Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

Published in London | March 26-April 1, 2012 | Vol. 6 No. 8

News in Brief

A sweet finding

New research has suggested that compared to 15 years ago, the children of today's society are eating less chocolate and fewer sweets. The report from the NHS Information Centre revealed that between 1997 and 2010 chocolate and sweet consumption fell by 39 per cent among four to ten-year-olds and consumption by 11 to 18-years-olds fell by 35 per cent. The World Cancer Research Fund (WCRF) said the fall in youngsters' intake of chocolate and sweets was "good news for the health of children in the UK'. However, around three in 10 children are still either overweight or obese.

Sugary drinks risk

Recent research has suggested that men who drink a single fizzy drink each day may significantly increase their chances of having a heart attack. The study, which was carried out by scientists at the Harvard School of Public Health in the US, looked at data on 42,883 men. They found that those who drank a can of fizzy drink a day had a 20 per cent higher risk of heart disease than those who didn't have any fizzy drinks. According to lead author and professor of nutrition and epidemiology Dr Frank Hu, the findings, which are published in *Circulation Journal*, add to a growing body of evidence "that sugary beverages are detrimental to cardiovascular health". Tracy Parker, a British Heart Foundation dietician, said in a report that people should not have fizzy drinks every day. "Go for healthier alternatives such as water, low fat milk or unsweetened juices, which are kinder to our waistlines as well as our heart," she advised.

Dentistry on Radio 4

Bridge2Aid Founder and Clinical Director Dr Ian Wilson recently spoke to Radio 4's Sandi Toksvig as part of a Medics Abroad feature during her *Excess Baggage* programme. Sandi also spoke to Dr Marie Charles who runs an organisation which places volunteer doctors and nurses in developing countries to impart their skills to local medical workers. Ian talked about the challenges of access to basic dental services for people living in rural communities and how he used his dental skills and experience to start the Bridge2Aid Dental Volunteer Programme in Tanzania. Both Ian and Dr Charles spoke about the importance of training local people in order to build capacity in the healthcare system. To hear the programme visit www.bbc.co.uk/programmes

News

Shock Trauma
Sim Man trains dental students

▸ page 2

Practice Management

What's your Kolbe?
Alun Rees asseses your team

▸ pages 10-11

Event Review

The fun of the show
Dental Tribune looks back at The Dentistry Show

▸ pages 14-15

Clinical

Quick and predictable
Biju Krishnan on short-term orthodontics

▸ pages 21-25

Music for nothing?

EU court rules dentists should not pay music royalties

In what has been called a move of "common sense" the European Court of Justice has ruled that dentists do not broadcast music for profit and should be exempt from music royalties.

The ruling came about after a case was brought against a Turin dentist by an Italian agency that collects royalties. Reports on the case stated that the judges explained how patients do not go to surgeries to listen to music but "with the sole objective of receiving treatment", and the number of people in a typical dental surgery "is not large, indeed it is insignificant." A BBC report stated that the ruling is legally binding across the 27-nation EU.

Dental Tribune spoke to PRS for Music, who said: "PRS for Music is aware of the guidance given last week by the Court in Luxemburg on licensing music rights specifically for the rights of performers and record labels in dentists' waiting rooms.

"This judgement has no immediate impact on PRS for Music's licences to dentists in the UK, and we have been advising our customers as such.

"A PRS for Music licence pays royalties to those that have written, composed and published music as defined in UK law and we will be monitoring the next stage of the process in the Italian Court of Appeal.

"This judgment is unhelpful and confusing to customers and runs contrary to the rights of creators and performers to earn when their music is used in business, whatever that business is."

Commenting on the impact on dental practices in the UK of the ruling of the European Court of Justice in Società Consortile Fonografici (SCF) v Marco Del Corso, the British Dental Association's Chief Executive, Peter Ward, said: "The European Court of Justice (ECJ) decision that dentists are exempt from paying music royalties is significant. The BDA believes that this ruling paves the way towards removing red tape that impinges unnecessarily on the running of a dental practice.

"We are seeking confirmation of our understanding that this decision applies equally to the United Kingdom and should take immediate effect. We also wish to clarify whether or not video performances are covered by the decision."

