

# DENTAL TRIBUNE

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## News in Brief

### Dentist abseiling for charity

A dentist and a dental nurse are abseiling down the tallest hospital tower in the world for charity. Bob Miller and Lesley Dixon from Brampton Dental Practice in Cambridgeshire are abseiling down Guy's Hospital Tower in London on 12 June to raise money for three charities Marie Cancer Care, the Myasthenia Gravis Association (for people with a muscle-wasting disease) and Bridge2Aid, a dental charity in Tanzania. Then on 20 June, the whole practice is entering the Dragon Boat Race as the 'Mental Dental' team, in Peterborough, to raise funds for the 'East Anglia's Children's Hospice'.

### Recommendations pay

The Review Body for Doctors' and Dentists' Remuneration (RBDDR) has announced the dates of its visits to dental practices in preparation for making its recommendation for dentists' pay in 2011-12. They are NHS Berkshire West, 20 May, NHS Brighton and Hove, 4 June, Darlington PCT, 11 June, Cardiff and Vale University Health Board, 22 June. Any NHS dentist can contact their local PCT/LHB and request to be part of the group meeting the RBDDR. At this meeting you will be able to put forward your views on NHS pay.

### Annual study day

The National Oral Health Promotion Group (NOHPG) Annual Study Day will be held on Friday 11 June at the Bristol Marriott Royal Hotel. The aim of the group is to encourage the continued development of oral health promotion and give support to groups involved in oral health improvement. The day will provide a unique networking opportunity, as well as a trade fair, and the group AGM for NOHPG members. The cost for the study day is £120, including light refreshments and a buffet lunch, and five hours of verifiable CPD are available. For more information, visit [www.nohpg.org/nextconf.asp](http://www.nohpg.org/nextconf.asp).

### Resuscitation app

Dentists, doctors and nurses with iPhones are being urged to download the iResus app which gives the latest resuscitation guidelines. iResus is provided free of charge by the Resuscitation Council (UK) to provide its most up to date guidance for medical professionals providing emergency care in a hospital environment and those with an interest in first aid. iResus is free to download and is available on the iPhone App Store.

[www.dental-tribune.co.uk](http://www.dental-tribune.co.uk)

## News



### Watt an award!

University of Manchester Prof receives Alexander von Humboldt Research Award

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### 'A great experience'

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## DCPs



### Being Sociable

Mhari Coxon urges practices to get with the times and get into social networking

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# New coalition government warns of spending cuts to NHS

## Efficiency savings and pay squeezes in areas of healthcare herald new age of British Government



The new coalition government has warned that the NHS will be hit by 'efficiency savings and pay squeezes'.

The new Secretary of State for Health, Andrew Lansley (Conservative, pictured), told the BBC's *Today* Programme that 'the service would not be saved from the same kind of efficiency savings and pay squeezes that will hit right across the public sector in a bid to claw back cash'.

Mr Lansley is the MP for South Cambridgeshire and previously served as the Shadow Health Secretary – a position he held from 2003.

On being appointed, he said: "It is an immense privilege to be appointed Secretary of State for Health in the new Government.

"Just as Britain needs strong and stable Government, so we intend to bring to the NHS the consistent, stable reform, which enables it to deliver improving quality of care to patients.

"I am determined that we will have an NHS in which the pa-

tient shares in making decisions; where quality standards are evidence-based and form the basis of the design of services and their management; and where the objective is consistent improvement in the outcomes we achieve, so that they are amongst the best in the world?"

However he added: "To achieve this in the current financial crisis requires leadership and highly effective management. The NHS will be backed with increased real resources but with this comes a real responsibility. We will need progressively to be more efficient, to cut the costs of what we do now, to innovate and re-design, in order to enable us to meet increased demands and to improve quality and outcomes."

As Shadow Health Secretary, Mr Lansley attacked the 'terrible dental legacy' of Labour and warned that it would be 'difficult to fix'.

Before the election, the Conservatives promised to tie taxpayer-trained dentists into the NHS for five years, allow dentists to fine people who consistently miss appointments and give every five-year-old a dental check-up.

*"It costs the NHS around £170,000 to train a dentist, but many feel forced to abandon the service for the private sector – or in some cases are actually being poached – at no cost to private firms. We propose that those who take public bursaries for dental training should do at least five*

*years work for the NHS in return,"* said their manifesto.

The Tories also pledged to reduce the frequency of routine check ups NHS dentists would also be rewarded for preventative work.

