004 by a CBE for services to social care.

David will join CQC in July. He will replace Cynthia Bower, who announced her resignation in February.

Dame Jo said: "I'm delighted to confirm David as our new Chief Executive. The quality of applicants was exceptionally strong, but David's combination of frontline and regulatory experience, coupled with his commitment to making a difference for people who use services, made him an outstanding candidate.

"His clarity of vision and strong track record on delivery will be crucial to driving forward the next stage of CQC's development - as we continue to build on the progress already made, delivering increasing benefits to the health and social care system through our essential role in tackling poor care. I and my Board very much look forward to working with him."

Commenting on his appointment David said: "I am greatly looking forward to my next challenge of working with the CQC Board, staff and stakeholders. I am delighted to have been given this opportunity to lead the organisation that takes action where services are poor and unsafe, whilst providing assurance that our health and care services are fit to achieve quality and outcomes for people which are amongst the best in the world."

Health Secretary Andrew Lansley said: "I would like to thank David for his dedication and professionalism. He has made a huge contribution, both in designing the reform of the social care system so it is fit for the future, but also securing much better integration of health and social care.

"David will take his wealth of experience of health and social care to a vital role – making sure that not only are patients and service users getting high quality care, but that their dignity and experience is as important as their treatment and care. I wish David the best in his new role."

Permanent Secretary Una O'Brien said: "David has made an outstanding contribution, not only to the Department of Health, but to the entire social care sector. I wish him all the best for the future." DT

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Smile for the camera?

A recent story run by a national newspaper of images showing children coming round from anaesthetic after having their teeth pulled out has caused unrest in the dental world.

The before and after shots, which were taken in an effort to dispel patients' fears of the dentist, show the faces of several children before and after they are put under general anaesthetic.

The images show the children at Sheffield's Children Hospital looking cheerful, alert and happy before they undergo the procedure and then confused, scared and covered in blood in in the photos after they have had their teeth pulled out.

According to the report, photographer Andy Brown decided to create the series to show the young patients' bravery during what can be a singularly traumatic childhood experience.

However, the exhibition is seemingly having the opposite effect: The first picture is of a six-year-old boy, who reportedly told his mother he 'wouldn't be able to smile because his teeth hurt'; the second picture is of a little girl who looks scared and disorientated after having been unconscious for more than an hour; the third child looks dazed and confused, whilst the fourth child looks exhausted and worn down.

According to the report, after their first portraits were captured, the children were put under general anaesthetic for tooth extraction and remained unconscious until just before the second pictures were taken in the recovery room hours later.

Sheffield-based photographer Mr Brown said in the report: "In recovery, children were disorientated, woozy from the general anaesthetic and often upset. Their bravery in posing for a portrait despite this can be clearly seen.

"I chose to document the procedure in this manner to reflect the experience of the patient. They have no memory of the procedure; they are unconscious between the two time points recorded here."

According to the report, the hospital opened its doors to three professional photographers last autumn, with the idea that they would capture the essence of daily life on the wards for a ground-breaking exhibition.

The pictures, which have been described as 'fascinating' are part of the exhibition which is called *You Are Not Alone*; it aims to reassure children and parents who are intimidated by hospitals.

However, dentists across the country believe it is having the opposite effect: "I think it is a sad reflection on the state of UK dentistry when some people think children can be put at ease by showing them the blood smeared faces of post-GA patients" one disgusted dentist told *Dental Tribune*.

The hospital's website reads: "We recognise that coming to hospital can be an anxious time and that this can come from an uncertainty of what to expect.

"This exhibition aims to break down some of these barriers by showing some aspects and characters of the hospital which are not normally seen.

"By sharing patients', parents' and staff experiences, we hope to demonstrate that we are not alone in our anxieties and wish to provide viewers time to reflect on and even celebrate what makes their own experiences of The Children's Hospital so unique.

"Through these stories, we aim to share a glimpse of the bravery, care, dedication and even humour that exists at the hospital every day."

Original reports can be found at http://bit.ly/LQ5hkS and http://bit.ly/NI338O DT

'Ridiculous' rent forces dentist out

New health centre charges 'ridiculous' rent

A dentist is being forced out of his practice in Bransholme, Hull because of a 'ridiculous' rent charge at a new health centre.

According to a news report on the *This is Hull & East Riding* news site, Russell Davies has been located at the centre for 16 years. However, the current centre is making way for a new £14.7m build competed in August and the rent for rooms will shoot up to £80,000 a year.

