

# DENTAL TRIBUNE

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## News in Brief

### New chair elected

Bernie Speculand, Oral and Maxillofacial Surgeon, has been elected as the new Chair of the British Dental Association's Central Committee for Hospital Dental Services (CCHDS) for the 2012/14 triennium. He had been vice-Chair of CCHDS in the last triennium. Mr Speculand is a consultant at University Hospital Birmingham. He also holds consultant posts at Birmingham Dental Hospital and at City Hospital. His clinical interests are TMJ surgery, including joint replacement surgery, maxillofacial trauma, salivary gland disorders and dental implant surgery.

### Glucose study

According to a new study in the *Journal of Nutrition* (April 4, 2012), blood glucose levels following starch ingestion are influenced by genetically determined differences in salivary amylase. The study was carried out by scientists from the Monell Center. The researchers studied amylase activity by measuring saliva samples obtained from 48 healthy adults. Based on extremes of salivary amylase activity, two groups of seven were formed: high amylase (HA) and low amylase (LA). According to reports, the participants each drank a simplified corn starch solution; blood samples were then obtained from the participants over a two-hour period. The samples were analysed to determine blood glucose levels and insulin concentrations. The study identified that after ingesting the starch, the individuals in group HA had lower blood glucose levels compared to those in the LA group.

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

## News



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## Clinical



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## Could cigarette packaging go up in smoke?

### A UK-wide consultation on whether tobacco should be sold in standardised, or plain packaging, has been launched

The recent consultation concerning the future branding of cigarette packaging has come about in an effort to impact on people's health and reduce the uptake of smoking.

The consultation suggests for the first time what requirements for standardised packaging could consist of, including no branding, a uniform colour and a standard font and text for any writing on the pack.

The consultation will seek views on whether tobacco packaging should remain unchanged, plain packaging should be adopted, a different option should be considered.

Respondents will also be

asked to consider what the specific impact of standardised packaging could be, including whether it could reduce the appeal of tobacco products, increase the effectiveness of health warnings, impact on the tobacco industry and retailers or encourage consumers to buy tobacco products abroad for their own consumption.

There has however already been mixed opinions on health forums and news sites regarding the consultation.

Non-smokers and smokers alike are exclaiming that policies such as this are "incredibly patronising" and some non-smokers are even suggesting that it shows a complete lack of understating about addictions.

Whilst some people believe that it could have an effect on steering people away from starting the habit, many people believe that the plain packaging policy will have little to no affect whatsoever on younger people; some even believe it will encourage them to start smoking because cigarettes will have that "forbidden factor".

However, there are some that hope that if the policy does come into effect it will reduce the attraction of cigarettes; but many people remain sceptical. One concern that non-smokers, ex-smokers and smokers alike are raising is how the "plain packet policy" will be "an open invitation" for smugglers and counterfeiters to produce fake cigarettes

with harmful substances. Further worries, such as a substantial loss in Tax from cigarette purchases are also concerning members of the public, whilst others believe that the consultation is a waste of Taxpayers' money. People are even asking why plain packaging would be needed if the cigarettes are hidden from view.

The consultation will be open for responses from 16 April to 10 July. Any person, business or organisation with an interest is encouraged to respond.

To take part in the consultation visit <http://consultations.dh.gov.uk> [DT](#)

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# King's dental alumni awards announced



Martin Kelleher

Last month the King's College London Dental Alumni Association hosted a presentation for two prestigious awards – the Alumnus of the Year and the Alumnus Distinguished Service Award.

The Alumnus of the Year Award was this year shared by two alumni, Professor John S Greenspan (RDH, Dentistry, 1964) and Professor Deborah Greenspan (RDH, Dentistry, 1964). The prize is given to the person or persons who have achieved national and international distinction in any walk

of life and brought credit to the profession, directly or indirectly, with particular emphasis on the last three years.

Profs John and Deborah Greenspan are internationally recognised for their contributions and achievements in the field of oral manifestations of HIV/AIDS.

Prof Debora Greenspan commented: "This award was completely unexpected and is deeply appreciated. From the merger of the Royal Dental Hospital with Guy's, then United Medical Dental Schools, the Guy's, King's and St Thomas', now King's College London, we have felt part of a growing and supportive alumni group that can be proud of being part of an outstanding dental school and university. The heritage of the Royal lives on in King's College London Dental Institute."