The other part of the coalition government, the Liberal Democrats, didn't even mention NHS dentistry in its election manifesto.

When Dental Tribune went to press, the Department of Health had just announced the ap-

pointments to the Government's ministerial health team. Paul Burstow, Liberal Democrat MP for Sutton and Cheam and Simon Burns, Conservative MP for west Chelmsford, have both been selected to serve as ministers of state for health in the new coalition Government.

Former nurse, MP Anne Milton (Conservative) and Earl Howe, an elected hereditary peer have both been made parliamentary under secretaries of state. **DT**

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## Dental professionals asked to sign up to direct debit

Dental professionals are being asked by the General Dental Council to pay their Annual Retention Fee by direct debit.

Once a direct debit is set up, registrants won't have to contact the General Dental Council (GDC) to make a payment or write a cheque each time their Annual Retention Fee (ARF) is due.

Gurvinder Soomal, GDC head

of registration said: "The annual retention fee pays for all our core regulatory activities and we always want to make sure that it is spent wisely. We are committed to finding the most cost-efficient way of carrying out our work. Encouraging dental professionals to sign up to direct debit is one way we can help reduce administration costs. It's helpful for registrants too. Payments are made automatically, ensuring fees are never forgotten and that costly restoration

fees are avoided. This is also a very good time for those who have already set up direct debits to check their details are up-to-date."

Direct debits operate under a guarantee offered by all banks and building societies.

There is an immediate money-back guarantee from the bank in the event of an error, advance



notice if the date or amount changes and the right to cancel at any time.

This year the GDC is also introducing a new solution for managing multiple ARF payments from a single bank account. An update will be sent to the account holder before each ARF collection. The update form shows each registrant that is being paid for by di-

rect debit and allows names to be easily removed or added.

To set up a direct debit in time for the July 2010 ARF collection, registrants must return the completed form or set up their instruction on line at [www.eGDC-uk.org](http://www.eGDC-uk.org) by 14 June 2010.

For further help, contact the registration team by phone on 020 7544 3740 or email [registration@gdc-uk.org](mailto:registration@gdc-uk.org). **DT**

## Oral health charity criticises 'dangerous sweetie culture'

The British Dental Health Foundation wants oral health messages on diet and toothbrushing to be specifically targeted at children. The oral health charity has expressed its concern after a new study highlighted the problems surrounding a 'sweetie culture'.

The BDHF claims the report has flagged up a severe lack of support for parents, with the research showing that parents find it particularly difficult to refuse their children's constant demands for sweets, biscuits and chocolate - in a soc-

ety where sugary snacks are so easily available.

Chief executive of the British Dental Health Foundation, Dr Nigel Carter, said the study highlights the need for stricter measures to be put in place so that children's health does not deteriorate further. He said: "The research underlines the struggles parents have in today's society, where sweets and sugary foods have become the norm. It also gives us an insight into why children's dental health in the UK is so poor, despite the constant hard work we do in

making information available to the public."

He added: "The UK in general has developed a very unhealthy food environment, making it even harder for us to improve the dietary habits of children in this country. Cutting sweets and high-in-sugar foods in schools is a start and a step that the government must radically think about adopting."

The research, *'Living in a sweetie culture: Scottish parents' difficulties in maintaining their children's oral health'* was car-

ried out by the University of Dundee's Dental Health Services and Research Unit.

The study looked at parents from varied social backgrounds with children aged three to 12 whose teeth had to be extracted. Many parents confessed to using sweets 'to control their children's tantrums' and made a plea for schools to ban sweets because they were 'everywhere'. They were also found to have limited knowledge of oral health maintenance.

Dr Carter added: "Children do not naturally have a sweet

tooth and very often only develop this when they are offered sweets as rewards by parents and grandparents. Trying to offer other rewards can reap benefits for both dental and general health of the child."

A recent BBC1 *Panorama* special highlighted the tooth decay epidemic which children in the UK are facing today. The documentary featured five-year-old Kaitlyn, who had had eight molars removed due to tooth decay. Her mother, Sharon, said the culprits were her daughter's love of sweets and tomato sauce. **DT**

## BACD member to train students at Peninsula

A member of the British Academy of Cosmetic Dentistry has been chosen to train students at the Peninsula Dental School.

Dominic Kiernander, from the Pearly Whites Dental Practice on City Road in Truro, has been awarded full membership of the British Academy of Cosmetic Dentistry. He is the second member of the academy in Cornwall, and the only dentist in Truro with full membership.