Mr Davies said: "It's increasing about seven times and I can't afford that out of my pay packet. I am not happy about it at all. It is a ridiculous amount to rent empty rooms.

"I'm the only dentist at the centre so there will no longer be a practice when the new building goes up. We treat about 2,500 patients and they will all have to find somewhere else to go.

"I'm not going to have a practice any longer so, unfortunately, all I can offer now is house visits to my patients – I have no choice."

Mr Davies added: "I don't even know why we need a new health centre; the one we have is fine. A million pounds could have been spending smartening the current one up."

According to the report, many of the elderly patients of the practice have criticised the rent charge. One said: "I have been going to my dentist for 30 years and this is just not good enough. I can't get to the new practice so I don't know what I'm going to do."

A spokeswoman for NHS Hull said: "The dentist has been invited to move into the new Bransholme Health Centre and, as the dental practice is an independent business, must decide whether or not this is a viable business option, based on financial and other reasoning."

The NHS is assuring patients there will be alternative options within easy reach of the existing centre but accept they will lose the Mr Davies from the health centre. DT

Outreach prize winner for Cardiff

This year the Cardiff University Outreach Prize for Dentistry was awarded to Kristian Davies. Each year a BDS undergraduate student from Cardiff is selected to receive this award in recognition of outstanding achievement in the final year of the course.

W&H supported the event again this year and kindly donated an engraved handpiece, which was presented to Kristian at the University's newly opened Primary Dental Care Unit in Mountain Ash.

The prize winner is selected for the possession of a number of attributes in addition to displaying a high level of clinical skill. Kristian was a well-deserved winner of this year's award, his kind and caring nature was greatly appreciated by all his patients.

A popular member of his year, his 'upbeat' manner, dedication and high standards made him the firm favourite for the award. Kristian served as year representative and achieved the 17th highest mark in last November's national DF1 interviews.

Known for being an extremely organised person with excellent social skills, Kristian was highly regarded and well-liked by both the clinical and nursing staff.

He has chosen to take a DF1 place near his home town in South Wales and he takes with him the best wishes of all the staff for his future career. DT

L-R: Peter Ash (Consultant / Director in Primary Care Dental Teaching Units), Kristian Davies (prize winner), Caroline Caine (W&H), Andrew Ashraf (Clinical Lecturer)

Editorial comment

This week sees the end of National Smile Month for another year. There has been lots to talk about this year within the profession, not least of which the use of the campaign by illegal tooth whiteners to promote their services, and the resistance this has caused within the profession about making sure the right messages are getting across to patients and consumers.

It has been heartening to see the galvanising of some of the profession behind stopping this menace to patient safety. Continued communication to the companies via their Facebook pages, Twitter feeds, press, consumer boards, letters to companies supplying their services, letters to Trading Standards etc; it has caused much trouble for some of the larger illegal whitening services.

Of course it is a small stone dropped in a large pond, even the most passionate of supporters would admit to that!

But still, the ripples of this stone could have far reaching consequences. I hope that these efforts made over the last month continue and more add their voice. 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?

If so don't hesitate to write to:
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Or email:
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Grant for new device

A North East team who have developed a device which will help monitor gum disease has been awarded more than £1,000,000 of Government funding.

Scientists at Newcastle University, working with biotechnology companies OJ-Bio Ltd and Orla Protein Technologies, are developing a novel device which has great potential in rapidly detecting the early signs of gum disease and monitoring improvement as the condition is treated. The government-backed Technology Strategy Board and the Engineering and Physical Sciences Research Council (EPSRC) have awarded the grant funding to the £1.3m project to help the consortium develop the prototype into a commercial product.

The project will deliver a device that will enable patients and dentists to monitor gum disease accurately, simply and cost effectively, by identifying signs of the disease in saliva.

The funding allows OJ-Bio and Orla to work with scientists Dr John Taylor and Professor Philip Preshaw, from the Institute of Cellular Medicine (ICM) & Centre for Oral Health Research (COHR) at Newcastle University.

OJ-Bio was created to develop a new generation of hand-held, real-time diagnostic devices that combine biotechnology processes with electronics manufacturing.

OJ-Bio had already performed an initial study for the Technology Strategy Board, which demonstrated the feasibility of a nanobiosensor device for the detection of proteins called matrix metalloproteinases, which are involved in a variety of diseases.