Prof John Greenspan added: "We did not know we were getting the award, so to hear about it while sitting among four tables of my classmates and their guests at the reunion marking the 50 year since our gradu-

ation was particularly poignant. Memories of 50 plus years ago, mingled with news of colleagues' families and careers flooded the mind with a mixture of emotions; nostalgia, pride, yes some sadness for those no longer with us, plus a deep sense of gratitude for the education we received at the Royal all those many years ago."

The Alumnus Distinguished Service Award was presented to Mr Martin Kelleher. The award aims to honour a long-serving member of staff who has made a significant contribution to the Dental Institute or one of its constituent Schools.

Mr Kelleher is a Consultant in Restorative Dentistry at King's College London Dental Institute. He was postgraduate tutor at King's College Hospital and Guy's Dental Hospital for many years. He has lectured extensively both nationally and internationally for more than 25 years and is the author of many peer reviewed articles and a book on dental bleaching.

President of the Dental Alumni Association, Dr Clive Debenham said: "Martin Kelleher is a teacher whose idiosyncratic, didactic but sympathetic style will always be remembered by those lucky enough to fall under his tutelage."

Commenting on the award, Mr Kelleher said: "I was equally surprised and delighted to receive this prestigious award from the Dental Alumni Association. During my many years as postgraduate dental tutor at both the King's College Hospital, Denmark Hill site and the Guy's Hospital site I tried to be as inclusive as possible of the

various graduates, each with their different histories, in running Clinical Day in conjunction with the dental alumni.

"I am delighted to note that the alumni and the Dental Institute generally continue to be highly successful and they are to be heartily congratulated on this. In expressing my deep gratitude for this honour I would like to take this opportunity not just to thank all those involved, but also to wish them all the best for their future activities." [DT](#)



(L-R) Professor John Greenspan, Professor Deborah Greenspan and Dr Clive Debenham

## Health and Social Care Bill gains royal assent

The Health and Social Care Bill recently gained Royal Assent to become the Health and Social Care Act (2012).

The core principles of the Act mean that doctors and nurses will be able to tailor services for their patients, more choice will be given to patients over how they are treated, and bureaucracy in the NHS will be reduced.

### The Act aims to:

- Devolve power to front-line doctors and nurses: Health professionals will be free to design

and tailor local health services for their patients

- Drive up quality: Patients will benefit from a renewed focus on improving quality and outcomes
- Ensure a focus on integration: There will be strong duties on the health service to promote integration of services
- Strengthen public health: Giving responsibility for local public health services to local authorities will ensure that they are able to pull together the work done by the NHS, social care, housing, environmental health, leisure and transport services
- Give patients more informa-

tion and choice: Patients will have greater information on how the NHS is performing and the range of providers they can choose for their healthcare. And they will have a stronger voice through Healthwatch England and local Healthwatch

- Strengthen local democratic involvement: Power will shift from Whitehall to town hall – there will be at least one locally elected councillor and a representative of Healthwatch on every Health and Wellbeing Board, to influence and challenge commissioning decisions and promote integrated health and care

- Reduce bureaucracy: Two layers of management – Primary Care Trusts and Strategic Health Authorities – will be removed through the Act, saving £4.5 billion over the lifetime of this Parliament, with every penny being reinvested in patient care

Andrew Lansley, the Health Secretary, said: "The Health and Social Care Act will deliver more power to clinicians, it will put patients at the heart of the NHS, and it will reduce the costs of bureaucracy.

"We now have an opportunity to secure clinical leadership

to deliver improving quality and outcomes; better results for patients is our objective."

Professor Steve Field, chair of the NHS Future Forum, said: "It was a tremendous privilege to be able to chair the Independent NHS Future Forum. All the comments and debate that we heard helped improve the Bill."

The implementation of the Act will now enable clinical leaders, patients' representatives and local government to all take new and leading roles in shaping more effective services. [DT](#)

## World Health Day

World Health Day was celebrated on the 7th April, marking the anniversary of the founding of the World Health Organisation in 1948. World Health Day is a global campaign, inviting everyone – from global leaders to the public in all countries – to focus on a single health challenge with global impact – the focus this year being *Ageing and Health*.