Professor Elizabeth Kay, Dean of Peninsula Dental School, said:

"We're delighted to have secured Dominic's skills to give students in Years 3 and 4 a taste of some of the advanced techniques now used in dental care."

She added: "This element of their training will help equip them even more fully for a career in surgical and restorative dentistry. "We value highly the support of local dental practitioners across the region in the training of our students and the development of our curriculum, at the heart of which sits a commitment to primary dental care and the welfare of local NHS patients." **DT**

## EndoCare director successfully completes the London Marathon

The clinical director of EndoCare successfully completed the London Marathon and raised £2,000 for charity.

Clinical director, Dr Michael Sultan, finished the marathon in four hours and 44 minutes.

Dr Sultan, himself an asthma sufferer, raised more than £2,000 for Asthma UK,



Intra-oral cameras can be very helpful in selling

a charity dedicated to improving the health and wellbeing of those whose lives are affected by asthma.

"I ran 30km well but then I started to get pain in my right hip, which eventually seized up completely," said Dr Sultan.

"There was no way I wasn't going to finish the race so I walked and limped the last 12km. Donations for this year's event are still rolling in and new donations are always welcome," he added. **DT**

## Dental receptionist wins sex discrimination case

A dental receptionist, who claimed she lost her job because she was pregnant, has been awarded over £5,000 in compensation.

Saba Saeed, of Great Barr, Birmingham said her former employers, Dr Farshid Shoja and Mrs Shoja-Assadi of Broadway Dental Practice in Edgbaston had discriminated against her because she was a woman.

The receptionist also claimed

that she was dismissed when she revealed that she was pregnant.

However, Dr Shoja said Miss Saeed had intimidated other members of staff, made personal phone calls in work hours and talked to colleagues in a rude and inappropriate manner. Miss Saeed denied the allegations.

At Birmingham Employment Tribunal, judge Tom Roper, said Miss Saeed had indeed been discriminated against

due to her gender and was also unfairly dismissed on the grounds that she had announced that she was pregnant and was sacked just days after the announcement. She was informed by her employers that 'things between them were not working out'.

The hearing lasted for two days and Miss Saeed was given compensation totalling £5,041.

The sum included a 25 percent penalty, as Miss Saeed's employers had not followed the correct disciplinary and dismissal procedure under the Employment Rights Act.

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## Editorial comment

### Brave New World

So we have a new Prime Minister and Government, and all seems rosy in camp Cameron and Clegg. Now the real work begins of running the country, reducing the national deficit and getting the ornaments out to adorn the cupboards of Number 10.

The papers have been full this week of the dire state of the country's finances and the dras-

## New training committee for dental trainees

Dental trainees are to get a new national training committee, the Joint Committee for Postgraduate Training in Dentistry be launched in June.

It will be made up of representatives from across postgraduate dental education and training.

The JCPTD will provide advice on foundation training and specialist training in dentistry and will promote a consistency of approach to training and facilitate robust quality assurance.

Key components of the JCPTD will be the Advisory Board for Dental Foundation Training and the Advisory Board for Specialist Training in Dentistry which will be supported by the existing Specialist Advisory Committees (SACs).

Chair-elect of the JCPTD, Prof Jonathan Cowpe, current director of Dental Postgraduate Education in Wales and previously head of Bristol Dental School and dean of the Faculty of Dental Surgery, the Royal College of Surgeons of Edinburgh, said: "Dentistry and educational issues associated with the profession have entered an interesting and challenging period. I look forward to working with key stakeholders to enhance communication and promote a shared ownership of the initiatives of the JCPTD. This should facilitate enhanced cooperation on the future direction of dental education in the UK. This strategy should be at the heart of a modern approach to the continuum of education, underpinning the concept of lifelong learning in dentistry." DT

tic measures needed to redress this state. With £6bn of cuts to be announced, and an emergency budget planned for June 22, all areas of industry, not just health-care, are waiting anxiously to see what this will mean in terms of their business.

Closer to home, we are still awaiting the announcement of the ministerial portfolios for the new ministers and under secretaries for health. Of the four announced so far, Paul Burstow, Simon Burns, Anne Milton and Earl Howe, there is noth-

ing obvious which makes them stand out as more suitable for dentistry so it is a case of wait and see what happens. For what it's worth, my money is on Paul Burstow... 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: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

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<sup>1</sup> Loesche WJ. Dental Caries: A Treatable Infection. Springfield, Illinois: Charles Thomas; 1982:64-66. <sup>2</sup> Amornchat C, Kraivaphan P, Tritatana T. Mahidol Dent J. 2004;24:103-111. <sup>3</sup> Kruger IJ, Murphy CM, Sullivan RJ. Demonstration of the sustained effect of Colgate Total by confocal microscopy. Poster presented at: American Association for Dental Research; March 7-10, 2001; Chicago, IL. Abstract 1031.