The project brings together a multi-disciplinary effort of UK excellence in nanoscale science. DT

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- Temporary light tint for visual control

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Duraphat 50 mg/ml Dental Suspension. Active ingredients: 1ml of suspension contains 50mg Sodium Fluoride equivalent to 22.6mg of Fluoride (22,600ppm F) **Indications:** Prevention of caries, desensitisation of hypersensitive teeth. **Dosage and administration:** Recommended dosage for single application: for milk teeth: up to 0.25ml (=5.65mg Fluoride), for mixed dentition: up to 0.40ml (=9.04 Fluoride), for permanent dentition: up to 0.75ml (=16.95 Fluoride). For caries prophylaxis the application is usually repeated every 6 months but more frequent applications (every 3 months) may be made. For hypersensitivity, 2 or 3 applications should be made within a few days. **Contraindications:** Hypersensitivity to colophony and/or any other constituents. Ulcerative gingivitis. Stomatits. Bronchial asthma. **Special warnings and special precautions for use:** If the whole dentition is being treated the application should not be carried out on an empty stomach. On the day of application other high fluoride preparations such a fluoride gel should be avoided. Fluoride supplements should be suspended for several days after applying Duraphat. **Interactions with other medicines:** The presence of alcohol in the Duraphat formula should be considered. **Undesirable effects:** Oedematous swelling has been observed in subjects with tendency to allergic reactions. The dental suspension layer can easily be removed from the mouth by brushing and rinsing. In rare cases, asthma attacks may occur in patients who have bronchial asthma. **Legal classification:** POM. **Product licence number:** PL 00049/0042. **Product licence holder:** Colgate-Palmolive (U.K.) Ltd, Guildford Business Park, Middleton Road, Guildford, Surrey GU2 8JZ. **Price:** £22.70 excl VAT (10ml tube) **Date of revision of text:** July 2008.

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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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DENTAL TRIBUNE United Kingdom Edition · June 18-24, 2012

Getting in the Zone

Dental Tribune looks at the newest collaboration in the field of dental nurse education

Kirstie McCulloch and Alison Doherty discuss the new Dental Nurse Education Zone (DNEZ)

The new collaboration between Tempdent and Smile-on has developed the Dental Nurse Education Zone, an online portal of information and education for dental nurses at any stage in their career. Alison Doherty, Head Tutor at Tempdent and Kirstie McCulloch, General Manager – Qualifications at Smile-on spoke to *Dental Tribune* and explained how the two companies have come together to provide Dental Nurse Education Zone. Kirstie explained: "Combining our healthcare educational expertise with the UK's leading specialist dental training provider to deliver a better and more flexible approach to dental nurse education is a natural synergy.

"Collaborative partnerships are fundamental to Smile-on's philosophy and our partnership with Tempdent is another step forward in providing innovative blended learning offerings for every registered dental professional, this includes dental nurses."

Alison said: "As the head tutor at Temp Dent, I have used some of the services offered by Smile-on and found them to be high quality, very user-friendly resources. As a training provider that has been delivering the primary qualifications for more than 10 years, we have accreditation for both City and Guilds and the National Examining Board and a substantial knowledge and expertise to ensure students can qualify as easily and quickly as possible.

"We can now combine these two high quality expert companies to deliver a new style of learning across the United Kingdom to reach areas where there are very few training providers."

'Innovation is one of our guiding principles and using intergrated technology soultions creatively to provide qualifications that are now woven into the long term interests of dentistry is at our core'

This combining of expertise has led to the development of the Dental Nurse Education Zone. The UK's first blended learning website for dental nurse education, it has been developed to cover areas such as Primary Qualifications; Online Registration for the National Diploma in Dental Nursing; Online Registration for the Advanced Apprenticeship in Dental Nursing NVQ; Postgraduate Qualifications; eRecord of Experience and Online Extended Duties.

The Zone will also include sections for CPD and Specialist Career Advice & Job Search; as well as access to the latest news and information relevant to dental nurses. Alison explained: "The students will be able to access the underpinning knowledge through a website. They can log on and work through material such as reading matter, audio PowerPoint presentations, webinars, pre recorded webcast material and a discussion board. We are trying to use a wide variety of materials to ensure that the students will find it easy to watch, interact and learn.

"There are also parts of the qualifications that will be difficult to learn in this way and so we have added regional workshops. The learners will know where and when these are running so the more practical techniques needed to pass an exam can be tried, tested and perfected before the exam.

"As I mentioned, we have full capability of helping the students to meet the standards needed for the qualifications and have had an excellent success rate in delivering both primary Dental Nursing qualifications in a classroom based manner. As an example, we have just received our first results for the brand new National Diploma for Dental Nurses written exam that was sat last month. Fifty-three of the 56 students have passed the written exam. This is a pass rate of 95 per cent! Together with Smile-on's online expertise we can bring our highly successful and quality assured Dental Nurse training programmes online to every Dental Nurse across the UK."