World Health Day 2012 focused

on how good health can add life to years, enabling older men and women to not only live longer, but also to extend their active involvement in all levels of society. Ageing concerns each and every one of us – whether young or old, male or female, rich or poor – no matter where we live.

Before the end of this century, the world will have more older people than children. People are living longer and life expectancy

continues to improve around the globe, but living longer is just one part of the equation – living well is the key to ensuring that older people remain healthy, energetic and involved in their communities and society as a whole.

As the world's population continues to age, social and economic implications of an ageing population will need to be addressed. Evidence suggests that moderate physical activity can

help to improve and prolong mobility in the elderly, yet as age increases, physical activity often decreases. This sort of decline in activity levels is more pronounced in women, low-income groups and in persons with low education levels.

Education and awareness are therefore key as well as adequate provision of age-friendly, community-based exercise and recreation facilities as well as improved access to basic primary health care. But perhaps the most important role for government and community leadership bod-

ies lies in acknowledging the value of older people and the contributions they make to family and community life.

Although it is never too late to adopt a healthy lifestyle, starting early will make sure that your later years are not only long, but also healthy. Studies show that children's arteries start showing atherosclerosis from as early as two years of age, which means the effects begin in utero. Whatever your age, regular exercise is crucial, so don't delay. [DT](#)



## Editorial comment

Today I spent most of the day at the GDC CPD Review Conference. It was a very interesting day, looking at the delivery of CPD and the barriers to accessing quality courses.

The delegate list was filled with practitioners, under- and post-graduate dental Deans, educators, academics, GDC members and commercial providers. Chaired by GDC Chief Executive and Registrar Evelynne Gilvarry, the day took in many aspects of CPD and its relevance to revalidation;

both allowing course providers to gain an insight into the potential direction for CPD in the future, and for the GDC to get feedback from stakeholders.

One of the buzzwords from the day was 'blended learning' – the use of different teaching modalities to allow for a round-

ed learning experience. This can use both online and face-to-face methods, with interactivity at the heart of it.

If CPD and revalidation are here to stay, then so is blended learning. **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](mailto:lisa@dentaltribuneuk.com)

## Denplan withdraws from ROI

Following its launch in the Republic of Ireland in August 2010, Denplan's Executive Board has taken the difficult decision to withdraw its presence from this region.

Denplan has been working with a range of member dentists over the last 19 months in order to increase the level of support it can offer to both the dental professionals and their patients - following the Government's decision to remove state-funded dental provision and reduce the Medical Card provision to children and exempt patients.

However, ongoing interest by the insurance regulators in this region has necessitated a growing investment in legal services to explain Denplan's product design and cover, which has, in turn, made this market financially unviable. This has been compounded by Denplan's recent sale to Simplyhealth, which is not yet registered to trade in the Irish Republic.

Denplan's Managing Director, Steve Gates, commented: "We're disappointed to be withdrawing from the Republic of Ireland, but I would personally like to thank all of our contacts in the area for the support and business they placed with Denplan and wish them every success in the future."

"This decision in no way affects our substantial presence in Northern Ireland, which still offers strong opportunities for growth over the coming years. I would also like to reiterate that there will be no job losses as a result of this decision." **DT**



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## Centres selected to host cutting-edge cancer services

Around 1,500 cancer patients a year will benefit from a cutting edge cancer treatment – Proton Beam Therapy – that will be available in London and Manchester, Health Secretary Andrew Lansley announced today.

Up to £250 million will be invested by the NHS in building Proton Beam Therapy facilities at The Christie NHS Foundation Trust hospital in Manchester and University College London Hospitals NHS Foundation Trust. The Department of Health have set aside public capital for this scheme.

Proton Beam Therapy is a

type of radiotherapy, which uses a precision high-energy beam of particles to destroy cancer cells. The treatment is particularly suitable for complex childhood cancers, increasing success rates and reducing side-effects, such as deafness, loss of IQ and secondary cancers.

Given the complex nature of the treatment and facilities, Proton Beam Therapy won't be fully available in England until 2017. Until then, the NHS will continue to fund patients in need of Proton Beam Therapy to go abroad – either to Switzerland or the USA. By 2014/15 the NHS will be spending £30

million per year sending up to 400 patients overseas.