**Trade name of medicinal product:** Colgate Total Toothpaste. **Active ingredients:** Triclosan 0.3% w/w, Sodium Fluoride 0.32% w/w (1450ppm F). **Indications:** To reduce dental caries, improve gingival health and reduce the progression of periodontitis. **Dosage and administration:** Brush the teeth for one minute twice daily. Children under 7, use a pea-sized amount. If using fluoride supplements, consult your Dentist. **Contraindications:** None Known. Individuals with known sensitivities should consult with their dentist before using. **Special warnings and special precautions for use:** Children under 7, use a pea-sized amount. If using fluoride supplements, consult your Dentist. **Interactions with other medicines:** None known. It is important to note that as for any fluoride containing toothpaste in children under systemic fluoride therapy, it is important to evaluate the total exposure to fluoride (fluorosis). **Undesirable effects:** None known. **Legal classification:** GSL. **Product licence number:** PL0049/0036. **Product licence holder:** Colgate-Palmolive (UK) Ltd, Guildford Business Park, Middleton Road, Guildford, Surrey GU2 8JZ. **Recommended retail price:** £1.29 (50ml tube), £2.29 (100ml tube). **Date of revision of text:** August 2009.

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## Portsmouth's new £9m dental outreach centre

Portsmouth University's £9m dental outreach centre, which will train 80 dental students a year, is on schedule to open in September.

Up to 3,000 people a year are expected to benefit from its services, which will include oral health advice and all aspects of primary care dentistry including check-ups, fillings, extractions, crowns, bridges and dentures.

Portsmouth University hopes that the centre will be at the leading edge of dental education, training dentists, dental therapists, hygienists and dental nurses.

Student dentists will be trained in teams alongside dental hygienists, dental therapists and dental nurses mirroring how dental professionals work in practice.

The new centre is an innovative partnership between the University of Portsmouth and King's College London's Dental Institute.

It will provide NHS treatment to communities in Portsmouth,

South East Hampshire and the Isle of Wight where, in some areas, oral health is significantly poorer than the national average.

Dr Barry Cockcroft, chief dental officer, said: "Outreach training has made a key contribution to our programme for the expansion of dental education, giving students practical experience of treating patients in a community setting. Equally importantly, this project is fostering cooperation between two universities with different resources and priorities."

He added: "King's College has an international reputation for teaching and research in the dental sciences while the University of Portsmouth is developing training programmes for dental care professionals in an area where many people have unmet needs for dental treatment and support in maintaining good oral health."

Of the £9m capital investment, £5m is from the Higher Education Funding Council for England (HEFCE) strategic development fund in recognition of the educational innovation of

the new centre. The NHS and Department of Health are contributing £4m, with the balance from the universities.

The new centre will be integrated with the University of Portsmouth's existing dentistry department to create a new School of Dental Education and will provide routine, free National Health Service dental care to adults and children.

Final year dental students from King's College London, in groups of 20, will conduct 10-week supervised clinical placements at the centre. Staff from King's College London Dental Institute will also work at the centre, enabling the local community to benefit from their expertise in specialised aspects of dentistry such as identifying oral cancer.

The other partners in the centre will be the Portsmouth City Teaching Primary Care Trust, the South Central Strategic Health Authority, the Hampshire and Isle of Wight PCTs and the Guy's and St Thomas's and King's College Hospital Trusts. **DT**

## Millionaire dentist sets up charity to help children in India



Seema Sharma (right): I was humbled by the dignity, love and generosity of those with so little

A millionaire dentist who took part in the Television programme, *The Secret Millionaire*, has set up a charity to help disadvantaged children in India.

Seema Sharma, was shown on the TV show earlier this year,

going undercover in the Mumbai slums in India.

Mrs Sharma, who owns a small group of dental practices in London known as Smile Impressions Ltd, revealed how she felt despair at the sheer magnitude of the deprivation she saw.

She said: "I was humbled by the dignity, love and generosity of those with so little."