Kirstie added: "Innovation is one of our guiding principles and using integrated technology solutions creatively to provide qualifications that are now woven in to the long term interests of dentistry is at our core."

Smile-on are leaders in the field of blended learning for dental professionals; in 2010 the company launched in partnership with the University of Manchester the first two-year online MSc in Restorative and Aesthetic Dentistry. Now in its third year, the course accommodates between 60-70 students in each cohort from around the world. Kirstie said: "We are entering into a new age of integrating new technology based learning into the educational sector. Learners and employers want the ability to fit educational needs around commercial commitments, whilst also minimising the financial and time impacts traditional methods sometimes dictate.

"There is so much more choice now in how we access and deliver content, the question is not 'why' we should be doing it, but 'what is the best way to deliver a particular component to meet the needs of the recipients. Whether it is through webinars, e-Learning, vodcasts or podcasts or more traditional face-to-face methods, we need to ensure we take all aspects of the participants' learning styles into account and be far more customer centric with the approaches we adopt."

Alison added: "Dentistry has changed so much in the last few years. Education has changed in the last few years. There is a need to be able to offer different methods of learning to students at a time that is convenient to them in the workplace. Many of the students now find that they learn faster and more easily through their computer than going into a classroom situation. They prefer to be able to learn at their pace instead of the pace set by a class. Also, many cannot access a classroom based lesson at a convenient time or location for them. IT seems like the perfect solution for many.

"I have spoken to many students whom I have met at various exhibitions and other networking events who have voiced a desire to learn as an online course, together with the knowledge of knowing that there was always a dedicated tutor who is available to speak to in times when they needs support. This is where our programme differs as we believe students can complete these primary qualifications with full support of a tutor who can be on the end of a phone or at a workshop." DT

'There is a need to be able to offer different methods of learning to students at a time that is convenient in the workplace'

• For more information contact info@smile-on.com or call 02074008989

Over the next six months Tempdent & Smile-on will also be starting delivery of online Dental Nurse Post Registration Qualifications – Oral Health Education, Dental Radiography & Dental Nurse Sedation, as well as Dental Receptionist & Practice Management qualifications, all of which Tempdent have been successfully delivering for a number of years & have achieved outstanding success rates. A number of the qualifications that will be delivered by the Dental Nursing Education Zone are either fully government funded or heavily government subsidised.

Dental Nurse Education Zone

One simple place...

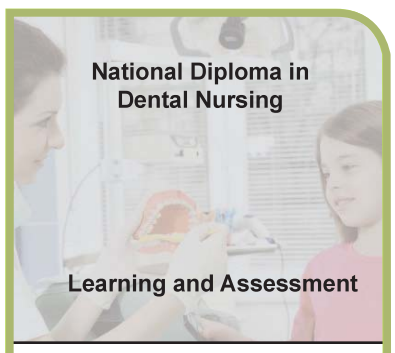
Online Dental Nurse Education and Qualification Services

Smile-on and **Tempdent** understand the need for flexible learning to fit around the busy lifestyles of dental nurses and practices.

This blended learning website provides **everything you need** from the start of your dental career through to your postgraduate qualifications and even helps you find the right job:

- Primary Qualifications
- Online Registration for the National Diploma in Dental Nursing
- Postgraduate Qualifications
- eRecord of Experience
- Online Extended Duties
- Specialist Career Advice & Job Search
- CPD
- Latest News & Information

One simple place...



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Dental Recruitment & Training

DCP ARF reminder

Dental care professionals (DCPs) are being reminded to pay their annual retention fee (ARF) to the General Dental Council (GDC) by 31 July 2012. Payment must be received on or before that date if they want to remain on the GDC's register and eligible to work. No payments can be processed after the deadline.

All dental care professionals must be registered with the GDC to work in the UK. The ARF is £120 for dental nurses, dental technicians, dental therapists, dental hygienists, clinical dental technicians and orthodontic therapists.

Registrants can use one of the following options to pay their fee.

Option 1 – online

• The ARF Payment facility is open from 1 June – 31 July 2012

• If registrants do not have an eGDC account yet, it's not too late to set one up now. The online registration process is simple and fast.