"We have sought assurances from both the Performing Rights Society and the Phonographic Performance Ltd that it will refund dentists who have already paid this year's licence."

The change, if applied to UK dentists, will certainly make a big difference, as practice owner Neel Kothari, explained: "Finally a little bit of common sense from the European Court of Justice. Of course dentists don't broadcast music for profit, nor do GP surgeries, hospitals, schools or the majority of professions and trades where listening to background music makes everyone's working days just that little bit more pleasant. Furthermore, having background music is a great way to actually help the performers sell their live and recorded music by allowing more people to actually listen to it.

"I appreciate that the PRS are representing their members, but businesses up and down the UK are sick and tired of having every last penny squeezed from them at a time when the nation's economy is in such dire straits (no pun intended). Unfortunately each little 'fee' like this one brings us one step closer to eventually having to pay for air. The late Luther Vandross sang that the 'best things in life are free' hopefully this ruling will be a small victory for common sense."

Jonathan Morrish, Director of PR and Corporate Communications, PPL said: "We are aware of the decision and are currently considering the details of the judgement." DT

‘Shock trauma’ to help train dental students

Sim Man in action

The University of Maryland’s School of Dentistry has teamed up with the University of Maryland R Adams Cowley Shock Trauma Center for training future dentists to respond efficiently and effectively to life-threatening medical emergencies in a dental setting.

To enhance the School of Dentistry’s current course work in prevention and management of medical emergencies, the School has added a partnership with the center known worldwide as simply ‘Shock Trauma.’ “It is a pioneer of trauma care and is dedicated to treating the critically sick and severely injured with ground-breaking research and innovative medical procedures with one goal in mind, to save lives,” said Thomas Grissom, MD, FCCM, associate professor of anesthesiology at the School of Medicine.

‘Sim Man,’ a computerised, life-size human simulation mannequin utilised by Shock Trauma will be part of the dental training, according to Gary Hack, DDS, director of clinical simulation at the School of Dentistry.

Sim Man, made by the Laerdal Medical Corp., electronically responds to treatments. The mannequin actually talks back to attending health care professionals, offers pulse and blood pressure rates, responds to cardiopulmonary resuscitation (CPR), simulates lung function, and has other features like those of a live patient in a dental chair, including becoming cyanotic, wheezing, or exhibiting pupillary responses.

“This new program will dramatically improve our students’ ability to respond to medical emergencies, and my hope is that we will be able to expand this program to include training on how to screen for diabetes,” said Hack.

While a student or resident attends to a simulated emergency such as a heart attack on Sim Man, faculty instructors can monitor and change the mannequin’s vital signs, which are displayed on standard monitors that are found in dental offices, via the computer. This control unit can access the depth and effectiveness of chest compressions being applied during CPR to the mannequin by the student, as well as pulse rate, blood pressure levels, and more.

“The exercise teaches residents to stay calm and act decisively during an emergency,” says Gary Kaplowitz, DDS, who is the AEGD associate director. Shock Trauma’s Sim Man is much more than a plastic mannequin. He weighs 160 pounds and simulates realistic and dynamic patient conditions.

The Sim Man exercise includes an immediate debriefing.

Kaplowitz said: “I think many dentists are not fully prepared for medical emergencies, though they are aware of the possibilities. These things do happen and you never know when. If a dental patient goes unconscious in the chair, you are it,” he told dental students, residents and faculty at the debriefing. DT

$2 million for research into oral disease

A collaborative research project that could significantly improve our understanding of the role of Candida albicans in gum and jaw disease has been awarded $2 million by the US National Institutes for Health (NIH).

Howard Jenkinson, Professor of Oral Microbiology and Head of Research at the University of Bristol’s School of Oral and Dental Sciences, has been funded by the NIH since 2006 for research into Candida albicans - the species of Candida that causes most fungal infections. This five-year programme renewal is to develop further research into yeast infections and better ways to control them.

The most common fungal infections in humans are caused by Candida. More generally known as yeast infections, these conditions are uncomfortable for a healthy person, but deadly for someone whose immune system is weak or who is vulnerable after surgery.

More than 50 per cent of the population have suffered from yeast infections at one time or another and this is one reason why Candida generates considerable interest from a public health perspective.