Health Secretary, Andrew Lansley, said: "Developing a national proton beam therapy service is vital to ensuring our cancer facilities are world class. We have always said that it is patient outcomes which matter, and to get the best for patients we must always be looking to push the boundaries.

"In addition to improved success rates proton beam therapy reduces the side-effects which patients, particularly children, can suffer as a result of traditional forms of

cancer treatment.

"Once this service is in place, The Christie and UCLH will boast unparalleled cancer facilities. It will mean more patients will be able to get this treatment, including those for whom travelling abroad for long periods is not possible."

Andrew Lansley made a commitment to the programme in 2010 when he pledged over £50 million across the Spending Review period to allow up to 400 high priority patients to be treated abroad while we developed the business case to establish a national service here.

The Department of Health plans to introduce PBT services at The Christie and UCLH. The Department's assessment shows this to be affordable and deliverable in the short term. The development of the service will be closely monitored and should further capacity be needed in the future, the preferred third site is University Hospitals Birmingham, subject to normal business cases processes and the views of the NHS Commissioning Board. [DT](#)

## Tackle alcohol abuse at the dentist

Alcohol abuse causes dental disease and mouth cancer warn health experts. To tackle this at the earliest opportunity, screening and treatment for excessive drinking is vital, according to a paper published in the April edition of the Royal College of Surgeon's Dental Journal. The paper, 'Alcohol misuse: screening and treatment in primary dental care,' points out that patients do not attend their GP unless they are ill, but most people visit their dentist for a routine check-up, giving the dental team a unique opportunity to identify misuse.

The paper highlights that making standard questions about alcohol consumption more explicit under new policy

proposals could provide a currently untapped opportunity to help individuals tackle problem drinking, as asking patients about alcohol consumption is a routine component of understanding a patients overall health.

Jonathan Shepherd, Professor of Oral and Maxillofacial Surgery and lead author of the paper, said: 'Excessive alcohol consumption can lead to cancer of the mouth, larynx and oesophagus and dentists maybe the first to notice these conditions. So we need to introduce an alcohol screening tool that reliably detects hazardous and harmful drinking alongside effective treatment.'

The paper emphasises that an estimated one in five men

and one in seven women in the UK regularly binge drink which costs the UK economy approximately £25 billion a year. Promoting moderation in alcohol consumption in the primary dental setting could contribute to decreasing the economic, social and health burdens associated with alcohol abuse.

The study stresses that identifying and tackling alcohol misuse at the dentist would be a major contribution to the Government's health priorities. 'The dental team has a responsibility to promote overall health and not just dental health. Dentists and the Government must work together to develop and deliver screening and treatment by intervening early,' Shepherd concluded. [DT](#)

## Surgeons perform full-face transplant

Surgeons at the University of Maryland in Baltimore have reported the transplantation of an entire face onto a 37-year-old man.

According to a report, the surgeons successfully transplanted facial tissue, a tongue, teeth, and upper and lower jaw. The procedure is considered to be the world's most extensive full-face transplant. The patient Richard Lee Norris from Hillsville, Virginia, had the face transplant after a gun incident 15 years ago left him severely disfigured. Richard lost his lips and his nose, and his jawline was almost completely destroyed. As a result, he was left with limited movement of the mouth.

It wasn't until 2005 when

Richard first approached doctors at the university to discuss surgical options. After a face was donated by the family of a deceased anonymous donor, the extensive and difficult surgery could commence, and was conducted in late March by a multidisciplinary team of more than 150 medical professionals and lasted 36 hours. According to the university, this is the first time in history that a full-face transplant has been completed by a team of plastic and reconstructive surgeons experienced in both trauma and dental and facial reconstruction.

The project was financially supported by the US Navy, which hopes to gain better insights into the reconstruction of the wounded faces of returning soldiers. [DT](#)

## Clarification on licensing for dental surgeries



Dentists performing copyright music in their surgery do need a PRS for Music\* licence

If you're a dentist performing copyright music in your surgery, it has been announced that you do need a PRS for Music\* licence.

According to PRS, clarification on the requirement for a PRS for Music licence when playing music in a dental surgery following the decision of European Court of Justice

("the Court") on 15 March 2012 in the case of Società Consortile Fonografici (SCF) v Marco Del Corso ("the Decision").