• To create an account, visit www.eGDC-uk.org and enter the required details, including Registration number and ID verification codes, which can be found on the ARF notices

Option 2 – by post

• Pay the ARF - complete the "cheque and postal order" form which was enclosed with the ARF reminder letter

• Please be advised that the GDC will not be able to accept any payments received after 31 July 2012

Option 3 – payment by phone

• Between 1 June and 31 July 2012. Make a payment by credit or debit card over the phone 24 hours a day, seven days a week by calling 0800 197 4610 (+44 207 000 3650 from overseas) up to and including 31 July 2012

• Registration number and ID verification codes are required, which can be found at the top of the ARF notices, so please make sure you have this to hand

Any DCPs who fail to make the payment on or before the 31 July 2012 will be removed from the GDC's register. A list of those people will be circulated to UK Primary Care Trusts, Health Boards and indemnity providers to enable them to keep their records up to date.

Those registrants removed for non-payment will also incur further costs if they apply to restore their name to the register.

If you have any questions, contact the Customer Advice and Information Team on 0845 222 4141 or by email information@gdc-uk.org DT

Implant nerve damage warning

Experts from King's College London have warned that cases of permanent nerve damage caused by dental implants could rise further if steps are not taken to address risks and prevent injury.

Researchers from the King's College London Dental Institute carried out a case review of 30 dental implant patients who were referred to a specialist nerve injury clinic at King's College Hospital, part of King's Health Partners Academic Health Sciences Centre. The findings, published today in the British Dental Journal, reveal that patient consent and information, pre-operative planning and appropriate post-operative referral were inadequate in this patient group. The team has used these findings to make recommendations for clinicians to improve practice.

Incidence of injury of the inferior alveolar nerve (IAN) has increased as a result of a rise in dental implant surgery over recent years. There are approximately 10,000 mandibular (lower jaw) dental implant procedures carried out each year in the UK, and an estimated 100 reported chronic nerve injuries resulting from these procedures per year.

This type of injury can cause severe pain and altered sensation in the face, affecting everyday activities such as speaking, eating, kissing, shaving and brushing teeth. These injuries can have a significant effect on a patient's quality of life, and can lead to depression and other mental health problems.

In 1997, approximately 10 per cent of all nerve injuries caused by dental work were associated with implants and this increased to 30 per cent in 2007. Several hundred complaints about dental implants were made to the General Dental Council last year.

Researchers reviewed 30 patients whose nerve injuries were caused by dental implants. A detailed history was taken, alongside a clinical examination and assessment of pain levels. They found that:

Only 11 of the 30 patients were aware of signing consent forms for the implant surgery and of those eight felt they were not explicitly warned about nerve injury. Sixty-four per cent of patients did not recall providing written consent.

No radiographic evidence pre or post-operatively was provided by the referring practitioner in 15 per cent of cases.

Seventy per cent of the 30 patients were referred to the specialist nerve injury clinic more than six months after surgery, despite evidence to show removal of the implant within 30 hours significantly reduces the risk of permanent damage. As a result, only three patients were referred and able to be treated immediately post-surgery.

The study showed that some of the patients experienced problems associated with dental implant surgery, such as severe bleeding, constant pain and/or discomfort, numbness and speech problems.

Thirty per cent of the implant injury patients had problems with eating, drinking and brushing teeth due to pain. Psychological problems were reported by 30 per cent. This included four patients out of the 30 with diagnosed depression and two with significant depression and suicidal thoughts.

Following this case review, the researchers suggested that professionals fitting dental implants must ensure all implant patients give adequate consent and are made aware of the risk of nerve damage; the researchers also gave several recommendations such as using of shorter implants and that clinicians should recommend a patient undertakes a 'home check' for 12 hours after surgery. They also recommended that the prompt removal of implants should be carried out within 30 hours if required.

Clinicians are reminded of the requirements to notify the Care Quality Commission of injuries to the nervous system. DT

Barriers to cleft care

When a child is born with an orofacial cleft, a family may face medical, financial, and cultural trials. Knowing how parents perceive their ability to access needed care for a child born with birth defects can help formulate solutions. A survey of North Carolina mothers examines barriers to support and services.

Cleft Palate–Craniofacial Journal reports findings from this survey in the May issue. Mothers responded to questions about barriers to care, including an open-ended question to offer further insight. This study is a qualitative analysis of this population, based on a state-wide birth defects registry.

Almost 250 mothers of children from birth to six years of age with orofacial clefts responded to the survey. Almost 40 per cent of the mothers reported problems accessing primary craniofacial care. Geographical factors, lack of referrals, experiences with stigmatisation, and concerns about confidentiality are some of the barriers that these mothers perceived.