Professor Jenkinson said: “Candida albicans are a major concern in public health. They are quite resilient to antimicrobial agents and some of the newer drugs are not yet freely available. Once Candida are growing in the body, they are very difficult to clear. Therefore, one of our research goals is to find new ways of blocking the ability of Candida to colonise humans.”

Candida yeasts can live quietly inside the human body for many years. But they have the potential to suddenly cause disease, often in response to antibiotic treatment, hormonal changes, or reduced immunity. Candida become troublesome when they grow filaments known as hyphae that penetrate the body tissues. They cause painful conditions such as ‘sore mouth’ in denture users, but more serious problems if the fungi get into the blood stream and infect the organs. This condition, known as candidaemia, may be fatal.

Professor Jenkinson’s work has observed that Candida albicans interact very closely with several different types of bacteria in the human body. These help Candida colonise and stimulate them to produce hyphae.

Professor Jenkinson added: “We have developed models to study microbes growing together under conditions that mimic those in the body. We do this by flowing body fluids like saliva through small incubation chambers in which Candida and bacteria are growing together. One of our new ventures is to better understand the role of Candida albicans in periodontal (gum and jaw) disease. There is evidence that Candida may be involved together with bacteria in dissolving away bone, causing teeth to fall out.”

While the main focus of this work is oral disease, the research findings will apply to Candida infections in other parts of the body.

Professor Jenkinson’s collaborators include Dr Rich Lamont, University of Louisville; Dr Aras Kadioglu, University of Liverpool; Dr Mark Ramsdale, University of Exeter; Dr Mark Jepson, Biochemistry and Dr Michele Barbour, School of Oral and Dental Sciences, University of Bristol. DT

Have your say

The *Children and Young People’s Health Outcomes Forum* is gathering views from children, young people, parents, carers, doctors, nurses and other professionals involved in providing care to children on the health outcomes that matter most for children and young people and how the different parts of the health system will work together to deliver these.

It wants to hear views on four particular areas:

- acutely ill children
- mental health
- children with disabilities and long-term conditions
- public health

To take part, visit the Department of Health website. http://healthandcare.dh.gov.uk/children-say/

Please send your views and comments by 30 April 2012.

The Forum will report to the Government with independent advice that will inform the *Children and Young People’s Health Outcomes Strategy*.

The *Strategy* will ensure that the outcomes measured are the ones that matter most to children, young people, their families and the professionals responsible for their care. DT

Mouth Cancer Foundation website gets new look

To celebrate 10 years as the UK’s leading mouth cancer charity, the Mouth Cancer Foundation has launched its brand new look website at www.mouthcancerfoundation.org.

Speaking on the new look, Founder of the charity, Dr Vinod Joshi, said: “The success of the Mouth Cancer Foundation is down to the interactive functionality of its website which members find really useful. There is a great sense of community online. The new website is fresh, informative and bursting with information to help patients and carers.”

In recent months the charity has experienced a record number of hits to its website. The online members’ forum is also a hugely popular site for the charity. As well as visitors going to the site for information, they regularly request leaflets and merchandise on all aspects of head and neck cancers. The signs, symptoms and how to care for those with head and neck cancer are the hottest topics. DT

Editorial comment

March 22 saw the 19th World Water Day – a UN-organised event focusing attention on the importance of freshwater and advocating for the sustainable management of freshwater resources.

Focusing mainly on the use of water in the production of food, the campaign is aiming to raise awareness of how our food choices and food production methods use so much water.

'What has this got to do with dentistry?' I hear you ask, and on the face of it not a lot; but a dental practice uses a tremendous amount of water every day. According to the US-based Eco Dentistry Association a standard dental vacuum system uses 300-500 gallons of water a day - totalling 9bn gallons of water a year in North America alone!

Talking food production the first statistic you find on the World Water Day website is that a human being needs to drink two-four litres of water every day. However, to produce the daily food for one person takes 2,000-5,000 litres of water. As an example, it takes about 1,500 litres of water to produce 1kg of wheat, but it takes 10 times more to produce 1kg of beef; and meat consumption is on the rise - from 37 kg per person per year in 1999/2001 to 52 kg in 2050 (from 27 to 44 kg in developing countries).