The Decision concerns the liability of dentists to pay equitable remuneration for what under Italian law is a statutory right to use sound recordings by communicating them to the public. In its Decision, the Court held that such use by dentists to patients in their waiting rooms did not amount to a "communication to the public" with regard to this liability.

The Decision does not affect the requirement for a business to hold the correct PRS for Music licence where they play or perform PRS for Music repertoire in public.

The Decision specifically

dealt with the right of producers and performers to remuneration for certain uses of sound recordings, as provided for under Italian law. PRS for Music does not administer this right.

PRS for Music administers, amongst other rights, the exclusive right conferred on the copyright owners by UK law, to perform and to authorise the performance in public of their copyright musical works.

Therefore if you intend to continue performing our musical works in your premises regardless of the means of performance, for example by radio, TV, CD, MP3 or live performance, then you will need a PRS for Music licence. Under UK law a performance is regarded as taking place 'in public' if the audience comprises individuals outside of the com-

poser's domestic or home circle.

By not having, or cancelling an existing PRS for Music licence, you may be liable for infringement of copyright in PRS for Music's repertoire.

In the UK, the owners of the copyright in commercial sound recordings enjoy an exclusive right to play sound recordings in public. If you intend to continue playing such recordings in public in your workplace, we suggest that you contact PPL to discuss your requirements. [www.ppluk.com](http://www.ppluk.com) [DT](#)

\*PRS for Music is the trading name for the Performing Right Society (PRS). This information relates to the rights represented by PRS.



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# Campaign for CASPER

**G**lenys Bridges and Jane Armitage launch the Campaign for Administrative Standards and Professional Education for Receptionists and Practice Managers (CASPER)

In the modern dental profession there is no shortage of Standards and Regulations or authoritative bodies to assess and compliance. The origins of the current legislation date back as far as the Dentist Act 1921, which restricted the practice of dentistry to qualified, registered practitioners, working within ethical standards set by a regulatory body; The Dental Board for the UK, the initial forerunner of the General Dental Council (GDC)

Over the 90 years since the Dentist Act 1921 the health care professions have changed considerably, so too has their relationship with the public. When dentistry was restricted in 1921 the purpose of this legislation was to protect the public. In 2001 following some high profile medical cases, including the Harold Shipman, Alderhay and The Bristol Babies it was clear that to maintain public confidence higher profile measures were required and Clinical Governance was introduced to the Healthcare Sector.

Over the past 10 years the dental profession has introduced a curricular framework to enable members of the dental team to gain registerable qualifications and this has enabled a range of dental professionals to increase the scope of their contribution to patient care. As a result careers in the dental profession have become more prestigious and attractive to a wider range of people with a vocation to work in a caring profession.

Clinically dentistry can claim almost 100 years of ongoing development with excellence as its primary objective. However, when it comes to the non clinical aspects of dental care there is a massive black hole in terms of training

and ongoing development requirements.

The Health and Social Care Act 2005 sets out clear regulations which in turn have been translated by each constituent country of the United Kingdom to local essential standards of quality and safety. Each has appointed inspectors to visit registered practices to assess compliance. If you look really hard you will find training recommendations for Registered Managers. But not only do you need to look hard, to find any meaningful education requirements, you also need to use a broad span of interpretation because qualification requirements for Registered Managers are not definitive. Worse still the standard for administrators and receptionists are non-existent; or at least I have not been able to find them.

It is undisputable that the quality of UK clinical dentistry is world class. However, nowadays patients demand more that excellent dentistry, they will not settle for less than an excellent dental experience from the moment they decide to make an appointment on until they complete their treatment.

This is recognised in care quality outcomes. To consistently achieve these outcomes requires a range of quality management skills, such as planning services, auditing performance, creating, implementing and evaluating SMART objectives and gathering feedback on clinical and non clinical aspects of care. Without formal education these skills will be absent from dental teams' skills sets, therefore patients' experiences of quality if their dental experience will suffer.

Jane Armitage is a high profile multi-award winning practice manager. Over recent months she has helped numerous practice managers who are completely out of their depth with the new quality management regulations.



Jane says: "I believe academic training requirements must be introduced on a tiered level in-line with individual managers responsibilities. How can manager's be expected to run practices without academic training? It is bizarre. How can you lead a team of committed dental professionals without demonstrating the same level of commitment to your own training and ongoing development? We must begin by establishing educational standards and then establishing how many practices managers are educated to that level. From a quality standard should this be an issue that needs addressing."

