

DENTAL TRIBUNE

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News in Brief

BADN founder dies

The founder member of the British Association of Dental Nurses (BADN) has died at the age of 89. Madeleine Lee, who was known as Bunty, suffered a fall before Christmas and had been recovering but died peacefully in her sleep. Ms Lee, who worked at a dental practice in Leyland in Lancashire during the Second World War, was inspired to set up the BADN when an American serviceman told her about a similar association in America. Despite wartime restrictions, Lee immediately set to work travelling around the Britain inviting nurses to join the new BADN. It held its first dental nurse examination, which was resided over by the newly created National Examining Board for Dental Nurses and Assistants, in November 1945. Lee was the first nurse to receive a certificate. She stayed on at the BADN as an honorary life member.

Most loved dentist

High Street Dental Practice in West Sussex has been voted the UK's best loved dentist in a recent nationwide poll. The survey was carried out by the TheBestOf and saw the practice in East Grinstead come top in the dental sector for its unbeatable customer service. It also came out 20th Most Loved Business in all categories. Practice owner Jas Sandhu said: Our aim has been to create an environment in which people will feel relaxed and comfortable. We never forget how intimidating it can be to sit in a dentist's chair, so every conceivable care has been taken to make sure they are completely at ease. We have invested in the latest dental technology to give them the ultimate in modern, pain-free, dental care. It is fantastic to know that we are getting our customer care so right?

Dentist 'accidental death'

An inquest into the death of a dentist in St Helens, Merseyside, has delivered a verdict of accidental death. Kenyan-born Simon Ayoo, 46, who worked at Newtown Cambridge Centre, was found dead at his flat in Sale in February 2008. Coroner John Pollard delivered a verdict of 'accidental death', the cause being positional asphyxia with alcohol intoxication. The inquest at Stockport Magistrates' Court heard how he had been drinking heavily before his death and when he came home afterwards, it is believed he fell down the stairs.

www.dental-tribune.co.uk

News



Olympic screening

The IOC has established a screening programme for athletes at the recent Winter Olympics

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Robert Michalik presents a variety of cases using different types of ceramic restorations

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DCPs



Bon appetit!

Mhari Coxon details why looking at a patient's diet can be beneficial to their oral health

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'Great news for patients' - access figures continue to rise says IC

Numbers able to access NHS dental services across the country are returning to pre-2006 levels after sixth successive quarter rise

The number of people able to access NHS dental care has returned to the level it was at before the implementation of the 2006 reforms, according to statistics released by the NHS Information Centre.

The figures show that 28,163,000 patients in England accessed NHS dental care in the 24 months ending 31 December 2009, compared to 28,145,000 in the 24 months ending 31 March 2006 - the day before the implementation of the current arrangements for NHS dentistry in England.

Health Minister Ann Keen called it 'great news for patients who are now seeing the benefits of over £2bn of investment in improving NHS dental services'.

She added: "There are now nearly 1,200 more dentists working in the NHS than two years ago and practices are opening and expanding all the time across the country.

"We have committed to ensuring that every person who wants to see an NHS dentist is able to do so by March 2011 and this data shows that we are in a good position to deliver that.

"Visiting a dentist regularly is important for maintaining good oral health and anyone who wants to find a dentist in their area should visit www.nhs.uk."

Chief Dental Officer Barry Cockcroft also welcomed the

news and said: "We introduced new contracts in 2006 to give the local NHS more control over services and it is fantastic that this is now making a real difference for patients. We also know that the NHS is still increasing the amount of dental services it plans to provide in the next two years so we expect the increase in access to continue.

"We're not just looking at increasing the amount of dental services out there. We're currently piloting recommendations from last year's review of dental services which will help us to measure also the quality of services and make sure we are reaching those who them the most."

However the British Dental Association has warned that a great deal of hard work remains to be done to address the issues facing NHS dental services in England. Dr Susie Sanderson, chair of the BDA's Executive Board said: "This increase is long-awaited news for the patients who can now see an NHS dentist. However, challenges remain. There are still people who would like to see an NHS dentist who cannot do so and primary care trusts have been charged with delivering access to these individuals by March 2011.

The Department of Health must also look beyond those who seek access to reach out to those who need dental care but do not ask for it. Thirdly, the Steele Re-

form process must deliver a new preventive, patient-focused contract that helps dentists provide the care their patients deserve."

Despite the increase in the number of patients accessing NHS dentistry in England, the proportion of the population able to do so remains below the level it achieved in March 2006, according to the figures.

