

DENTAL TRIBUNE

— The World's Dental Newspaper • United Kingdom Edition —

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News in Brief

Meet the GDC

Dental professionals will have the chance to speak directly to General Dental Council staff at this year's British Dental Conference. The British Dental Association's British Dental Conference and Exhibition is being held at the Arena and Convention Centre in Liverpool from Thursday 20 May to Saturday 22 May 2010. Delegates will be able to speak directly to GDC staff throughout the three days by visiting Stand A54 in the exhibition hall. In a seminar session on Friday 21 May entitled 'Update from the GDC', registrants can find out more about the role of the regulator, how it is funded and how registrant activity impacts on the costs of regulation. There will also be updates on the latest thinking on revalidation and other policy developments.

Professional development

A total of 36 dentists have still not complied with their Continuing Professional Development (CPD) requirements. At the end of March, 1,353 dentists were sent an end-of-cycle declaration by the General Dental Council (GDC) asking them to add or amend their declared CPD hours for the years 2005 to 2008 and to advise the GDC of the hours they have completed for 2009. The deadline for the response was 30 March. Following the expiry of the deadline, 36 dentists have not complied with their CPD requirements. The GDC will now write to the dentists to advise them that within 28 days they need to respond to its letter and either request a grace period or provide compliant CPD evidence. Those who do not respond within 28 days will be written to again and advised that they will be removed from the register in a further 28 days time unless they want to appeal.

GDC registered dentists

The total number of registered dentists stands at 36,413 and the total number of dental care professionals (DCPs) is 58,386. Approximately 1,000 dentists are likely to join the register before the end of July. The transitional period for applications to join the Special Care Dentistry list on the basis of demonstrating relevant specialist training, qualifications and experience closes on 30 September 2010. To date, 120 applicants have been added to the list since the start of transitional arrangements in October 2008.

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News



Breaking the habit

More smokers are managing to give up smoking, according to a new national survey

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News



Safety first

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Lab Tribune



Ahead of the game

To meet patient demand, it's essential that you keep up with new trends and technology urge

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Education



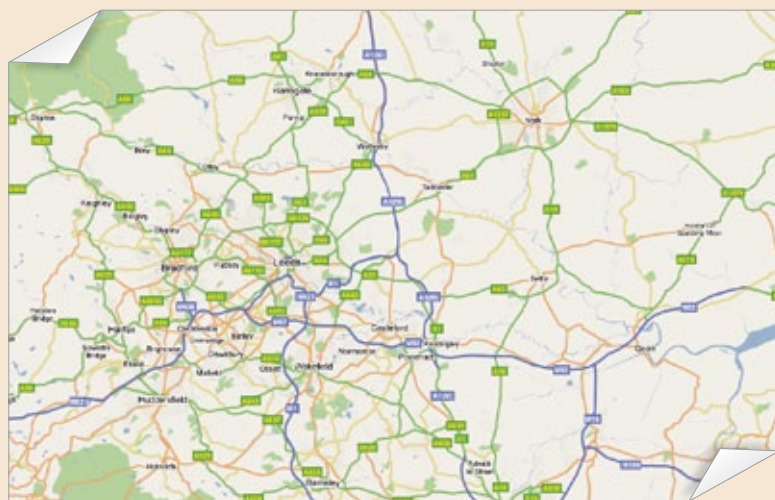
Endo vs implants

Dr Michael Sultan weighs up the pros and cons of endodontic treatment versus implants

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Eye-opening dental venture across Yorkshire

Dental chain to open surgeries in opticians across Yorkshire in innovative joint venture, which is first of its kind



Map of Yorkshire showing where new dental chain will open its surgeries in opticians

A dental chain is to open a string of surgeries in optician practices across Yorkshire, in what is thought to be one of the first partnerships of its kind.

Ideal Dental Care has signed an agreement with Premier Vision Opticians to open four new joint venture dental surgeries in opticians in Castleford, Huddersfield, Bradford and Wakefield.

The first is expected to open in Huddersfield in July, and the remaining three are scheduled to open by the end of the year.

The practices will be branded Ideal Dental Care and will operate on a joint venture partnership basis within the opticians.

Both Ideal Dental Care and Premier Vision Opticians see a synergy between dentistry and optometry and want to create a one-stop shop on the high street for patients.

It is a new venture for both parties, according to Ideal Dental Care's managing partner, Peter Thompson, and one which is centred on delivering a value for money, patient-orientated experience.

"This can only be a good thing for consumers because they can access care for their eyes and teeth under one roof. Both companies have a remarkably similar outlook on business and the way we want to deliver service and treatment," said Mr Thompson.

He added: "We are committed to delivering the very highest standards of care which represent excellent value for money and having this proposition on prominent high-street locations makes it very accessible for customers to choose to seek a range of treatment under one roof."

Premier Vision managing director, Steve Keough, said he had been looking to

develop his business model and saw dentistry as the perfect partner for his opticians.

"Ideal Dental Care were the first people I came across that were serious about joint venture partnerships and had a well-developed and robust franchising model," said Mr Keough, a former operations director with Specsavers.

"I know that in the conception of Ideal Dental Care, Peter Thompson studied the Specsavers mod-

el in great detail and this goes a long way in explaining how he has created a business model which resonates with the way I run my business," he added.