The Campaign for Administrative Standards and Professional Education for Receptionists and Practice Managers (CASPER) has gathered high profile dental professionals who believe that qualifications for practice managers and receptionists are the next logical step in the progression of the dental profession and are urging the GDC and CQC to formalise a non-clinical curricular framework.

Jill Taylor, President of the Association of Dental Administrators and Managers (Formerly the BDPMA) has added her support to this campaign with the following Statement "I agree that the dental profession needs definitive non-clinical educational and CPD standards for dental managers and administrators."

If you would like to add your voice to ours, simply email us your name and:

"I agree that the dental profession needs definitive non-clinical educational and CPD standards for dental managers and administrators" to: [casper.campaign@gmail.com](mailto:casper.campaign@gmail.com) 

## Registration for Showcase 2012 now live!

**D**elegates are now able to register online for their ticket to BDTA Dental Showcase, which takes place at ExCel London from 4-6 October 2012. Registration is free and can be completed easily online at [www.dentalshowcase.com](http://www.dentalshowcase.com) and you will instantly receive your e-ticket.

No.1 dental exhibition, with over 10,000 members of the dental team expected to visit the three-day event, and more than 350 companies exhibiting, presenting the latest products and services that the dental industry has to offer.

Each year the BDTA holds an outstanding show, which is why Dental Showcase contin-

ues to be the biggest and best exhibition in the dental calendar. Book your ticket now to ensure that you don't miss out!

For more information, or to register for your free ticket to BDTA Dental Showcase please visit [www.dentalshowcase.com](http://www.dentalshowcase.com). 

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# Research to target threat caused by sepsis

**T**welve new research and development projects that aim to improve the future diagnosis, detection and management of sepsis, a life-threatening illness caused by the body over-reacting to an infection, are to receive government funding totalling £8 million.

The grant funding – from the Technology Strategy Board, the Department of Health, Ministry of Defence, Home Office, Engineering and Physical Sciences Research Council and Medical Research Council – will be matched by funding from the UK companies involved in the projects, bringing the total value of the R&D to more than £15 million.

Iain Gray, Chief Executive of the Technology Strategy Board, said: “There is universal recognition of the need for new and improved diagnostic tools to help in the management of sepsis. The products that will emerge from this important research and development will help to reduce the economic burden, death and illness from sepsis and infectious diseases and create opportunities for UK companies in the huge global market for diagnostic devices.”

The 12 business-led R&D projects will see more than 20 UK companies working collaboratively with more than a 12 universities, research organisations and NHS Foundation Trusts. The funding awards follow successful applications by the consortia to two competitions managed by the Technology Strategy Board.

The Multi-pathogen detec-

tion and/or simple discrimination competition sought proposals for projects to develop point-of-care diagnostic tools to assist clinicians and health workers in the management of sepsis, while the Advancing biomarker use in sepsis management competition looked for R&D projects that would advance the effective use of biomarkers in the management of the condition.

The projects will be led by BD Biosciences (Oxford) (2 projects), BioGene (Kimbolton, Cambs), HPA Microbiological Services Porton (Salisbury), Inovate UK Ltd (Birmingham), Magna Parva (Leicester), MAST Group Ltd (Bootle), MicroLab Devices Ltd (Leeds), Mologic Ltd (Sharnbrook, Beds), Randox Laboratories Ltd (Crumlin, Co Antrim), Sepsis Ltd (Liverpool) and Smiths Detection Watford Ltd (Watford). Taking into account the other organisations that make up the twelve consortia, companies and experts from every part of the UK will take part in the research and development activity.

The projects include work that will lead to the development of:

- Point-of-care devices to detect multiple pathogens and antibiotic resistance profiles
- A rapid test (less than three minutes) to detect the presence of bacteria in blood
- Devices capable of detecting pathogens and the host response in a single system in less than 15 minutes
- Biomarker based cellular assays to predict stages of infection and sepsis
- Tests incorporating physical

and biological measurements that can be used in multiple settings to detect the early signs of infection and sepsis

The Technology Strategy Board used the Multi-pathogen detection and/or simple discrimination competition to pilot a planned initiative called Design Option, which aims to help businesses think more about design at the start of their research and development project. Through the Design Option initiative, applicants to this competition were offered free access to design mentors while they were in the early stages of developing their project proposals. Five requests for Design Option assistance were received and approved. Three of these were invited to submit full applications and two were ultimately successful in securing offers of grant funding.