In March 2006, 55.8 per cent of the population had visited a dentist in the previous 24 months. At the end of 2009 54.7 per cent had done so in the previous 24 months.

The pledge to provide access to NHS dentistry to all who demand it in England is made in the 2010/11 NHS Operating Framework. [DT](#)



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The oral hygiene supplier

Manchester dental student wins award

A student from Manchester University's School of Dentistry has won the 2010 BDA/Dentsply Student Clinician Programme competition.

Lisa Durning won an all expenses paid trip to the Annual Session of the American Dental Association in Florida in October as Dentsply's guest of honour.

As part of the trip she will be invited to present her winning project, titled *Analysis of a novel embryonic stem cell line exhibiting de novo promoter methylation of the metastasis suppressor E-cadherin*.

Ms Durning said: "I am delighted to win this award. It has been fantastic to be involved in

research as an undergraduate and I am looking forward to presenting again in Orlando."

Mark Gidley of the University of Sheffield School of Dentistry, won second place, for his presentation *Identification and quantification of periodontal pathogens in diabetic patients*.

He received a cheque for five hundred pounds.

A third prize, recognising professionalism and presenting skills, was awarded to Malveen Mann, a student at the University of Birmingham's School of Dentistry.

The awards were judged by Prof Nairn Wilson of King's

College London Dental Institute, Prof Robert McConnell of University College Den-

tal School and Hospital Cork, and Dr Susan Hooper of Bristol Dental School.



Winner Lisa Durning (third from left) will present her project at this year's ADA session

All entries in the competition have to be previously unpublished or presented.

Prof Wilson praised the 'very high calibre of the undergraduates at UK and Irish dental schools' and said: "Congratulations go to all of the entrants, who excelled at their own institutions to earn the right to compete in the final, and particularly to the winner, Lisa Durning.

"The winning presentation reported a sophisticated analysis of a novel stem cell line, with the results indicating potential to control metastatic spread of cancer cells – exciting cutting-edge research of exceptional quality for an undergraduate student." DT

Selection test favours private school boys

Boys from independent or grammar schools are more likely to get high scores in the aptitude test used to select students for dental schools, according to a new study.

The new aptitude test, was introduced in 2006 by 23 dental and medical schools and was intended to increase diversity and ensure fairness in the selection process.

However, it still has inherent gender and socioeconomic

bias, although it is less subject to bias than A-level results alone, according to the study published online by the *British Medical Journal*.

The UK Clinical Aptitude Test (UKCAT) is an appraisal of skills such as verbal reasoning and decision analysis, and is designed to ensure that candidates have the most appropriate mental abilities, attitudes and professional behaviour for new dentists and doctors.

Prof David James, director of medical education at the University of Nottingham Medical School, who led the study, analysed data from the first group of applicants who sat the UKCAT in 2006 and who achieved at least three passes at A-level in their school leaving examinations.

They found a modest correlation between A-level and UKCAT scores, which confirms that the test can be used as a reasonable proxy for A-levels in the selection process.

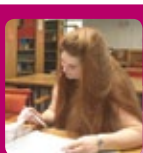
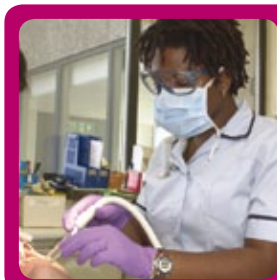
However, the test had an inherent favourable bias to male applicants and those from a higher socioeconomic class or from independent or grammar schools.

"These findings lead us to be cautious about use of the UKCAT and the value of any one specific sub-test within an admissions policy. They also reinforce the need for further research to clarify the practical value of the UKCAT in a wider range of applicants and, importantly, its

predictive role in performance at medical or dental school," said the study.

In an editorial that accompanied the study, Prof David Powis from the University of Newcastle in Australia said: "Measuring cognitive ability is a step in the right direction, but it doesn't tackle 'widening participation' – the admission of people from lower socioeconomic groups or those whose education has been compromised by attending poorer schools." DT

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Christopher Orr

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Topic: Aesthetic Dentistry update

CPD HRS 3

Leo Briggs, Dento-Legal Advisor – Dental Defence Union

BDS, MSc (periodontology)

Topic: Dental Ethics

CPD HRS 1

Mr Jonathan Davies, Clinical Research Consultant

in Dental & Maxillofacial Radiology MSc, BDS, MFDS RCS(Ed), DDR RCR

Topic: Dental Radiology: CBCT – all will be revealed!

CPD HRS 1

Professor Tara Renton, Professor in Oral Surgery

BDS, MDSc, PhD, FDS RCS, FRACDS (OMS), MHEA

Topic: Medical Histories: Identifying the Risk.