Both Mr Thompson and Mr Keough said they are delighted to have reached an agreement and are excited about rolling out the dental-optical proposition and developing a niche in the market.

Ideal Dental Care already has practices in Lancashire, London and South Yorkshire. **DT**

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Oral health set to improve as more smokers quit



More smokers are stubbing out and kicking the habit

The oral health of the nation looks set to improve as more smokers kick the habit.

Almost 250,000 people in England stopped smoking between 1 April and 31 December 2009, a rise of 10 per cent compared to the same period in 2008

– according to the results of a new national survey.

Results from the NHS Stop Smoking Services survey also showed that more than another 375,000 of the country's smokers have decided to kick the habit for good and set a quit date.

Chief executive of the British Dental Health Foundation, Dr Nigel Carter, has welcomed the results but insists that more needs to be done to educate people on the hazards of smoking.

Dr Carter said: "Most people are now aware that smoking is

bad for our health. It can cause many different medical problems and in some cases fatal diseases. However, many people do not realise the damage that smoking does to their mouth, gums and teeth."

"Smoking can lead to tooth staining, gum disease and tooth loss.

"When people think of the dangers of smoking they instantly think of lung and throat cancer, but many are still unaware that it is one of the main causes of mouth cancer too."

He added: "Mouth cancer can appear in different forms and can affect all parts of the mouth, tongue and lips. It can appear as a painless mouth ulcer that does not heal normally. A white or red patch in the mouth can also develop into a cancer. It is important to visit your dentist if

these areas do not heal within three weeks."

Tobacco remains the leading cause of mouth cancer in the UK, with cigarette, cigar and pipe smoking the main forms of use. However, the traditional ethnic habits of chewing tobacco, betel quid, gutkha and paan are particularly dangerous.

Mouth cancer has become one of the UK's fastest growing cancers, diagnosing more than 5,000 people every year.

Without early diagnosis chances of survival can plummet down to 50 per cent.

The Foundation encourages members of the public with any concerns about their oral health to contact the National Dental Helpline on 0845 063 1188. [DT](#)

Scottish NHS boards make 'good progress'

NHS boards in Scotland are meeting the national standards to provide out-of-hours emergency dental services, according to a new report.

NHS Quality Improvement Scotland (NHS QIS) reviewed individual NHS boards and found that all boards had the correct measures in place to treat patients with dental problems outside normal working hours.

NHS Fife showed evidence of so-called 'optimised' services, meaning they showed exceptional performance.

The boards were assessed against three key standards: accessibility and availability at first point of contact; safe and effective care; audit, monitoring and reporting.

Jan Warner, director of patient safety and performance assessment for NHS QIS, said: "Good dental care is critical to our quality of life."

She added: "It is clear that NHS boards have put a lot of work into establishing emergency services and these are now in place across Scotland."

While public health minister Shona Robison said: "It is excellent news that this service has made such good progress."

The oral health of the population of Scotland is generally poor, with 35 per cent of adults and 17 per cent of children not registered with a dentist. However, members of the public who have an emergency dental problem can access out-of-hours emergency dental care. This service is provided by NHS 24 in partnership with NHS boards on 0845 242424. [DT](#)



'Unfairly dismissed' after affair

A dentist receptionist was 'unfairly dismissed' from her job, after she began an affair with a married colleague, a tribunal in Reading found.

Tanya Henderson, 21, began having a secret affair with her married colleague, Alamain Salim, at Riverside Dental Practice in Caversham, Berkshire.

Salim did not see his wife very often because she lived abroad.

However, when his wife moved to the UK, Mr Salim allegedly told Ms Henderson that he wanted to rebuild his marriage and wanted their affair to stop.

Ms Henderson claims that when their colleagues suspected the two were having an affair, she became the victim of practical jokes.

She claimed that a colleague uploaded pornography onto her computer and when it appeared,

the practice owner Changiz Fahami told Ms Henderson she was too young to be looking at the images and gave her a slap on the head.

Mr Fahami claims the affair caused a lot of problems at the surgery and said he told Mr Salim that either he or Ms Henderson must leave the practice.

Ms Henderson finally left her job last February following a row with the practice manager, Fay Allingham.

The tribunal decided that Ms Henderson had been unfairly dismissed. She has agreed a private settlement with Riverside Dental Practice. [DT](#)

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Managing Director
Mash Seriki
Mash@dentaltribuneuk.com

Director
Noam Tamir
Noam@dentaltribuneuk.com

Editor
Lisa Townshend
Tel: 020 7400 8979
Lisa@dentaltribuneuk.com

Features Editor
Ellie Pratt
Ellie@dentaltribuneuk.com

Advertising Director
Joe Aspis
Tel: 020 7400 8969
Joe@dentaltribuneuk.com

Sales Executive
Sam Volk
Tel: 020 7400 8964
Sam@dentaltribuneuk.com

Marketing Manager
Laura McKenzie
Laura@dentaltribuneuk.com

Design & Production
Keem Chung
Keem@dentaltribuneuk.com

Dental Tribune UK Ltd
4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1N 8BA

Editorial comment

Karibuni Tanzania

A big hello from Tanzania! (or as my new Swahili goes 'Karibuni Tanzania!')