The themes that emerged in this study were financial, structural, and personal barriers to care. Lack of health insurance or low Medicaid reimbursement rates can create financial obstacles to care. The structure of the health care system or psychosocial problems can be defined as structural and personal barriers.

To address these issues and help parents to achieve a positive view of their experiences, the authors recommend well-coordinated care and communication between service providers and families. Training and continuing education for healthcare professionals could help them understand parents' views and specific needs. Health insurance companies, health departments, craniofacial and cleft teams and centres, and birth defect registries can collaborate with families and existing health care systems to offer identification and referral of these children to the services that can best meet their needs. DT

Getting greener

As part of its commitment to lessening its impact on the environment, Denplan held a special Green Action Day on 25th May 2012.

In support of its ISO14001 environmental management accreditation, Denplan's Green Action Day included lots of 'green' activities and prizes. Not only did staff wear green clothing for the day, but many avoided using their cars in favour of walking, running and cycling into work. There was a 'trash fashion' competition, quizzes, a themed cake sale and a raffle in aid of Denplan's chosen charity, Macmillan Cancer Support. The 'Monitor Monitor' was also on patrol, giving out seeds and plant pots to all employees who turned off their computer monitors the evening before.

Business Services Manager, Kevin Muldoon, said: "Denplan takes its environmental management very seriously and although the Green Action Day was a great deal of fun, it also had a serious message behind it. Everyone really got into the spirit of things and we not only raised awareness of green issues, but hopefully made people think about where they can reduce their impact on the environment at home and at work. Even something small, like turning off monitors every night, can save you money, reduce your energy usage and ultimately your carbon footprint – it's these small things that will make a huge difference if everyone does their bit."

For more information about Denplan, visit www.denplan.co.uk or call 0800 401 402. DT

Oral healthcare feeling the pinch

More than a third of adults are more likely to delay any dental treatment needed due to cost

A growing number of people are cutting back on their oral healthcare as household budgets continue to be squeezed.

The UK's current economic problems are proving bad news for the nation's teeth as many people are looking for ways to save money. The British Dental Health Foundation is warning that any cut-backs to spending on oral health is a false economy and will cost more in the long run – physically and financially.

The warnings have been prompted by a new survey commissioned by the Foundation which suggests that more than a third of adults (36 per cent) are more likely to delay any dental treatment needed due to cost and over a quarter say they are visiting their dentist less often as a result of the current economic problems. Approaching one in five (17 per cent) people say they are spending less on their oral care and over a quarter (27 per cent) are buying cheaper oral care products including toothpaste, mouthwash and toothbrushes.

The Foundation is particularly concerned that one in four people believe visiting the dentist is becoming less of a priority. Government data shows that the number of people with tooth decay is more than 40 per cent lower amongst people who visit their dentist at least once a year. Regular visits can also help the crucial early diagnosis of life threatening diseases such as mouth cancer.

Not surprisingly, people on lower incomes are most at risk of deteriorating oral health in the current economic climate. One in four people (24 per cent) on lower incomes are likely to refuse dental treatment and approaching four out of every ten people are more likely to delay treatment.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, is hoping to remind anyone thinking of over-looking their oral health, to think again.

Dr Carter said: "Our findings show that oral health is not recession-proof and that too many people are willing to gamble with their oral health. Unfortunately, they are running the risk of storing up a wide range of health problems and even bigger costs in the future. Many people are entitled to free dental treatment on the NHS and it's always worth checking, especially if your circumstances change.

The findings have been published as part of National Smile Month, which runs from 20 May to 20 June and is the UK's biggest annual reminder to look after their oral health. The campaign encourages everyone to brush their teeth for two minutes twice a day with a fluoride toothpaste, cut down on how often they have sugary foods and drinks and to visit their dentist regularly, as often as they recommend. DT

Professor confirmed as Chair of the HRA

Professor Jonathan Montgomery has been confirmed as Chair of the Health Research Authority (HRA).

Professor Montgomery is currently Professor of Health Care Law at the University of Southampton, Chair of the Nuffield Council on Bioethics and Chair of Hampshire Primary Care Trust. He will head up the Health Research Authority, the new organisation that will protect and promote the interests of patients and the public in health research, building confidence while simplifying regulatory practice. Professor Montgomery plans to withdraw from his role as Chair of Hampshire Primary Care Trust as soon as hand over arrangements have been agreed.

Health Secretary Andrew Lansley said: "I am very pleased to announce Professor Jonathan Montgomery's appointment as the Chair of the Health Research Authority."