CPD HRS 1

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t.oemus@dental-tribune.com

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Chairman
Torsten Oemus
t.oemus@dental-tribune.com

Managing Director
Mash Seriki
Mash@dentaltribuneuk.com

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

Director
Noam Tamir
Noam@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

Editorial comment

In like a lion...

Here we are already into March and where has the time gone? At Dental Tribune we are making our plans for the next few months; Dentistry

Show, BDA, B2A trip to Tanzania... and if you haven't supported me yet turn to page nine where you can find out more!

The access figures for NHS dentistry makes for some interesting reading, with a sixth suc-

cessive quarter rise. Of course the cynic will say it's about time that the figures got back to where they were three and a half years ago, and maybe they are right. But we are seeing an interesting time in terms of NHS dentistry and it

will be fascinating to see how the pilots of the Steele Review impact on the current contracts and how the PDS+ agreements fit in with the current and developing situation. As they say, only time will tell... 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

Asbestos warning

Dentists are often at a high risk of developing mesothelioma, the cancer caused by asbestos, according to a new report.

An online report at www.asbestos.net claims that overexposure to asbestos makes dentists more likely to be develop mesothelioma. Asbestos has been used in the field of dentistry, as a lining material for casting rings, since 1930.

Continued exposure to asbestos fibres in confined examination rooms can mean that dentists inhale a greater amount of the harmful substance unless they take precautions against it, said the report. Mesothelioma is the result of inhaled asbestos becoming lodged in the soft tissue of the lungs.

The fibres damage the tissue's DNA because they begin to replicate and divide. This cannot be controlled and tumours are then created. The tumour can be relatively symptomless and in some cases it can take 20 to 50 years for any sort of symptom to develop.

This means that when the mesothelioma is eventually diagnosed, it is already very advanced.

In most cases these tumours are then inoperable and are relatively unresponsive to chemo or radiation therapies. Most patients die just a few months after being diagnosed. Annually, 20,000 people die of mesothelioma around the world.

Dentists who believe they may have been exposed to asbestos should monitor their health and get themselves checked by a doctor.

Last month, an inquest found that a dental technician from Eastbourne, East Sussex, died from the cancer caused by exposure to asbestos.

He was diagnosed with mesothelioma in 2008. DT

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Scotland to go ahead with lifelong registration

Scotland is to go ahead with lifelong registration. From the beginning of April, the Scottish government will proceed with regulatory changes to introduce continuous registration.

The British Dental Association (BDA) has expressed its 'disappointment' at the decision, which it said could harm patient care as it does not encourage a pattern of regular attendance and is therefore not conducive to maintaining oral health.

Dr Robert Kinloch, chair of the BDA's Scottish Dental Practice Committee, criticised the move and said: 'Continuous registration sends all the wrong signals about the value of patients visiting their dentist regularly. It encourages neglect of

personal oral health, undermines modern, preventive approaches to care and devalues the relationship between clinician and patient.

It also removes the responsibility of patients to comply with recall intervals advised by their dentist. Scotland already faces unenviable rates of oral cancers. The fear among dentists is that more cases will now go undetected.'

He called for the government to 'work very hard to promote regular attendance to patients and ensure that the efforts of the profession in encouraging patients to visit them regularly are not undone'.

He added: 'In the short-term, dentists must be provided with the information they need

about individuals who have not been seen in practice for the last three years to allow them to make a decision about whether the continued registration of those patients will affect the ability of the practice to care for its regularly-attending patients.'

Last year, the BDA carried out a survey of general dental practitioners from across Scotland, and found that 87 per cent were opposed to the introduction of continuous registration.

Dentists expressed concern that the scheme would undermine the importance of regular check-ups, fail to promote a strong dentist-patient relationship, and increase the chances of serious conditions such as mouth cancer going undetected.

Concerns were also expressed about the strain on NHS services that would be caused by patients who chose to attend less regularly as irregular attendance often results in more complex and time-consuming treatment being required. Catering for a greater number of emergency appointments would also increase waiting times for patients attending regular appointments.

The Scottish Government Health Directorates' (SGHD) intention to introduce continuous registration stems from the Dental Action Plan developed by the previous administration.

The Scottish government's policy approach is that there should be no automatic ending of registration after a given peri-

od of time and believes that continuous registration will help develop a more stable relationship between a dentist and a patient. SGHD cites that this fits with the need to plan care on a long-term basis and to monitor oral health over time.

With the new arrangements imminent, the BDA has called on SGHD to ensure that practitioners are provided with detailed information as a matter of urgency, so that practices can plan now for the change in registration arrangements.