As I write this, it has been our first full day in Mwanza, the city where we are based for the next two weeks on our trip to the Bukumbi Care Centre to renovate a community centre in the village there.

Today has been a day of complete contrast, where we began the day at one of the nicer hotels in the area to have an orientation meeting, and then got a taste of the poorer side of life for resident Tanzanians. In the meeting, we discussed the history of the centre, which has been in existence

since the seventies, but has seen a resurgence since Bridge2Aid began to build relationships there.

The orientation meeting really served to fire our already high enthusiasm, and you can feel in the group that we just want to get go-

ing in our project here. This was not lessened by the afternoon's visit to Bukumbi, where we got to see just what we will be doing in the next two weeks (we will be extremely busy!). It also gave us a chance to see firsthand the life the people of Bukumbi lead, and practise our swiftly learnt Swahili with the locals! Our arrival sparked much excitement amongst the children, who were fighting over who got to hold hands with a particular team member!

The visit really hit home how little this community had, which in turn was much more than many other communities here. Walking around and meeting people who were genuinely pleased to see us and were grateful for what we had come out to do was very moving, and a little saddening too, but it'll take more than this comment to explain that... [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

Or email:
lisa@dentaltribuneuk.com

BDA Conference

A general dental practitioner from Lichtenstein will be exploring the limits of material and techniques at this year's British Dental Conference.

Gary Unterbrink, who has more than 15 years' experience in research and product development, will be arguing that there are quite often striking conflicts between practitioners' clinical experiences and the conclusions of evidence-based dentistry, and that there are many areas of dentistry where additional knowledge is still required.

Dr Unterbrink headlines two sessions on the first day of the 2010 British Dental Conference and Exhibition, which takes place at Liverpool's Arena and Convention Centre between 20-22 May.

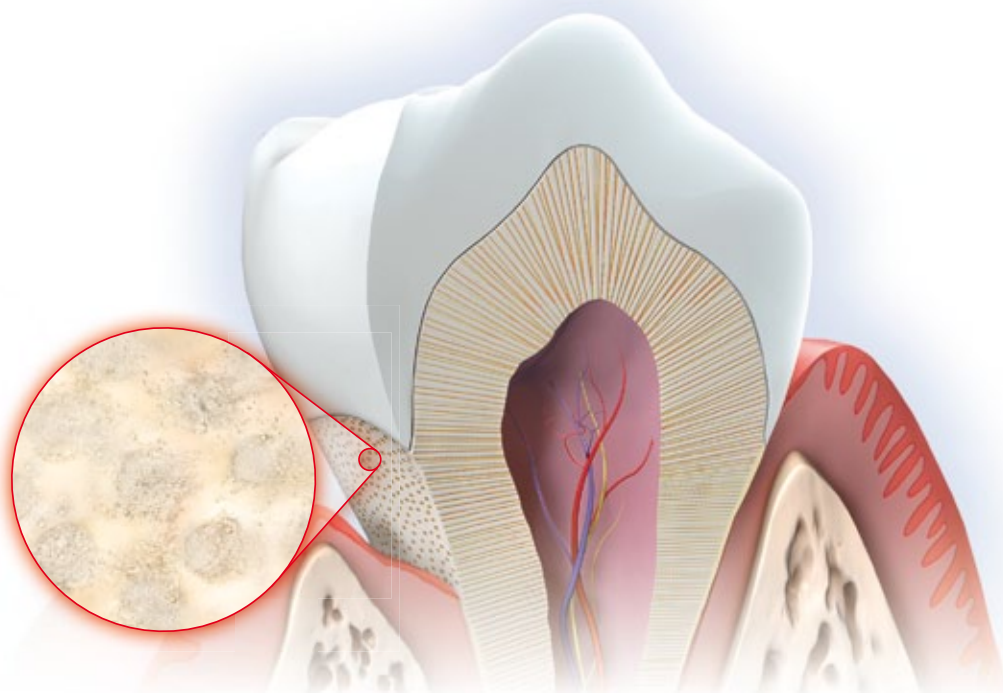
The first, Direct composites – exploring the limits of materials and techniques, will help attendees develop their knowledge of the ideal preparations for composite restorations, the selection of adhesives and composites and application techniques that combine efficiency, function and aesthetics.

His second session, Effective indirect adhesive restorations, will consider diagnosis and treatment planning, the critical role of preparation technique for success with instant adhesive restorations and the co-ordination of practice and laboratory factors.

For more information on the 2010 British Dental Conference and Exhibition, or to register, visit www.bda.org/conference or call 0870 166 6625. [DT](#)

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1 Nathoo S et al J Clin Dent 2009; 20 (Spec Iss): 123-130
2 Ayad F et al J Clin Dent 2009; 20 (Spec Iss): 115-122
3 Schiff T et al J Clin Dent 2009; 20 (Spec Iss): 131-136

4 Docimo R et al J Clin Dent 2009; 20 (Spec Iss): 17-22
5 Ayad F et al J Clin Dent 2009; 20 (Spec Iss): 10-16
6 Docimo R et al J Clin Dent 2009; 20 (Spec Iss): 137-143

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Britain to host International Symposium



International Symposium on Dental Hygiene held in Glasgow website

Britain will be hosting the International Symposium on Dental Hygiene this year. The forthcoming international dental industry conference will take place in Glasgow in July.