Doing the maths, it is a frightening to think about how much water it takes for every human activity. Let us all be part of the solution by watching our water use and making choices to reduce our 'water footprint' (the total volume of freshwater that is used to produce the goods and services consumed by an individual or a community or produced by a given business) both at home and in the dental practice. 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?

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Interventions to change diet

A study published on *The Cochrane Library* by the Cochrane Oral Health Group, has reviewed whether efforts by dentists and other dental staff members can be successful in changing patients' diets.

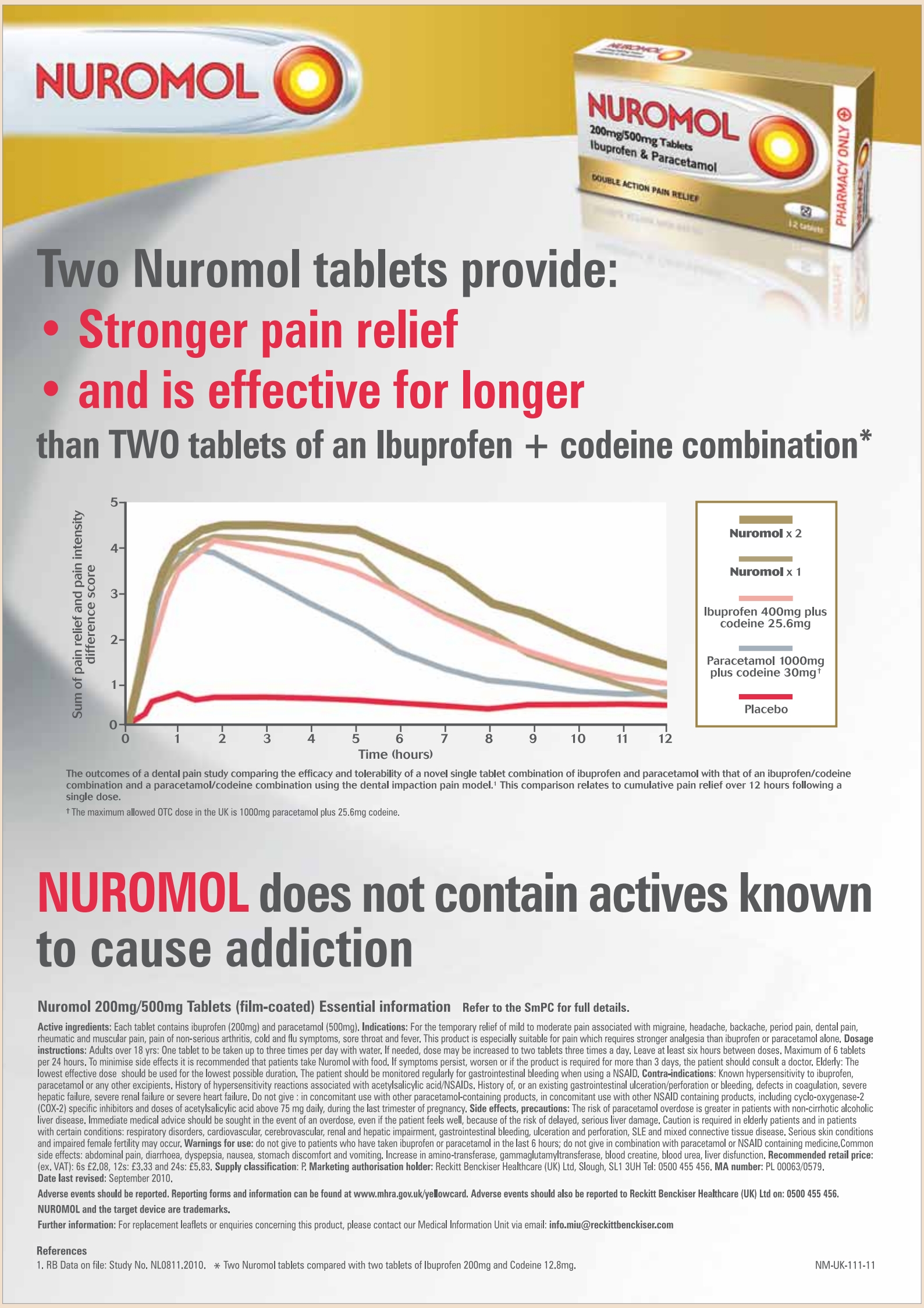
The researchers of the study, *One-to-one dietary interventions undertaken in a dental setting to change dietary behaviour*, identified five studies, two of which were concerned with diet advice given concerning general health, one of which was about alcohol and one which was about fruit and vegetable consumption.