This information should include a list of all patients for whom the continuing care and capitation fees are due to drop to 20 per cent on 1 April, due to the fact that they have not attended in three years. **DT**

Winter Olympic screening

Dentists are screening a fifth of all athletes taking part in the Winter Olympics - for oral cancer.

The decision to screen 20 per cent of all athletes in the Games has been taken by the International Olympic Committee (IOC).

Around 800 athletes will sit in the dentist's chair during the competition, with more than 70 dentists and their assistants on hand not only to fix their teeth and mouths, but also to practice preventative dentistry.

Dr Jack Taunton, co-chief medical officer of the Games, claims that athletes are so nomadic they tend to put off having dental treatment.

He said: "Year-round, the alpine athletes follow winter around the world to train, and they are at higher risk of lip and mouth cancers because of the altitude and sun exposure. The

skin on the lips is thin and poorly protected. The damage is cumulative and you have to consider they are exposed to these intense ultraviolet rays for up to 30 years, through their training and post-competitive coaching years in many cases."

The damaging radiation largely occurs when the sun re-

flects off the surface of the ice and snow.

The British Dental Health Foundation has welcomed the increased oral screening campaign that will also educate athletes on the importance of applying sun-cream to help prevent mouth cancers. **DT**



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Scottish health minister opens new dental clinic



Hawick Dental Centre is part of a £1.8m NHS dental development

The Scottish health minister has opened a new state-of-the-art dental clinic in the Borders.

Shona Robison officially opened the facility at the site of Hawick Community Hospital.

The Hawick Dental Centre (HDC) is part of a £1.8m NHS dental development, and is being tipped as the UK's top decontamination facility for dental equipment.

Ms Robison said that she was delighted to be opening

HDC and added that it would increase access to dentistry for local people.

HDC has been treating patients for around a year but was officially opened this week.

It contains six surgeries, has specialist X-ray equipment, and the government hopes it will reduce NHS dental waiting lists at Borders General Hospital.

A similar project has also opened in Coldstream as part of the development. **DT**



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Hitler's chronic bad breath



The Nazi dictator, Adolf Hitler, suffered from severe halitosis, gum disease and tooth decay, according to a new study.

The study *'Dentist of the Devil'* by German dentist Menesve Deprem-Hennen found that Hitler's dental records revealed he had poor oral healthcare and had to have his molar tooth removed after periodontal problems. His health also suffered through eating very badly which also exacerbated his oral health problems.

Despite the Fuhrer's alleged sensitivity to pain, the

study also details how Hitler was treated eight times for root canal work by his own private dental practitioner, and had a likely dental phobia.

Bad breath is one of the main symptoms of poor oral hygiene, according to the UK's National Dental Helpline, which deals with numerous enquiries concerning bad breath.

Chief executive of the British Dental Health Foundation, Dr Nigel Carter said: "Persistent bad breath is usually caused by gases released by the bacteria that coat your teeth and gums and back of the tongue.

"Correct and regular brushing can help keep your breath fresh. It is important to ensure that plaque is removed from around the gum margins by regular brushing and from between the teeth by using interdental brushes or dental floss daily. You can also use a tongue scraper or brush to remove bacteria from the back of the tongue.

"Mouthwashes with antibacterial agents can also help eliminate bad breath but it is important these are not just used to mask an underlying problem."

He added: "Poor oral hygiene can lead to gingivitis, which can progress to gum disease. Subsequent recession of the gum and bone, and eventually tooth loss, can also occur if not stabilised. It is very often the bacteria in these

gum pockets that leads to persistent bad breath."

The BDHF is urging people in the UK to improve their oral health by cutting down on the frequency of sugary foods and drinks.

People wanting further advice about dental concerns and oral health issues can contact the National Dental Helpline on (0845 063 1188) or visit www.dentalhelpline.org. The Helpline offers free and independent expert advice from oral health educators on many oral health issues.

A series of free 'Tell Me About...' leaflets, covering topics such as diet, bad breath, gum disease and dental decay, are also available. [DT](#)

BDTA sponsors BSDHT event

The BDTA is pleased to announce that it will be a major sponsor of the BSDHT Conference and International Symposium on Dental Hygiene in July 2010.

Delegates from across the world who will be attending the event at the Scottish Exhibition and Conference Centre in Glasgow will benefit from a motivational presentation by world-class speaker Warren Greshes, who has been commissioned by the BDTA to educate and entertain the attending hygienists and therapists.