The 18th International Symposium on Dental Hygiene is entitled 'Oral Health - New Concepts for the New Millennium: New technology for preventing and treating oral diseases, including alternative treatments'.

A spokeswoman for the International Federation of Dental Hygienists said: 'This symposium is likely to witness the greatest ever gathering of oral health professionals from around the world. It's not surprising, therefore, that the Scientific Programme is packed with eminent speakers and topics of equal gravitas'.

Professor Jeremy Bagg, head of School, University of Glasgow, Glasgow Dental Hospital and School will be making the keynote address 'Challenge and

change in infectious diseases: a global issue'.

Periodontitis will be explored by Prof Francis Hughes, a recognised expert in all aspects of periodontal disease and regeneration working at the Institute of Dentistry (School of Medicine and Dentistry), Queen Mary University London.

Tracey Lenneman will address the subject 'The dental hygienist in the new millennium'.

Ms Lenneman has been a practicing clinical periodontal dental hygienist since 1986, and has experienced many facets of dental hygiene in the USA and in Europe.

Warren Greshes, an internationally acclaimed speaker, author and broadcaster, will be discussing broader issues under the title 'Adding value to the dental practice'.

Prof Kimberly Krust Bray, who is widely published and an acknowledged expert in her field, will present 'Managing the systemic oral health connection: a new model for changing health behaviours'.

She will be followed by Dr Christoph Andreas Ramseier, MAS, assistant professor, Department of Periodontology, University of Berne, Switzerland.

He will be talking about 'The benefits of motivational interviewing in tobacco use cessation provided by dental hygienists'.

Another highlight in the programme will be Prof Mike Lewis, professor of Oral Medicine at the School of Dentistry, Cardiff University and Dental Dean of the Royal College of Physicians and Surgeons of Glasgow, presenting 'An essential guide to Xerostomia'.

There will be a number of abstracts and research sessions interspersed in the programme, providing delegates with opportunities to meet the authors of papers, on important topics and to discuss their research and conclusions.

In addition, there will be workshops at which delegates can gain hands-on experience of products, tools or materials relevant to oral healthcare.

The British Dental Trade Association (BDTA) is one of the main sponsors of the event being held 1-3 July.

BDTA executive director Tony Reed said: "The fact that the UK has been chosen to host the International Symposium is an accolade for the BSDHT and we are proud to be playing a part in making 2010 a conference to remember." [DTI](#)

Expert advice for non-invasive aesthetic treatment

A renowned expert in the area of aesthetic dental care will be chairing a presentation at this year's British Dental Conference (BDC) and Exhibition.

Aimed at general dental practitioners and young dentists,

the lecture has been designed to give clinicians a practical treatment approach that allows for the predictable enhancement of the smile.

Dr Irfan Ahmad will be introducing Dinos Kountouras, a general dental practitioner at The

Dental Implant Clinic in Thessaloniki, Greece, as the speaker for the session.

His presentation, 'Customised aesthetic treatment using minimal or non-invasive feldspathic porcelain veneers', will explore the rationale behind the

use of such veneers as an alternative to composite resins.

The session will provide a step-by-step guide using clinical case studies to demonstrate the processes involved in order to create an enhanced smile for patients.

The 2010 BDC and Exhibition takes place at the Liverpool Arena and Convention Centre between 20-22 May.

For more information on the conference and exhibition, register at www.bda.org/conference or call 0870 166 6625. [DTI](#)

Check your registered address is up to date

The General Dental Council is calling on all dental professionals to check that their registered address is up to date.

This is a requirement of registration and helps ensure that registrants don't miss out on important General Dental Council

(GDC) information, according to the GDC.

Registration projects manager, Sarah Arnold said: "When registrants move from their registered address, whether home or work, the GDC should be on the check-list of organisations they need to contact.

"We regularly send things out by post – such as Annual Retention Fee information, Annual Practising Certificates and the Gazette. If these haven't been arriving, it's worth making sure we have the right contact details. The registered address can be of a home, a practice or even a Post Office Box number as long

as it is somewhere we can get in touch, but remember, the address you give will be published on our website."

Dental professionals can check their details are right by logging on to www.GDC-uk.org and searching the registers using their registration number.

By law, dental professionals' registered details (full name, registered address, qualifications and date of first registration) are all public information.

Members of the public can check any registrant's details by contacting the GDC or by checking the Dentists Register or Dental Care Professional Register online at www.eGDC-uk.org. [DTI](#)



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DIO Professional Implant Education

Following the success of the UK's first public live theatre at the Dentistry Show, DIO Implant continues to boldly progress with its mission to change the face of the UK implant market for the better of everyone. DIO's Managing Director explains, "For most patients, dental implants are a necessity. At DIO, we aim to bring the benefits DIO provides in overseas markets to the UK." He continues, "Dental implant treatment should be accessible by any patient who needs it, without compromising on quality of treatment or jeopardising the livelihoods of our valued UK implantologists".

The next stage of their roadmap is to introduce a dedicated educational programme, designed especially for dentists wishing to provide the highest standard of care to their patients.