She has now set up a charity, The Sharma Foundation, to provide on-going funding for the three projects she decided to help out in India.

The Foundation is organising fundraising events in the UK and Henry Schein Minerva, distributor and supplier of dental and healthcare products, is supporting a charity dinner being held on 30 June in London.

The evening will feature a three-course dinner created by Cyrus Todiwala from his award-winning restaurant, The Spice Café in London and will be followed by comedy and entertainment from comedian Paul Sinha.

Tickets cost £55 per person or you can buy two for £100. To reserve your place at this charity evening please call Lynn on 0208 2979100. For more information or to see 'Slumdog Secret Millionaire' please visit [www.seemasharma.co.uk](http://www.seemasharma.co.uk). **DT**

# Time to talk about dry mouth?

Approximately 20% of people suffer symptoms of dry mouth<sup>1</sup>, primarily related to disease and medication use. More than 400 medicines including tricyclic antidepressants and antihistamines can cause dry mouth<sup>2</sup> and the prevalence is directly related to the total number of drugs taken.<sup>3</sup>

## Ask your patients

Some patients develop advanced coping strategies for dealing with dry mouth, unaware that there are products available that can help to provide protection against dry mouth, like the Biotène system.

Diagnosis may also be complicated by the fact physical symptoms of dry mouth may not occur until salivary flow has been reduced by 50%.<sup>4,5,6</sup>

## Diagnosing dry mouth

Four key questions have been validated to help determine the subjective evaluation of a patient's dry mouth:<sup>7</sup>

- 1 Do you have any difficulty swallowing?
- 2 Does your mouth feel dry when eating a meal?
- 3 Do you sip liquids to aid in swallowing dry food?
- 4 Does the amount of saliva in your mouth seem to be too little, too much or you do not notice?

Clinical evaluations can also help to pick up on the condition, in particular:

- Use of the mirror 'stick' test - place the mirror against the buccal mucosa and tongue. If it adheres to the tissues, then salivary secretion may be reduced
- Checking for saliva pooling - is there saliva pooling in the floor of the mouth? If no, salivary rates may be abnormal
- Determining changes in caries rates and presentation, looking for unusual sites, e.g. incisal, cuspal and cervical caries.

Consequences of unmanaged dry mouth include caries, halitosis and oral infections.

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1. Billings RJ. Studies on the prevalence of xerostomia. Preliminary results. Caries Res. 23:Abstract 124, 35th ORCA Congress 1989 2. Eveson JW. 'Xerostomia'. Periodontology 2000. 48: 85-91 3. Sreebny LM, Schwartz SS. 'A reference guide to drugs and dry mouth - 2nd edition'. Gerodontology 1997. 14: 1; 33-47 4. Dawes C. 'How much Saliva Is Enough for Avoidance of Xerostomia?'. Caries Res 2004. 38: 236-240 5. Dawes C. Physiological factors affecting salivary flow rate, oral sugar clearance, and the sensation of dry mouth in man. J Dent Res 1987; 66 (special issue): 648-653 6. Wolff MS, Kleinberg I. The effect of ammonium glycopyrrolate (Robinul)-induced xerostomia on oral mucosal wetness and flow of gingival crevicular fluid in humans. Arch Oral Biol 1999; 44:97-102. 7. Fox PC, Busch KA, Baum BJ. 'Subjective reports of xerostomia and objective measures of salivary gland performance'. JADA 1987. 115:581-584

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## Dental comparison website to bring 'transparency to sector'

The first dental comparison website, which claims to bring transparency to the private dentistry sector, has been launched.

www.dentalpricecheck.com lists dental practices with their names and address. For more information, the dental practice has to submit its details which include prices for treatments that the practice offers, together with details of the dentists working there, their indemnity cover and complaints mechanisms. On the basis of this, the practice is given a star rating.

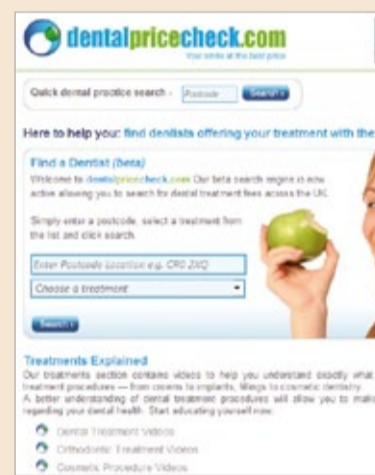
The company was created as the result of a visit to the dentist by the founder Sadiq Rahman.