Warren is an expert in the areas of sales motivation and per-

sonal and professional development. He served on the board of directors of the National Speakers Association and in 1998 was inducted into the Speaker's Hall of Fame. His talk at the BSDHT event will be designed to leave the audience feeling positive and empowered as he links his practical examples and experiences to the dental environment. You can find out more about Warren Greshes before the event at www.greshes.com.

BDTA Executive Director, Tony Reed, comments, "This important event will attract a worldwide audience and the BDTA is delighted to be able to present a world class speaker to match

the occasion. 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."

For further information on the BDTA visit www.bdta.org.uk or for more information on the BSDHT Conference and International Symposium on Dental Hygiene 2010 visit www.bsdht.org.uk [DT](#)



GDC: go online for CPD

The General Dental Council (GDC) is asking all dentists to fill in their continuing professional development (CPD) returns ahead of the 30 March 2010 deadline. 1,353 dentists are at the end of their five-year CPD cycle and will need to ensure they complete and return their end of cycle declaration before the closing date.

Those whose five-year cycle ended 31 December 2009 need to return an end of cycle declaration of the hours they have completed in that time. Dentists who do not meet the deadline will be required to take further action, including submitting CPD evidence, such as certificates, to support their CPD hours.

Letters are being sent out from the GDC explaining how dentists can do this.

The easiest way is to log onto www.egdc-uk.org. The eGDC website shows what hours have already been submitted, as well as allowing updates and entering new hours. Dentists who don't already have an account can register using their personal ID verification code (found on the letters). Alternatively dentists can complete the form enclosed with their letter. The GDC must receive this form by 30 March.

The GDC Customer Advice and Information Team can be contacted on 0845 222 4141 or email CAIT@gdc-uk.org. [DT](#)

New chair of the Scottish Dental Practice Committee elected

Robert Kinloch has been elected as the new chair of the Scottish Dental Practice Committee of the British Dental Association.

Dr Kinloch, who practises at Alexandria, near Loch Lomond, was elected unopposed and takes up the post with immediate effect.

He succeeds Colin Crawford, who resigned from the committee to take up an appointment in the salaried dental service.

Dr Kinloch called it an 'honour to be elected to represent Scotland's high street dentists' and said: "I look forward to continuing the good work of the Scottish Dental Practice Committee (SDPC). We have unresolved issues with changing decontamination requirements and plans to introduce lifelong patient registration. We are also pressing for the introduction of an oral health assessment and a revised Statement of Dental Remuneration. All of these issues must be tackled against a backdrop of uncertainty in

public spending and a Scottish Government election in just over a year."

Dr Kinloch graduated from Glasgow Dental School in 1977. He has dedicated his whole career to general dental practice, working initially as an associate then establishing his own practice in 1981. He provides predominantly NHS care.

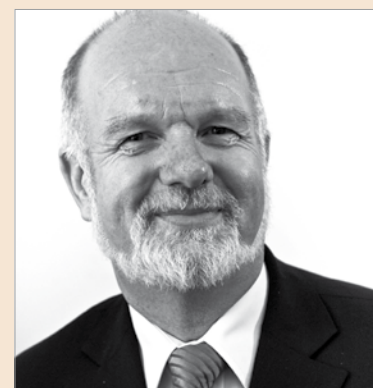
Dr Kinloch has a special interest in the role of information technology in dentistry, and has been an advocate of the exten-

sion of the N3 national broadband network to dental surgeries in Scotland, which it is hoped is a building block to full clinical systems.

He has also provided dental care to people in the upper reaches of the Amazon in Peru, as part of his work for the Vine Trust, a medical charity of which he is a board member.

He is also a current member of the British Dental Association's (BDA's) Executive Board, chair of the BDA's Scot-

tish Council and chair of the BDA's UK and Scottish Policy Health Groups. [DT](#)



Dr Robert Kinloch

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Royal visit to CPD training facility

It was pomp and ceremony time at 123 Grays Inn Road as the UCL Eastman Continuing Professional Development team prepared to welcome HRH the Princess Royal, Princess Anne.

The visit was to officially open the new state of the art clinical teaching facility and unveil a plaque to commemorate the occasion.

The new facility is based on the fourth floor of the UCL Eastman CPD building and comprises five new dental chairs equipped with microscopes and digital radiography, a cone beam scanner, a skills laboratory and a lecture facility.

There was a great presence from the dental community for the visit from academics and lecturers to students and dental suppliers who had fitted out the facility.

The official part of the day began with a programme of speeches to put the new facility in the context of furthering knowledge and stimulating excellence in education. Prof Andrew Eder, director at UCL Eastman CPD, began the programme with a presentation of the background of what the school had achieved since its establishment in 1999 with regards to continuing professional development and the focus on a quality educational experience.