The format of the course addresses both the requirements of practitioners looking to start providing dental implants as well as those who are already placing implants from other manufacturers.

For non-implant dentists, the introduction days lead on to a one-year, hands-on and distance learning certificated course, equivalent to approximately 120 hours of verifiable CPD. The course, directed by Sam Mohamed of Smile Lincs, aims to impart everything a qualified dentist needs to know in order to confidently provide dental implants to their patients.



Introductory two-day course

During an initial two-day course practitioners are given an overview of the evolution of dental implants and how they can be integrated into a normal dentistry practice in the most cost-effective way. The course looks at the basics of dental implantology, discussing osseointegration, treatment planning principles, radiographic techniques and restorative techniques. It also covers more practical aspects of dental implantology such as practice setup and marketing and introduces patients to implantology to ensure a good return on investment.

Day 1 is aimed at providing non-implant dentists with an introduction to implant procedures. Practitioners will leave knowing whether dental implants are both right for them as an individual and a feasible business proposition for their practice. DIO is also welcoming existing implant practitioners on the introduction day, which DIO claim exposes them to a new perspective and allows for non-biased discussions and a healthy propagation of expertise to all attending.

Day 2 focuses on the clinical and restorative aspects of DIO Implants in more depth and is therefore applicable to both new and existing implantologists alike.

Once the introductory course is complete, practitioners can confidently decide whether to sign up for the year-long modular course to expand their knowledge and become implantologists. Mr Forster states, "Dr Mohamed and I struck a chord – we both have the interests of UK dentists at heart. Sam has extensive expertise and relentless enthusiasm. Combine these qualities with a genuine desire to help individuals achieve at the highest level and you have the ingredients for success."

Modular Course

The year-long modular course aims to provide dentists with everything they need to know to become knowledgeable and confident implantologists. The course includes ten in-depth modules, both theoretical and practical, covering:

- Osseointegration
- Biomaterial in relation to bone organisation and membranes
- How to select suitable dental implant patients

- Treatment planning
- Radiographic techniques in implant dentistry
- Surgical techniques
- Surgical kit orientation
- Possible surgical complications
- Restorative techniques
- CT scanning and computer guided surgery
- Marketing and promoting your new service

Dentists are mentored throughout the course by Dr. Sam Mohamed and his team. Dr. Mohamed is a highly trained dental implant surgeon. Having trained with some of the world leaders in implant dentistry, including Dr. Hilt Tatum Jr., the former president of the American Academy of Implant Dentistry (AAID), and Prof. Manuel Chanavaz, the Head of Oral and Maxillofacial Implantology Department at the University of Lille2, Dr Mohamed has been placing implants for over 13 years. He is a member of both the Association of Dental Implantologists (U.K) and the AAID.

Dr. Mohamed said, "Practitioners will attend our purpose built once a month to perform implant surgery under close supervision. This will give them real, hands-on experience and will quickly build their confidence in their own skills." To supplement the hands-on training, Dr Mohamed is providing distance-learning facilities via the Internet.



Once the course has been completed practitioners will be awarded a certificate and logbook showing the number of patients they have treated and the individual details of each case. Most importantly though, dentists completing the course will have all of the skills they need to effectively

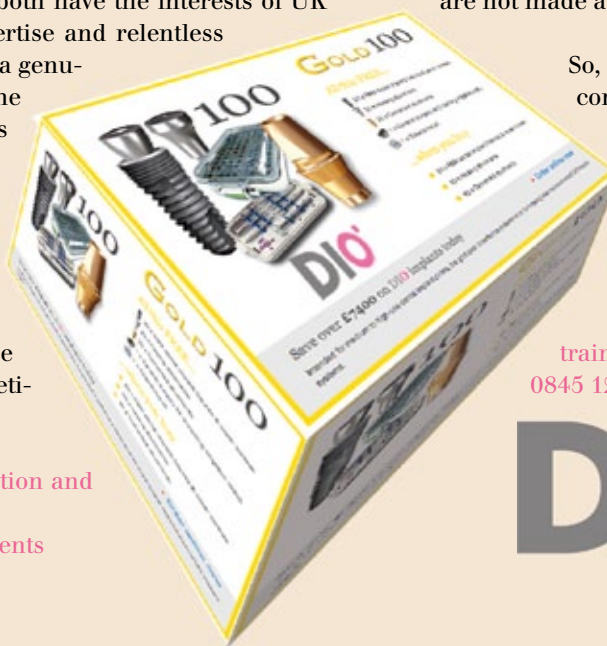
place implants and treat most patient cases. However, the professional support doesn't stop there. Successful implantologists are supported by Dr Mohamed's "Continuing in Excellence" mentor program.

Marketing Assistance

DIO is very much aware that it's all very well for dentists to learn new skills and develop new products, but the effort is useless if their patients are not made aware of the services that are on offer.

So, to help dentists promote their new techniques the company is providing advice and guidance on marketing techniques that dentists can employ to spread the word. These can include help with local PR, website design, brochure and leaflet design and production, Search Engine Optimisation, the use of social networking, etc.

For more information on DIO implants and their training programmes visit www.DIOUK.com or call 0845 123 5996.