The researchers reported that in both these studies there was a change to healthier behaviour following the advice.

The authors also identified three studies which attempted to change sugar consumption habits in order to reduce dental decay.

However, in two out of these three studies there were also other types of advice given so it was therefore impossible to say whether changes in diet came about because of the diet advice given or because they were subtly influenced by the other messages.

• The authors concluded that the evidence for dietary advice aiming to change sugar consumption is poor. Further studies in this area should be considered. DT



HPV pushes oral cancer cases past 6,000 a year

New figures from Cancer Research UK have revealed that the number of oral cancer cases diagnosed each year in the UK has risen above 6,000 for the first time.

A decade ago there were more than 4,400 cases of oral cancer. Now the latest figures show this has risen to more than 6,200. Around two thirds of cases are in men.

Oral cancer rates in the UK have risen by around a quarter in the last 10 years from around six to eight cases per 100,000 people.

Experts believe that infections with high-risk strains of the human papillomavirus (HPV) may be a key reason for the jump in cases of oral cancer.

HPV infections are common with up to eight out of 10 people in the UK infected at some point in their lives.

Infections are usually on the fingers, hands, mouth and genitals. Many strains of the virus cause infections that are harmless and get better on their own. Most people will never know they had the virus.

But a few strains of HPV are known as high-risk. If these strains persist they can lead to cell changes which could develop into cancer. One of these high-risk strains is HPV-16.

Richard Shaw, a Cancer Research UK expert in head and neck cancers, based at the Liverpool Cancer Research UK Centre, said: "We have seen a rapid increase in the number of HPV16-positive cases of oral cancer. We have also noticed that patients with HPV-related oral cancers tend to be younger, are less likely to be smokers and have better outcomes from treatment than those whose tumours show no evidence of HPV.

"This raises questions as to exactly how these cancers develop and why they only affect a small proportion of people who are exposed.

"As HPV-related cancers appear to behave quite differently, the Liverpool Cancer Research UK Centre is also involved in Cancer Research UK-funded clinical trials to improve treatments."

Traditionally, the main risk factors for oral cancer have been tobacco and alcohol. Oral cancers tend to take at least a decade to develop so looking at lifestyles 20 to 30 years ago can help understand the rise in cases.

Over the last 30 years, smoking rates in Britain have more than halved.

And while figures show that the amount of alcohol bought in the UK over the last 20 years has increased by seven per cent – this is unlikely to be a large enough increase to explain fully the rise in the rates of oral cancers.

Experts say this suggests other risk factors may be playing a role – in particular HPV.

There were particularly sharp rises in the incidence rates of cancers at the base of the tongue (almost 90 per cent increase) and the tonsil (around 70 per cent increase) – two areas of the mouth where cancers are more commonly HPV-related.

Sara Hiom, director of information at Cancer Research UK, said: "It's worrying to see such a big rise in oral cancer rates. But like many other cancers, if oral cancer is caught early, there is a better chance of successful treatment.

"So it's really important for people to know the signs and symptoms of oral cancer - mainly mouth ulcers that just won't heal, any lumps or thickening in the mouth, lips or throat, or red or white patches in the mouth that won't go away.

"It's not just doctors who have a vital role to play.

"Dentists have an important role to play in spotting oral cancer early and encouraging their patients to take care of their mouths." DT

'Five-a-day' causing tooth decay

A ban on serving fruit juice in schools has been suggested to help prevent tooth decay in children

In response to news reports about the risk of tooth decay due to the inclusion of pure fruit juice in 'five-a-day' recommendations, the Infant & Toddler Forum (ITF) supports increased awareness about the sugar and acid content of juices, and the risk of enamel erosion and subsequent dental caries in young children.

Kathy Harley, dean of the dental faculty at the UK's Royal College of Surgeons, has been reported as saying that half of five year olds show signs of enamel erosion caused by fruit, particularly citrus fruits. She has called for schools to ban fruit juice and to offer milk and water instead.