Prof Eder said: "Much as Anton Chekhov's character Trofimov is described as a 'perpetual student', dental professionals are now finding themselves in an arena where it is necessary

to constantly learn and update their skills.

"Since its inception in 1999, the CPD facility here has strived to maintain a level of intellectual stimulation for students and create a highly sought after quality learning experience. We are confident that the recent investment into the new clinical facility will enable us to continue fulfilling that aim."

Prof Eder was also keen to point out the practical applications the facility would be having, announcing the fact that UCL Eastman had been appointed by the IOC (International Olympic Committee) to provide dental care to the 2012 London Olympic Games.

UCL Eastman Dental Institute director Prof Stephen Porter then spoke about the importance of collaboration in the development and delivery of preventative measure for patients not only of today but also tomorrow. Commenting of the challenges facing the dental profession, Prof Porter spoke about the need for education and the implementation of innovative programme to meet the needs of a diverse population.

The Chief Dental Officer Dr Barry Cockcroft CBE also said a few words, highlighting the synergy between the visions of both the Department of Health and

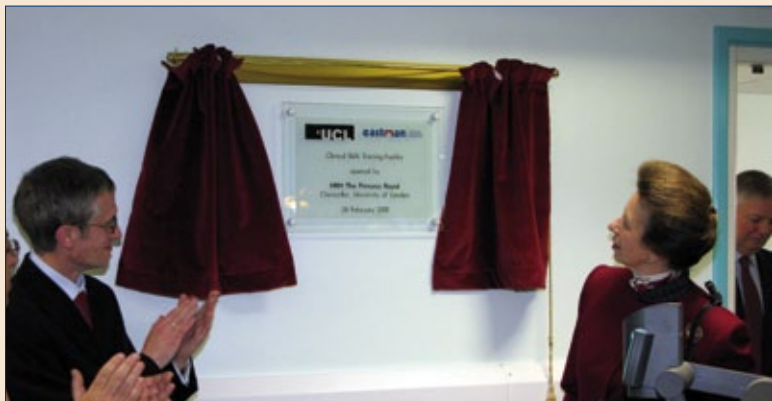
UCL Eastman CPD in focusing on education and prevention, and applauding the universities for their investment in research, training and care which enhances the level of patient care and the experience for the dental professionals delivering that care.

Then it was the turn of HRH Princess Anne. Known for her dislike of long speeches, she spoke of the need to stay up to date with the latest thinking, and rising above the challenges armed with the best information possible. She also spoke about the need to sell the good news to patients about what they need to maintain great oral health, while also recognising that one fundamental challenge is to get the people who could benefit most from dental care to access it appropriately.

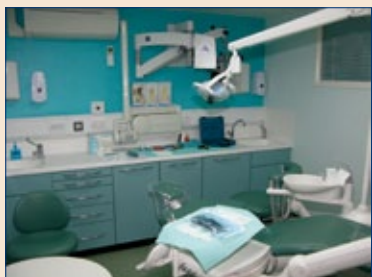
Wrapping up the speeches was Prof Malcolm Grant CBE, UCL President and Provost. He emphasised the importance of the joining of UCL and the Eastman together, especially in the field of interdisciplinary research. He stated that they all had a mission to make a difference to patients, and it was the universities that held the key to driving investment and recovery in the UK.

The Princess was then taken on a tour of both the old and new clinical skills facility, meeting with staff and graduates before unveiling the commemorative plaque and signing the visitor's book. She was then presented with a posy by Deborah Eder as a token of appreciation from UCL Eastman CPD.

It was a great day for UCL Eastman CPD and having visited the new facility I was extremely impressed with the quality and attention to detail in the design. Even the skills laboratory had made the highest use of space with student's needs in mind (although being in there did allow me to rediscover my fear of phantom heads). I look forward to visiting the facility again and hearing about the work UCL Eastman CPD are doing for dental education. **DT**



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Satisfying the ‘girly swot’ in me