University of Warwick welcomes 'most influential' academic

The most influential person in UK dentistry joins University of Warwick

Edward Lynch has joined the University of Warwick as Head of Dental Education and Research for Warwick Dentistry.

Edward Lynch, voted by his peers as this year's most influential person in UK Dentistry, has joined Warwick Medical School from Queen's University, Belfast, where he was Pro-

fessor of Restorative Dentistry and Gerodontology for the past ten years.

During his career, Edward Lynch has been awarded 94 research grants totalling around £5 million and has more than 500 publications including chapters in books and refereed abstracts.

He is a specialist in three disciplines: Endodontics, Prosthodontics and Restorative

Dentistry, as well as being a BUPA consultant in Oral Surgery. Edward is a Consultant to the American Dental Association, a spokesperson for the British Dental Association, and a scientific board member of the International Health Care Foundation.

Edward Lynch is also the Chairman of the European Experts group on Tooth Whitening and he is actively seeking to change EU legislation to legalise

Home Bleaching. He has presented to the EU parliament two occasions on tooth whitening.

Edward Lynch said: "I am delighted to join the excellent team at Warwick Dentistry as the Head of Dental Education and Research. Warwick Dentistry aims to be a world-leading postgraduate unit, internationally renowned for the high quality and relevance of its education programmes and for the excellence and significance of

its research. The University of Warwick is already one of the top 10 universities in the UK and I am very proud to be joining their team."

Prof Jeremy Dale, Head of Warwick Dentistry at Warwick Medical School said he was delighted that Dr Lynch had accepted the position.

He said: "Warwick Dentistry is building a team of world-class academics to become a centre of excellence in dental education and research. Edward Lynch has an outstanding international reputation, and we are delighted and honoured that he has chosen to move to Warwick." **DT**

In Safe Hands

An essential part of Dental Protection's mutual ethos is reflected in the work done with members, through education, to prevent avoidable harm to patients. This concept provides the rationale for Dental Protection's Annual Review for 2010 which is called 'In Safe Hands'.

Over the next few weeks, 60,000 copies of the publication will be distributed to members in 70 countries and territories worldwide. Dental Protection has used its wide international experience to create a volume of stimulating articles contributed by some of the most popular dental writers in the UK. Alongside the case studies drawn from real-life episodes there are practical tools that can be adopted by

dentists and dental care professionals everywhere to improve all aspects of the care and treatment that they provide.

Dental Protection is very much in the 'safety and security' business and has been for almost 120 years. 'In Safe Hands' now joins the growing library of



The review offers practical advice on improving care

risk management content that is available to members in a variety of media formats. As an additional benefit, readers of 'In Safe Hands' can also obtain three hours verifiable CPD online at www.dentalprotection.org

Kevin Lewis, Director of Dental Protection said, "No health professional gets out of bed in the morning with the intention of harming a patient under their care. But sometimes the unthinkable happens, whether through an act or omission on the part of the clinical team, and despite their best efforts. If and when that situation arises, Dental Protection is there to help and support the member(s) involved, keeping them safe and providing security, so that they can continue their professional career without financial loss or undue damage from the stress associated with a legal challenge". **DT**

BACD Belfast Study Club

The British Academy of Cosmetic Dentistry (BACD) is holding a Belfast Study Club in June.

Dr Ian Buckle will be presenting a lecture on '3D Treatment Planning: 10 Steps to Predictable Aesthetics and Function' giving attendees a structured method for effective diagnosis and treatment planning.

While photographs and radiographs provide information to visualise the position of the teeth in two dimensions, determining how the teeth fit in relation to each other and the patient's face is a challenge for the practitioner.

With 20 years of experience, Dr Buckle will be showing mem-

bers how to successfully realise optimal dentistry from an aesthetic, functional, biological and structural perspective.

Special emphasis will be placed on the four options of treatment (reshaping, repositioning, restoring and surgical correction), so that the correct options are chosen for each patient.

The event will be held on Thursday 17 June.

The lecture will also demonstrate how to segment large treatment plans to help patients with financial problems.

For more information or a booking form, please contact Suzy Rowlands on 020 8241 8526 or email suzy@bacd.com. **DT**

GDC announces new Chief Executive and Registrar



General Dental Council website

Evlynne Gilvarry has been named as the new Chief Executive and Registrar of the General Dental Council (GDC). She will take up the position later in the year.

Alison Lockyer, Chair of the Council of the GDC said: "I'm delighted that Evlynne will be joining us. I know that she shares my vision of making the General Dental Council best in class as a healthcare regulator. We will be working closely together as we develop the strategy for the council and improve our performance in Fitness to Practise."

Evlynne will join the GDC from the General Osteopathic Council (GOsC), the statutory regulator of osteopathy in the UK, where she is currently Chief Executive and Registrar. She has held this post since November 2007. Previously she worked in various senior policy and management roles at the Law Society, the regulator and professional body for solicitors in England and Wales. She is qualified as a lawyer and mediator.

Evlynne Gilvarry said: "I am very pleased to take up this appointment and look forward to

working with the staff and the Council of the GDC to deliver an excellent performance."

Interim Chief Executive and Registrar Alison White will complete her contract at the end of June.