It claims to be creating transparency in a sector that has been heavily criticised by the Office of Fair Trading (OFT).

In 2005, the OFT carried out an investigation on the private dental industry and found unfair

practices by private dentists in terms of transparency and said the consumer was limited on choice and thus at a disadvantage.

A spokesman for the website said: "The OFT report was published in 2005, seven years later we feel little has changed based on our own research. No real effort to enact any of the recommendations made in the report have been followed through as much as we would like. In our opinion, today there is no visible evidence



First dental comparison website

to show that anything has significantly changed. However, with the launch of dentalpricecheck.com we hope that this will be a key turning point as we are certain that our comparison service will help both the public and dentists alike raise standards in the way of transparency. dentalpricecheck.com also addresses a number of other key recommendations that were laid out in the Office of Fair Trading Report."

The website claims that dental practices will be able to advertise their treatments and fees for free to millions of people online and patients will be able to make bookings online.

The website is also offering a free trial use of its Market Intelligence Tool which could be of use to practices especially if they are intending to set up new practices. It will be free for three months and then dentists can buy details of website hits and demographical details of the area they are investigating. DT

## Prestigious award for professor

Prof David Watts (pictured) from Manchester University School of Dentistry has been given the prestigious



Alexander von Humboldt Research Award.

The professor of biomaterials science at The University of Manchester School of Dentistry has been given the lifetime research achievement award, which is granted annually to academics whose research achievements involve fundamental discoveries, new theories, or insights which have had a significant impact on their own discipline and

who are expected to continue producing cutting-edge achievements in future.

It will involve Prof Watts spending a period of up to one year cooperating on a long-term research project with specialist colleagues at German research institutions, including the Universities of Jena and Munich. As an award winner he will also meet the president of Germany.

This is not the first international accolade awarded to Prof Watts. In 2005 he was the recipient of the International Association of Dental Research (IADR's) Distinguished Scientist Award for prestigious research in dental biomaterials.

Prof Watts is head of the Adhesive Biomaterials and Biomechanics Research Group at the Dental School. Commenting on the award, he said: "I am thrilled to have been nominated for this award and it is testament to the dental school that staff are encouraged to aim, and can achieve, excellence in clinical care, research and education."

Prof Iain Mackie, head of the Dental school said: "This award demonstrates the high level of research excellence we are producing at Manchester and we are delighted that Prof Watts will continue to produce outstanding work which is recognised internationally." DT

## Fancy a cuppa?

A cup of tea contains fluoride which can help ward off tooth decay, according to a recent study.

The study carried out by public health nutritionist, Dr Carrie Ruxton, and colleagues at Kings College London, looked at published studies on the health effects of tea consumption.

She found that drinking three or more cups of tea a day is as good for you as drinking

plenty of water and may even have extra health benefits.

The study published in the *European Journal of Clinical Nutrition* found that tea protects against plaque and decay as it contains fluoride.



Tea not only rehydrates as well as water does, but it can also protect against heart disease and some cancers.

Experts believe flavonoids are the key ingredient in tea that promote health.

These polyphenol antioxidants are found in many foods and plants, including tea leaves, and have been shown to help prevent cell damage.

They found clear evidence that drinking three to four cups of tea a day can cut the chances of having a heart attack.

Dr Ruxton said: "Drinking tea is actually better for you than drinking water. Water is essentially replacing fluid. Tea replaces fluids and contains antioxidants so it's got two things going for it.

"Also, a cup of tea contains fluoride, which is good for the teeth," she added. DT

## Inspiring teachers need apply

The search for this year's most inspiring teachers in the UK's dental schools and foundation schemes has begun, as the DDU opens nominations for its eighth annual Educational Awards.

For the first time, fellow teachers, as well as students and recent graduates, can nominate a teacher who has made the most positive educational impact on them, their school, or their foundation scheme. The deadline for entries is Tuesday 31 August 2010.

Rupert Hoppenbrouwers, Head of the DDU said: "We started these awards for teachers of undergraduate dentists in 2005 and their popularity has enabled us to expand the event to include teachers of dental care professionals and vocational trainers. Until now, student dentists and DCPs have enthusiastically nominated the teachers who have made a positive impression on them during their dental education. This

year we are also inviting teachers themselves to get involved and nominate a colleague they believe has made a real difference to their faculty or deanery, their students and colleagues. We hope they will take up the challenge!"