The funding programme is part of the Technology Strategy Board-managed Detection and Identification of Infectious Agents (DIIA) Innovation Platform, which is managing a range of government investment in innovative research and development into diagnostic tests and devices that will help to cut the number of deaths and cases of illness caused by infectious agents in humans and animals, while reducing the economic burden. **DT**

# Celebrate with the AOG

**C**ome and celebrate the AOG's 30th anniversary this summer, at the Haberdasher's Aske's Girls School in Herts. Enjoy the sun with superb Indian cuisine, wine, beer, soft drinks and plenty of entertainment for the kids including a bouncy castle and an interactive animal zoo!

The event will take place on 8th July 2012 and tickets are available online. Non-AOG members can purchase tickets from the website for £15 an adult and £3 for children under 16, while the special members' rates are £5 per adult

and £1 for under-16s.

The AOG began as a source of social networking for dental professionals, and over the years has become a place for people of all ages to come together and give back to those within dentistry. Open to everyone, the AOG organises events, educational support and charitable trips with the aim of working 'towards the greater good'.

Help us celebrate our 30 years of success, and enjoy great company and fun for all the family at our BBQ this

summer. **DT**

For further details on forthcoming trips and events, or to join, visit [www.aoguk.org](http://www.aoguk.org)



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# The British Dental Conference and Exhibition preview

*Dental Tribune* previews this year's Manchester event



Outside the Manchester Central Convention Complex

The British Dental Conference and Exhibition 27th – 29th April 2012, to be held in Manchester at the MCCC, is the UK's largest three-day dental conference and exhibition and is certainly a must-attend event in the dental calendar.

The conference, run by the British Dental Association, hosts a world class clinical programme of lectures and seminars covering all aspects of dentistry, with leading experts from both the UK and overseas.

The exhibition itself hosts a fantastic array of companies from the dental industry and this year includes an educational exhibition with free seminars featuring a demonstration theatre and training essentials theatre (all of which offers verifiable CPD).

As well as an all-encompassing variety of seminars, lectures and social events, there will also be a number of new features on offer. These include a live Demonstration theatre offering a full three-day programme and the Innovation Zone!

## Innovation, innovation, innovation

New for the 2012 Conference is the live Demonstration theatre, which offers a full three-day programme, including the chance to see experts from the UCL Eastman Dental Institute demonstrate on phantom head simulators. Delegates will also be able to learn more about managing dental anxiety and medical emergencies through role-play enactments.

There is also the exhibition's Innovation zone, where delegates will be able to discover cutting-edge dental technology and the latest innovations in

practice improvement. What's more, the zone will allow delegates to see demonstrations of innovations that are contributing to the future of dentistry (and all whilst gaining 30 minutes of FREE verifiable CPD).

This year delegates will also be encouraged to plan their visit to the exhibition element of the event using an innovative new online bookings system that allows attendees to reserve time with exhibitors.

## Conference highlights

The conference is providing a fantastic range of topics, encompassing aesthetics, core CPD, endodontics, general dentistry, oral health, periodontics, career development and practice management.

## Thursday's highlights

11:45 - 12:30 - *Capability of the 21st century mind*

Susan Greenfield CBE discusses the human brain, at the Motivational keynote session: *Capability of the 21st century mind*.

Here Susan will discuss how the human brain is exquisitely evolved to adapt to the environment and question that as the screen culture of the 21st century is changing in unprecedented ways, will the next generation therefore think and feel in a totally new way?

14:45 - *Infection control: Fighting the tide of communicable disease and avoiding infection – experiences from the cruise industry*

This session, by Kate Bunyan, Medical Director, Carnival UK (Cunard and P&O), will take a look at where, how and why the cruise industry manages decontamination, cross-contamination, water safety and environmental pathogens.

## Friday's highlights

10:00 - *Developments in dentistry for the UK | Session for young dentists: What is the future of clinical dentistry?*

This is a session not to be missed, as The Earl Howe addresses developments in dentistry for the UK.