Alison Lockyer said: "Alison has led the organisation through a complex and difficult re-budgeting process, and built the framework which will underpin future planned improvements in our regulatory processes. I would like to thank her for her commitment and hard work." **DT**

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Cardiff student wins Grand Ideas Award

A young entrepreneur based in Cardiff has scooped a national award after setting up his own company selling loupes to fellow dentistry students in an aim to improve their physical wellbeing.

Around 70 per cent of dental students report chronic musculoskeletal pain by their third year of training, but are unable to buy magnification loupes - a magnification tool that helps dentists improve their posture and decrease their operating time - due to their extortionate price tag. UKloupes was set up to counteract this and enable students to buy high quality loupes at a fraction of their retail price.

Dave Stone aged 27, impressed the panel of judges in the Shell LiveWIRE Grand Ideas Awards with his business idea and has been awarded £1,000 to develop UKloupes.

As a final year dental student, Dave was determined for loupes to be made available to all oral healthcare students. Concerned about the high prices of loupes on the market, he looked into selling the device directly to his peers and found by cutting out the middle man, he could sell them at a more affordable price. UKloupes was originally set up and run by students, for students but now also sells loupes to post-graduate trainees, SHOs and surgical practitioners.

The Shell LiveWIRE Grand Idea Awards, launched in 2009 against the backdrop of the recession, are designed to give aspiring entrepreneurs a no-strings-attached financial boost of £1,000 to help them get their business ideas off the ground. The awards are held monthly and entrepreneurs from all over the UK can submit their entries through the LiveWIRE website.

Dave Stone, founder of UKloupes, comments: "In such a tough economic climate, it's easy to be disheartened about setting up on your own, but for all the young entrepreneurs out there, I urge you to give it a go. Initiatives, like Shell LiveWIRE, are often key to turning your business ideas into a reality. The financial boost of winning a Grand Ideas Award has been a huge help and will allow me to attend many important trade fairs, but in the long run, it's the credibility of winning an award like this that really makes a difference."

Dave hopes to expand his business and help other dental students by training a representative at every dental school

in the country to teach other students about the benefits of loupes and UKloupes products.

James Smith, Chairman of Shell UK, said: "There is a wealth of entrepreneurial talent in the UK and I hope other young entrepreneurs will be inspired by Dave to capitalise on

their own ideas. We wish UKloupes every success and hope the Shell LiveWIRE Grand Ideas Award will help Dave to take the business all the way."

To find out more or enter the Shell LiveWIRE Grand Ideas Awards visit www.shell-livewire.co.uk DT



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£200,000 offered for research into primary care concerns

The Shirley Glasstone Hughes (SGH) Trust Fund recently announced that a £200,000 research budget has been made available to fund research into primary dental care.

The SGH Trust Fund invites applications from research teams that include practitioners currently working in a primary care setting to conduct research in answer to the following question:

Do people living in deprived areas define oral health differently from people who live in less deprived areas, and what influences their oral health-related behaviours?

Commenting on the topic, Peter Ward, Trustee of the SGH Trust Fund said:

“Much-needed evidence centres around the attitudes of people

from different socio-economic groups towards oral health. No substantive evidence currently exists and the Trust is now looking to commission primary research in this important area.”

The closing date for applications is 31 July 2010.

The topic for research was selected by dentists and dental care practitioners who were offered an opportunity to vote for their preferred area of research via the Trust's website, the Primary Care Dentistry Research Forum. Meanwhile, voting on the website is ongoing to select questions for consideration for the next call for funding applications.

In 1990, Shirley Glasstone Hughes, a dentist, researcher and BDA member, left her legacy to a charitable trust. This trust was established as The British Dental Association Shirley Glasstone Hughes Memorial Prize for Dental Research.

For further information, please contact Beth Caines at b.caines@bda.org, by phone at 029-20 436 184, or log-on to www.dentistryresearch.org.uk.

Free tax advice

Dentists, who are members of the Dental Defence Union, can now get free expert advice on tax and VAT.

The Dental Defence Union has joined forces with Taxwise, one of the UK's leading providers of advice on tax and VAT, to give members the opportunity to consult a team of professionals.

The Taxwise telephone helpline is available in office hours until 30 June 2010, when the deadline to declare undisclosed tax liabilities, under the HMRC's tax Health Plan, expires.

Rupert Hoppenbrouwers, head of the DDU, said: “We know that HMRC is now carrying out targeted investigations aimed at medical and dental professionals who they believe have not made a full declaration.

“We anticipate that this will be a concern for dentists, even if they have nothing to declare, and they may need to seek advice on how to respond to an approach from an HMRC inspector.

At the same time, those who have already notified HMRC that they plan to make a declaration may need advice about how to do this.”

DDU members who wish to use the service should call Taxwise on 01455 852 589 and quote the reference TXDDU1, as well as their DDU membership number.



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Just say no to drugs

With Britain described as a drug-taking society, it's essential that we become more competent at diagnosing and managing drug-related problems, says Alison Lowe

Drugs have featured in the press a lot recently. This is mainly due to the tragic deaths of two teenagers who had taken Methadone (not to be confused with Methadone) – a weed killer otherwise known as 'Mi-aow Miaow'.