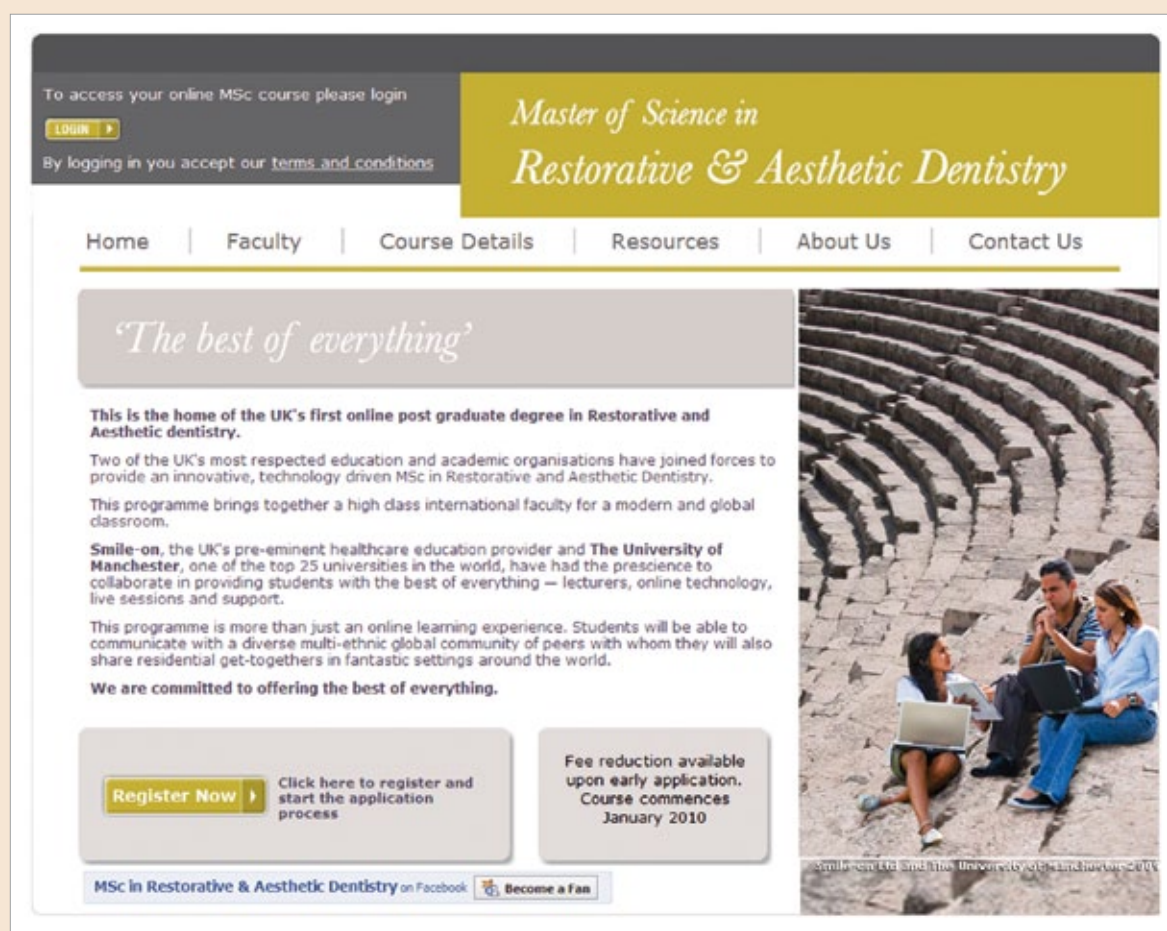
Elaine Halley begins her blog as a student on the inaugural online MSc in Restorative & Aesthetic Dentistry from *Smile-on* and The University of Manchester

Three children, a private practice, a new practice opening imminently and having just finished my year as President of the British Academy of Cosmetic Dentistry – what more do I need than the opportunity to take on an MSc?

Having joined General Practice as soon as I qualified, and having spent tens of thousands of pounds and travelled the world in search of CPD, I was disappointed to find that when the Faculty of General Dental Practitioners launched their Certificate in Aesthetic Dentistry, I didn't qualify to take part. 'Academically' I didn't have enough points for entry onto the course. By choosing to educate myself as was appropriate for the development of my practice, not through the hospital system or having a part-time MSc to my name and despite the fact that I have been teaching, writing and lecturing for years on many aspects of restorative 'cosmetic' dentistry, I wasn't eligible.

Ego

Maybe it was just my ego that was hurt. The course in its original format was abandoned and I carried on with life. I briefly researched the options for an MSc but nothing excited me and the financial burden of having to leave the



Online MSc's allow people to study wherever they are, whatever they're doing

practice part-time with all the other plates I had spinning just didn't seem worth it. I live on a farm in Perthshire. I travel a lot for the sake of education but I also have a young family and like all working parents, need to spend my time wisely.