14:00 - *Volunteering - you*

## only get what you give!

This session will be looking at the ways in which responsible volunteering and partnership with Bridge2Aid can add value to your practice, your team, your reputation, and your personal development whilst making a sustainable difference to the oral health needs of de-

veloping nations.

On Thursday the entertainment begins at 18:00 at the Central Hall with the exhibition hall drinks reception as the BDA hosts a get together to celebrate the opening day of the event!



Delegates at the British Dental Conference and Exhibition

## Saturday's highlights

09:00 - 10:00 - Session 1: *How to achieve aesthetic results with conservative treatments (direct and indirect)* and 10:45 - 12:00 - Session 2: *How to achieve aesthetic results with prosthetic treatments on both natural teeth and on implants*

Professor of Restorative Dentistry Lorenzo Vanini will be providing lectures on how to blend function and aesthetics in every clinical situation.

13:00 - *Fast smiles for the GDP – exploring 'quick fix' orthodontic treatments*

Ross Hobson, Specialist Orthodontist, discusses orthodontics and how many GDPs have been enticed by the apparent simplifying of the mysteries associated with braces. His presentation will examine the various brace options and how to understand what is good and bad orthodontics.

## Social events

Along with its fantastic confer-

On Friday there is the Friday Night Party, held at the Palace Hotel, Manchester, where you will be able to enjoy a free drink and sample a spice infused buffet which will be cooked in front of you by the Palace's experienced chefs. With this year's entertainment provided by Killer Queen, Europe's number one Queen Tribute band it's an event not to be missed!

The Golden Age of Hollywood will also be making an appearance on Friday at the now SOLD OUT FD Ball.

Finally, on Saturday evening, the BDA will be hosting a black-tie Gala dinner. Held at the Hilton Deansgate Hotel, Manchester, the event is the perfect way to end the conference in style, with drinks at the pre-dinner reception and a chance to relax with friends and colleagues over a three course meal. 

For more information about the British Dental Conference and Exhibition, got to <http://conference.bda.org/> or call the BDA on 0870 166 66525





# The Queen's Diamond Jubilee...do you know the drill?

A four day weekend lies ahead to mark the Queen's Diamond Jubilee – or does it? NASDAL, the National Association for Specialist Dental Accountants and Lawyers, is advising dental team members not to be too jubilant until they are sure that they really are entitled to the additional holiday.

The Spring Bank Holiday has been moved to Monday 4th June and there is an additional Bank Holiday on Tuesday 5th June to mark the 60th year of Queen Elizabeth II's reign. But 5th June could be just another day in the practice.

In the same debate that surrounded last year's Royal wedding, the tabloids have already stepped up the campaign for employers to grant their staff the day off to celebrate, but in many cases, employers are being advised that they are not obliged to do so.

Amanda Maskery, a Lawyer and a member of NASDAL, has shed some light on the matter. It is a common misconception, she said, that employees are entitled to time off work for bank holidays. Usually, employees are simply entitled to the statutory minimum number of holidays, currently 5.6 weeks (or 28 days) a year.

She suggests that the starting point is to look at the contract of employment for guidance. Where the contract states that an employee is entitled to public holidays in addition to their annual leave, but neither the number nor the specific dates are referred to, they will be entitled to an additional day's holiday. That said, if the employer has the contractual right to grant a day off in lieu of a bank holiday, an employee may still be required to work on 5th June, and their extra day's holiday can be postponed.

Where the contract specifies a total number of days' holiday that includes bank holidays, or where it states either the number or the specific bank holidays that may be taken, then the employee will not be entitled to an additional day's holiday.

Amanda has warned that employers should also consider their custom and prac-

tice when taking a decision on whether to grant an extra day off. She adds: "Employers should be aware that their employees may have an implied right to the extra holi-

day by virtue of the employer previously granting time off in similar circumstances. Given that the situation does not arise very often, the likelihood is small, but in the shadow of

the Royal Wedding, there is clearly the potential for a custom and practice argument."

Amanda suggests that employers would be wise to

consider any potential staffing issues now and consult their employees' contracts of employment, together with holiday policies, so their staff know whether or not they will have a four day weekend. [www.nasdal.org.uk/](http://www.nasdal.org.uk/)

• Amanda Maskery of Sintons LLP can be contacted on 0191 226 7838 or to find a member of NASDAL in your area, go to <http://www.nasdal.org.uk/>

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