Britain is a drug-taking society; we drink alcohol and take prescription and pharmaceutical drugs for all sorts of reasons. Many drugs, both illegal and those prescribed can be harmful to our mouths. Indeed, it is estimated that about 40 per cent of people take at least one type of medicine that can damage the teeth.

Health damage

While it is easy to judge, it is important to remember that far more health problems and drug-related deaths occur as a result of taking legal drugs such as prescribed medicines, alcohol and tobacco, than from illegal substances. Nonetheless, regular use of illegal drugs can cause significant health damage.

As a society, we tend to either dismiss concerns about drugs or sensationalise the danger, but neither approach is very helpful. The most important thing is to be well informed – that way you can provide accurate information about drugs because so often our patients receive inaccurate information from their friends. Here is the lowdown on some of the most commonly used drugs:

Cocaine. Often referred to as coke, charlie, blow or nose candy. While cocaine is often snorted, many users prefer to rub the cocaine over their gums, which can lead to inflammation, bleeding and ulceration (particularly labially in the upper anterior region). When mixed with saliva, the drug creates an extremely acidic solution, which leads to erosion and over time, exposure of dentine, which obviously results in sensitivity.

Crack cocaine. Also called free-base or rock. This is usually smoked through a pipe. The smoke directly contacts the inside of the mouth and can be carcinogenic.

Heroin. Also called 'H' or smack, heroin users tend to have a relentless sweet tooth, which can increase the risk of tooth decay if dental hygiene is neglected. Decay most commonly occurs along the gingival margins.

Methamphetamine. Also called speed, ice or meth. This drug was developed by a Japanese chemist in

1919, and was used during World War II to help soldiers stay alert. After the war, a massive supply of meth formerly used by the Japanese military, became available, skyrocketing addiction. Meth causes severe tooth decay in a very short time and it has been noted that users lose their teeth abnormally fast due to a combination of side effects. Indeed the term 'meth mouth' has been used to describe the extensive damage typically caused by this drug. It is reported to attack the immune system, so users are often more prone to infections such as AUG. It is also highly acidic and causes erosion. Other side effects include dry mouth, bruxism and jaw clenching.

Ecstasy. Also called 'E', the love drug and eckies. Ravers and anti-drug activists have long debated whether ecstasy causes brain damage, but both ignored a more serious and immediate problem few can deny – damaged teeth. This is as a result of the jaw clenching and tooth grinding that usually accompanies partaking of this club drug. Ecstasy users often carry a dummy and if one isn't handy a lollipop will suffice, although recently orthodontic retainers have replaced these as the 'en-vogue' look at clubs. Such mouthwear is not only fashionable, it also helps ease the discomfort caused by bruxism. Research has shown that friction involved in bruxism combined with an abrasive dry mouth leads to extreme tooth wear which is often worsened by the consumption of carbonated acidic beverages needed to cool off ecstasy users raised temperatures. It goes without saying that users who experience nausea and vomiting after taking E are also more prone to erosion.

Others to consider

This list is by no means exhaustive; indeed there are many new substances on the pharmaceutical block including ketamine and GHD. Also, the scale of poly-drug use is escalating; 15 years ago users would have made do with one ecstasy tablet, these days they're taking a whole cocktail of drugs without being aware of their impact.

Any drug dependence or drug use that causes the person to neglect their personal hygiene, diet and dental care can significantly increase the risk of dental (and many other) problems. Forget the image of the dropout on the park bench though – most people who use drugs are ordinary people who lead perfectly normal lives. This

was highlighted by a paper published in the *British Dental Journal* last month relating to drug use among dental undergraduates and vocational trainees. Not only that, but a recent study indicates that, thousands of apparently successful, healthy and affluent people in their 20s, 30s and 40s choose to be heavy recreational drug users at the weekend. Indeed, in many areas, the main clubbing night has moved from Saturday to Friday to allow people to recover in time for work or lectures on a Monday morning.

Looking for signs

As dental professionals we have a major role to play in helping patients with their addictive behaviour and we need to look out for any signs and symptoms present in their mouths. Questions regarding drug use must be handled in a sensitive, non-judgemental and confidential manner. If drugs are causing problems, it may be necessary to discuss adjusting the method of delivery.

Prevention is certainly better than cure especially as restorative dental treatment can be expensive and time consuming. If patients are open about drug use, we can help them to manage the situation. Professional treatment depends on the particular drug and its effect on the teeth and gums but may include:

- Referral to an appropriate cessation service
- Application of topical fluoride and use of fluoride mouthwash to reduce sensitivity and prevent decay
- Recommending products aimed at limiting the damage caused by erosion, such as Pronamel toothpaste and mouthwash
- Diet advice, for example, sugar-free lollies and diet drinks (preferably non carbonated) for ecstasy users
- Wearing a night guard to ease the symptoms of bruxism.

It seems that we need to become more competent at diagnosing and managing drug-related problems because it's possible that for many of our patients, gone are the days of getting high naturally. **DT**

About the author

Alison Lowe is a dental hygienist based in Cardiff at The Orthodontic Centre, a private practice (specialising in implants, cosmetic work and perio) and Cardiff Dental School. She has won several awards including Hygienist of the Year 2008 and is a columnist for the *Western Mail*. She thoroughly enjoys what she does and is delighted to be contributing to *Dental Tribune UK*.

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