Professor Dame Sally C. Davies, Chief Medical Officer and Chief Scientific Advisor, Department of Health said: "I am delighted that Professor Montgomery has been appointed as the Chair of the Health Research Authority to take this exciting phase of development forward. I wish him every success and hope that colleagues throughout health research will take this opportunity to support him and the Health Research Authority."

Professor Montgomery said: "I feel privileged to be appointed to chair the Health Research Authority. My first public service role was on a local research ethics committee and I know how important they are to safeguard the interests of participants. We can be proud of our country's contribution to health research. Even so, some of our NHS approval processes delay high quality projects, especially those involving a number of different centres.

"We will continue to work to ensure that it is easy to carry out ethical research so that we make our contribution to ensuring that the highest levels of human knowledge and skill can be brought to bear to save lives and improve health as the NHS Constitution promises." DT

Caring around the world

Henry Schein UK has announced that it has donated 50 oral health care travel packs to International Health Partners (IHP), for distribution to health care professionals in developing countries around the world.

The travel packs consist of a pre-packed assortment of 35 lines of essential dental supplies that oral health care professionals can use to treat those in need. This initiative is part of Henry Schein Cares, the Company's global social responsibility program, which expands access to health care for underserved and at-risk populations around the world.

The donation was made through the generous support of a number of Henry Schein's supplier partners: GC Europe, Schülke, and Septodont.

Of the 50 oral health travel packs donated through Henry Schein Cares, 16 were distributed to meet disaster response initiatives in Pakistan and Haiti; 24 were distributed to clinics and dental schools in South America, Africa, the Middle East, and South East Asia with on-going programs; and 10 were distributed to dental students and dentists undertaking overseas missions.

In addition, Henry Schein - UK donated more than 20 pallets of medical supplies representing more than 500 product lines to IHP for distribution to dental schools, trust entities, relief organisations, clinics and existing programs for those in need. DT

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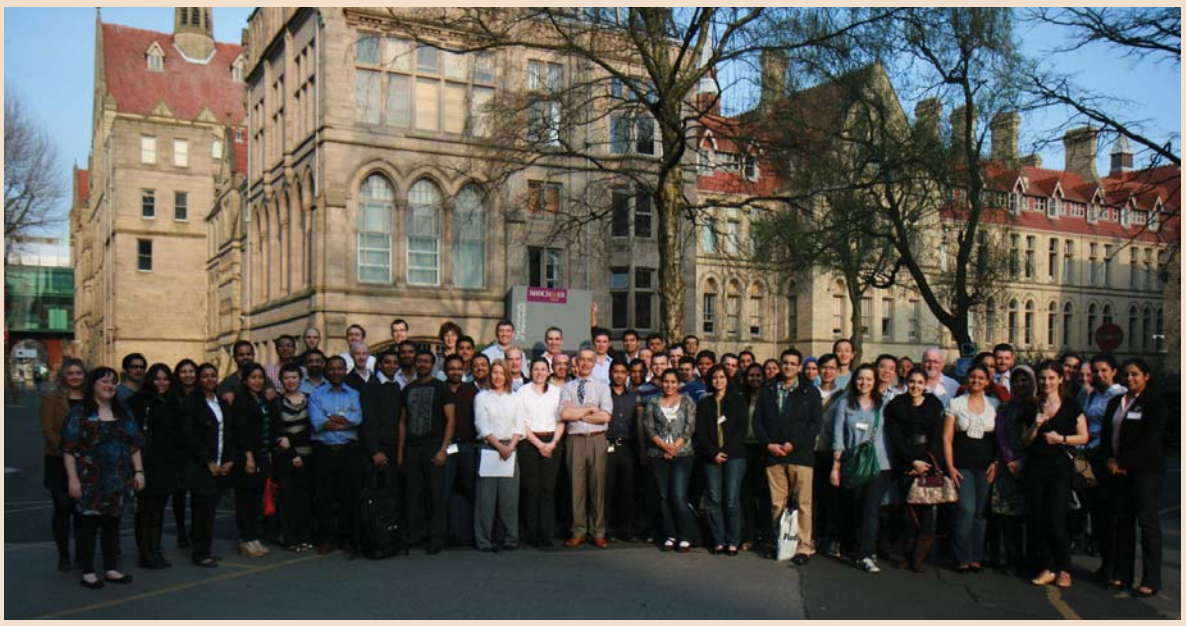
Living like a rock star

Ken Harris reveals all from the first MSc residential in Manchester



The MSc cohort gather for a group photo at the Manchester residential

What a hectic few months it has been. What with trips to Copenhagen to teach occlusion, and to Warsaw to present a lecture at the Polish Academy of Cosmetic Dentistry to say nothing of a day spent a day teaching colleagues in Nottingham, and a lecture at the 2012 Dentistry Show at the NEC, I have had little time for anything else. I suppose I do spend rather too much time preparing my lectures, but when colleagues take time away from their practices, I do feel a big responsibility to deliver. I really must juggle my time better.