Dr Gary Marvin, Marketing Director at DENTSPLY, the main sponsor of the awards added:

"DENTSPLY is delighted to continue our support for these awards and is committed to continuing its strong heritage of investing in dental education. These awards reward and recognise the huge investment made by those dental professionals and academics who work in dental education and celebrate the fantastic talent that we have here in the UK."

There are two award categories: Dentist Teacher of the Year (dental schools and foundation schemes) and Dental Care Professional (DCP) Teacher of the Year. The three finalists chosen from the nominations in each category will compete for the title at an awards ceremony in central London on Wednesday 17 November. Each finalist will be awarded £250 each and the overall winners in each category will receive £1,000 towards the

cost of educational materials for their schools or VT schemes. Nominations will be considered across a number of criteria, including enthusiasm for their subject, student mentoring and the ability to motivate others.

Nomination forms can be downloaded or completed online at the DDU website ([www.the-ddu.com/dduawards](http://www.the-ddu.com/dduawards)), or obtained from a DDU dental liaison manager. [DT](#)

## Prestigious Lecture

In 2009, members of the King's College London Dental Circle generously supported the re-establishment of a prestigious lecture series, last reported in the British Dental Journal as being held at Guy's Hospital in 1959, which focused on the ever-important topic of pain control.

This year's Badcock Dental Circle Lecture, entitled 'Modulation of TRPV1 Activity in Pain: Potential Targets for New Analgesics', will be given by Professor Ken Hargreaves from the University of Texas Health Science Center. Professor Hargreaves is a world-leading researcher in pain and Endodontics. He will be discussing his findings on endogenous TRPV1 (transient receptor potential vanilloid 1) agonists at the lecture.

The Badcock Lecture was endowed to King's College London in the 1950's by J H Badcock, who was a consultant surgeon at Guy's Hospital Dental School between 1891 and 1904. His aim was to improve the holistic management of dental patients to reduce their pain and anxiety.

This year's lecture will take place in Lecture Theatre 1, New Hunt's House, Guy's Campus, on Tuesday 1 June 2010 at 18:00 and will be followed by a reception. [DT](#)

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# 20 years of education

**Dental Tribune** talks to Dr Edwin Scher about 20 years of implant courses at his Walpole St practice

Trying to have a sensible conversation with a man in a three-foot high green hat is not easy. Fortunately it was not the time to be sensible for long as the man in question was Dr Edwin 'Eddie' Scher,

and he had an important mission to address the guests at his annual party held at London's RAC Club.

This was not an ordinary party, falling as it did on St Patrick's

Day (hence the large hat, well I hope that was the reason anyway!). This year marked the 20th anniversary of the opening of Eddie's Walpole St practice in London as well his very popular implant courses.

Visiting his practice was a far more orderly affair, as Eddie showed me around and talked about his career, his teaching philosophy and how his courses have stayed popular.

Eddie has been running teaching programs for 20 years now, and has taught more than 700 clinicians on his courses at Walpole St. Eddie said: "1990 was a very desperate year for me as it was the year my father died, but it

was also the year that we opened Walpole St. I was also passionate about developing the one or two-day courses that I was being asked to give by companies, but I wanted to take it one step further and develop a course that took a broader view. This means that delegates really need to know more than what a company is going to tell them, they need background, they need background literature and they then need enough knowledge to make decisions themselves rather than doing what they're told. And so my courses were born!

"We ran it as a year-long course. In the first year, we were fully subscribed, in the second year, we were double-subscribed, so we put on two identical days in a row. In the third year, we were triple subscribed and were doing three days, and by the third day, I was brain dead. We then took a step back, said 'this is crazy' and decided to do just one a year. It's been going very well, always fully subscribed for the past 20 years?"

During the 90's the course remained popular, with delegates flying in from all over the globe to take part. Although this was a very satisfying position to be in, Eddie was concerned about the course format for people who had to travel great distances. "About 10 years ago we were concerned with people flying in from so far, for example from Hong Kong, so we tried to create a course for out-of-towners in a different way, so we formed our year-long course into six intensive days from Sunday morning to Friday afternoon.

"We started the course in the October (2000), and it got fully subscribed, it was very popular and a good way to teach, as the practice was busy enough to do what we did on the year course - taking one patient from initial exam to surgery to fitting the prosthesis. But, you couldn't use the same patient on the six-day course. However, the practice was busy enough that you could use a different patient for the same implant in the same region at different stages. And it worked well. It's worked well since?"