A distance learning MSc in Aesthetic and Restorative Dentistry utilising IT was right up my street. I must confess to a certain amount of excitement – I've always been a bit of a girly swot. I had a job to do in convincing those around me that I had the time – but with a two year old ready for nursery and my other two at school, and the flexibility of being able to watch lectures on-line – perfect for a multi-tasking working mum!

Delicate balance

And so – I found myself stirring the mince and supervising homework, whilst balancing my laptop on the kitchen work

top, listening and watching with one eye on the esteemed Dr Berkovitz discuss the marvels of human gross anatomy – with the cries of 'Mummy – are those real dead people? That's disgusting!' My husband walked in, shook his head and went back out on his tractor to fix things.

Meanwhile, two months into the course and I have been on a journey back to wonders of second year gross and dental anatomy – Sharpey's fibres, Striae of Retzius, Acellular and cellular cementum – all these wonders of nature that 18 years in general practice had ham-

'Mummy – are those real dead people? That's disgusting! My husband walked in, shook his head and went back out on his tractor to fix things'

pered into the dark recesses of my mind!

There have been a few technical and administrative hitches with the technology along the way – but the concept is amazing, and Smile-on should be congratulated for embracing technology to allow those of us who live outside the major educational regions to access learning in this way.

Action list

I must confess, even at this early stage to being a tad behind with the lectures and self-assessments. Half-term skiing holidays and the new practice opening haven't helped. But, I have my on-line action list at the University of Manchester web portal (I wonder if I can get a student railcard again?). My plan is to intensively study and catch up... I'll let you know how it goes! [DT](#)

About the author



Elaine Halley BDS DGGP (UK) is the BACD Immediate Past President and the principal of Cherrybank Dental Spa, a private practice in Perth. She is an active member of the AACD and her main interest is cosmetic and advanced restorative dentistry and she has studied extensively in the United States, Europe and the UK.

'Three children, a private practice, a new practice opening imminently and having just finished my year as President of the British Academy of Cosmetic Dentistry – what more do I need than the opportunity to take on an MSc?'



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Bukumbi Bound

Dental Tribune gives an update to the forthcoming visit to the village of Bukumbi to build a community centre with Bridge2Aid

With the trip just under two months away my mind has really been getting focused on what I need to organise before the team travels out to Bukumbi. I am already well on the way to becoming a pincushion after getting the majority of the jabs my doctor has recommended – only one left to have now!

The main thing that has brought home how soon we will be travelling is the excellent volunteer confirmation pack sent to me by B2A. Reading through it, it is surprising how much information you need to take in before you go! But I'm sure that the preparation we need to do beforehand will enhance our experiences while we are out there, as well as keeping us out of trouble.

Words and phrases

As someone with a fascination with language (remember I do work with words allegedly!) the bit that interested me most was the list of words and phrases in Swahili that could come in handy. Always willing to give a new language a try (although Greek was a bit of a challenge – it's hard to remember how to ask for two shots of raki when you've already had four of them!) I looked through the list and thought I would share some of them. I will put the English first, then the Swahili:

- Hello (polite form) – Shikamoo
- Yes – Nidiyo
- No – Hapana
- Why? (for those with small kids this one is for you!) – Kwa nini?
- My name is – Jina langu ni
- I don't speak Swahili well (if there was ever an essential phrase, this will be it!) – Sizungumzi Kiswahili vizuri
- Thanks for a wonderful time – Asante kwa wakati mzuri

To help me learn some of the phrases I am enlisting the help of a very clever four-year old girl (my daughter Emily) as she likes the sounds of the words as I say them out loud and can remember them faster than I can!

Schulke


The Team at Schulke (Andrew Thurston, Andrew Scott, Cornelius O'Mahoney, Julie Taylor, Nicola Furniss and Jackie Entwistle) are now really looking forward to making the trip to Tanzania and starting work on the Community Centre we are helping to provide for

the people at Bukumbi. Andrew Thurston commented: "With lots of fundraising events behind us, I would like to thank

everyone who has contributed both within the industry and beyond, your generosity has been astounding!

"Our total across the team is now over £10k and we are continuing with events after we get back from the trip to continue to support the fantastic work that B2A do. We have done everything from Skydiving to Dinner Dances to selling old Jewellery and still have a big Jazz Night and Race Nights to look forward to."

Thanks again to everyone who has supported me through my Justgiving site es-

pecially Smile-on, Practice Plan and Denplan and my friends and colleagues. If you would like to donate to B2A, please go to my fundraising page - www.justgiving.com/bukumbibound - and give your support. To help raise more funds, the team at Schulke are participating in a sponsored walk at Bewl Water in Kent April 10-11, and I will be joining the walk on April 10 so please support my legs! 



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