I guess I initially underestimated the sheer amount of reading this MSc course would involve and probably allowed it to build up to a sizeable backlog. However, I have knuckled down and finally completed Module 1… just in time to start Module 2!

The first module began with the basic science which has lain deep in my undergraduate subconscious for well over 30 years. Sharpey's fibres, the prickle cell layer and of course the Hunter-Shreger bands have once again become old friends. I feel like an 18 year old again!

Students enjoy one of the hands on sessions.

The latter stages of Module 1 has been restoratively based with examination and diagnosis well to the fore as they should be, but up to now there has been very little emphasis upon aesthetic aspects. I guess this is how it should be initially, but did I perceive the slightest bat's squeak of animosity towards the whole concept of cosmetic dental treatment from the academic staff? I wonder if they have become so used to teaching restorative dentistry over the years that the cosmetic outcome may well still be of a secondary concern. Let's see how they shape up during the coming modules shall we?

As well as a comprehensive reading list, much of our teaching is also provided by live online webinar lectures. This format allows direct access to the lecturer and we are all encouraged to type in questions and comments as the lectures unfold. It makes for a lively interactive format, and I'm starting to see who the troublemakers are already!

It seems there are 70 or so delegates from around the world with a large contingent (perhaps 20 or so) from Bombay, so we really are a cosmopolitan bunch. I'm expecting full and frank exchanges of views over the next two years from such a talented group.

Initially only names, I can now put faces to names following the first four day residential course in Manchester where we all finally got to meet up. I am always humbled the way other nationalities speak English so well, and a few beers with delegates from Croatia and Bulgaria in particular have only reinforced my linguistic shortcomings.

Being amongst the shortlisted candidates in the Smile Awards this year, my team (sensing a few free drinks) felt we might win something and decided we should all attend; no excuses! The fly in the ointment was that the presentation ceremony clashed with the MSc residential. My staff of course just closed the practice, and took the train aiming to get an early start at the bar, but my own challenge was getting down to London for the Friday evening awards ceremony and back to Manchester early Saturday morning before my absence was noticed.

However, the news of our success was revealed via Twitter within minutes of the presentation, so the game was up, and I could not hide my Saturday morning "celebratory hangover". I tried to blame it all on the 6am train from Euston, but news of the huge round of celebratory drinks I was "forced" to buy (London prices, wow!) had also travelled ahead of me, and my limp excuses were met with smirks and superior looks by the "teacher's pet" contingent. All I can say is that my staff were a lot worse for wear than I was, which is no real surprise I suppose, but their powers of recovery are startling. Ah, the joys of youth.

Few things polarise the profession as much as cosmetic dentistry except perhaps occlusion. "I've never seen a good veneer" say our colleagues, usually when they happen to see a particularly bad example of a veneer in their practices. Equally, I've lost count of the times I've been told occlusion does not matter or equally that it matters too much. It seems ignorance and personal prejudice drives dental opinion in both of these contentious fields. However, as we have just completed a comprehensive occlusion module, and are embarking upon the anterior aesthetic module, I'm expecting my MSc studies will be able to give me some definitive answers over the next two years.

With all this studying I must not neglect my other career as a rock star, although I have been spending lots of time with the Hunter-Shreger band! DT

About the author

Ken Harris graduated from the dental school of the University of Newcastle upon Tyne in 1982 and passed MFGDP(UK) in 1996. He maintains a fully private practice with branches in Sunderland and Newcastle upon Tyne specialising in complex dental reconstruction cases based upon sound treatment planning protocols. He is one of only two Accredited Fellows of BACD, holds full membership of BAAD and remains a sustaining member of AACD. He is currently UK Clinical Director for the California Center for Advanced Dental Studies and the only UK Graduate and Mentor of the Kois Center in Seattle.

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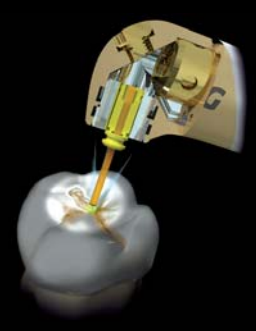

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