Eddie has strong ideals about how his course should be taught: "My ideal is group size is 10, 12 is really the maximum. With more it becomes difficult for people to ask questions. If there are only 10 people in the room, it's a beautiful interactive group.

"I do make a statement right at the start of the course on the Sunday morning. That statement is that I will never ask a direct question to a person. I will ask many questions throughout, but it will be to the group. I will never embarrass or chastise an individual. It's up to each delegate

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to interact as they wish and not to be worried. You can feel a sigh of relief going through the room once I've said this. And of course I do stick to it. I would never like to embarrass someone."

Talking about the course itself, it's easy to get carried away with Eddie's quiet enthusiasm for what he teaches: "I want my delegates to understand the principles of what they're doing, rather than painting by numbers. I want them to understand what they need to ask a representative when they come to their practice.

"What I teach isn't specific to any of the implant systems. I am expecting that by the end of the week is that delegates will have an understanding of their own capabilities, so they are able to decide for themselves what they can do. They will certainly have the knowledge to treatment plan a simple case, they will have the knowledge to place an implant in a simple case, and restore that implant in a simple case.

Eddie is very clear that course is not meant to be the end of a delegate's training in implants: "I very often help [delegates] decide how to proceed in their careers after they've done my course. I consider my six days as a comprehensive, but basic introduction. I then suggest that they should do a two-day advanced surgical course, which was part of my year-long course. It's not so they can then go on to do a sinus graft procedure. What we really need them to know is how to diagnose and treatment plan for a sinus graft procedure, and instruct someone who's competent and capable to do it for them, before they've learned how to do it. I think that's really important, that they know their own competence."

Eddie believes that much of what is successful about both his practice and his courses is the team he has around him: "We have a good relationship in the practice between all members of staff and I think we all work very hard to create that.

"We've got two hygienists, three dentists, a specialist periodontist one day a week and for the rest of time a cosmetic dentist, me, practice manager Diane, senior nurse Sarah, Laura (my nurse) and Tanya downstairs, and my wife in the background running the courses.

"Some of the team have been with me a very long time, for example Diane has worked with me for 25 years. She says she's going to retire, but she's going to retire when I retire. Sarah has been with us for 10 years and is my right hand. She's wonderful and works to keep everything together. Laura has been with

me for two and a half years and is one of the most competent and loyal nurses you're likely to meet. She always looks after me, to make sure I don't miss anything or forget something"


Eddie is not just about his course though. "I think what makes me tick is that I have such a wonderful and varied life in that I'm an oral surgeon, I love my surgery. I have my operating theatre, I'm never disturbed in it,

and it's something I love doing. But I'm also a prosthodontist, I carry out my own crown and bridge work, which I love and it's another part of my life.

"I've got two sides to my clinical life, and then I've got teaching which allows me to travel the world. I'm also chairman of the editorial board of *Implant Today*, which gives me a nice outlet as I write editorial for them every three months. I've

also been invited, by Prof Ucer, President Elect of the ADI to be scientific advisor/chairman for the two years while he's in office in 2012-13."

Although he's been practising for almost 40 years, Eddie has no plans to hang up the drill just yet. "I love dentistry. I actually LOVE it. When people talk about retiring, they ask me if I can afford it. Yes, I can afford it, but I have no intention of giving

up. I don't know what I'd do. I don't even have an exit strategy for the practice. As far as I'm concerned, we go on. I'm enjoying it so much, so there's no reason to stop. Certainly my sight and my hands are as good as they were 10 years ago, so I am very happy to continue. My biggest problem in life is that I took up golf five years ago thinking I'd be superb, but I'm rubbish. I'm getting better, but if you ask me my handicap..." 

# OSSEOINTEGRATED IMPLANTOLOGY COURSE

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Sunday 10th October – Friday 15th October 2010 Inclusive

This intensive format is ideal for delegates who wish to participate in a course over 6 consecutive days – **Fee £2200**

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- examination and treatment planning • dealing with the patient within the practice • anatomy, physiology • biomaterials • sterility • surgical templates • surgical techniques (to include bone augmentation and advanced surgical techniques) • implant impression techniques
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**Dr Joe Omar** on 'Medical Emergencies'

**Dr Alan Cohen** on 'Medico – Legal Aspects'

**Mr Sean Goldner** on 'CT Scanning'

**Mr Keith Rowe** on 'Laboratory Techniques'

There will be hands-on session on the surgical, prosthetic and laboratory phases, and the delegates will attend a CT scan appointment with one of the patients on the course.

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