Younger children are also at risk; the first teeth are just as prone to dental caries as permanent teeth. It is important to take special care of a child's mouth in order to prevent tooth decay and avoid dental extractions and fillings.

Judy More, paediatric dietician and member of the ITF, says: "Parents often think that tooth decay in children's first teeth is not important as they will grow their adult set in any case. However, the first teeth are just as important as adult teeth, as early loss of the first teeth can lead to overcrowding when adult teeth appear.

"Fruit and vegetables are part of a nutritious, balanced diet but fruit is best given as pieces of fruit rather than as juice. Fruit juices are a source of vitamin C, helping with the absorption of iron from plant based foods; however, they are acidic, high-sugar drinks and can cause dental caries.

The sugars in sweet foods and drinks are metabolised to acids by the bacteria in dental plaque. These acids, along with the acid already present in drinks like fruit juices, squashes and fizzy drinks, cause demineralisation or softening of the enamel.

"If fruit juice is given as a drink it should be well diluted, for example one part juice to about six to ten parts water, and should only be served in a glass, cup or beaker, rather than a bottle. Sucking slowly on sweet drinks in a bottle increases the risk of tooth decay.

Well diluted fruit juice, if given, should be with meals and snacks, and three-four oz or 100-120ml is about right as a single drink portion for one-three year olds. Water and milk are the only drinks that should be offered between meals and snacks." DT

Charity calls for outright smoking ban

A Cardiff-based charity, Tenovus, has called for an outright smoking ban in Wales.

According to a BBC report, the call was requested on the same day that smoking was banned within the grounds of most Welsh hospitals. The report stated that six of the seven health boards in Wales decided to prohibit smoking in their grounds, whilst the remaining health board, Hywel Dda in Mid and West Wales, is in the process of developing a ban.

Even though smoking shelters have been dismantled at hospitals where outright bans are being imposed, Richard Pugh, community development manager for Tenovus, called for a much more radical approach - a total ban on smoking.

"We've tapped away at smoking here, smoking there - stop smoking in cars, in restaurants, in public places," he said in the BBC report. "Sooner or later we will get to the point where we stop smoking altogether.

"So it's time to think about the bigger question - and let's do it now."

Although Welsh government said it did not have the power to introduce an outright ban, it was reported that the Welsh government's actions to tackle the harm caused by smoking remained a priority.

A spokesman said the government's ultimate vision was "of a smoke-free society for Wales, in which the harm from tobacco is completely eradicated."

Recently both the Welsh government and Tenovus promoted their Fresh Start Wales awareness campaign outside City Hall in Cardiff. The campaign aims to encourage parents and carers not to smoke in cars carrying children. Stop Smoking Wales will also be available to provide information on its smoking cessation service. DT

Smoking has already been banned in hospital grounds

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FGDP(UK) elects new Dean

Dr Trevor Ferguson, *(pictured)*, was elected to be the 8th Dean of the Faculty of General Dental Practice (UK) on 2nd March 2012. Trevor will take over from the current Dean Russ Ladwa in June. The Faculty Dean is elected to serve for up to three years, providing clinical leadership and promoting the Faculty's strategy and policies in the professional and public arenas.

Trevor Ferguson is a General Dental Practitioner who has been practising in North Wales for the past 25 years. He has previous experience of vocational training, tutoring on postgraduate courses, University teaching and maintains a continuing active commitment to primary care dentistry. Dr Ferguson was a founder member of the FGDP(UK) and has been a member of the Faculty's Board since 1998.

Upon being elected Trevor Ferguson said: "The achievements of the Faculty to date have been remarkable, however we live and practise in very challenging times. The future success of the Faculty is dependent on increasing membership, strengthening our position as the standard setting organisation for general dental practice, as a provider of postgraduate education and training, and also ensuring a greater voice in the future of patient care. The next few years are crucial and require significant vision and enthusiasm to achieve these goals. I am delighted to have been elected to the position of Dean and I look forward to working towards these goals, and articulating the Faculty's position within the Profession."

Current Dean of the FGDP(UK) Russ Ladwa congratulated Dr Ferguson on his election saying: "Trevor Ferguson has contributed hugely to the FGDP(UK) to date. He has all the right qualities to lead the Faculty forward at a challenging and critical time for our profession. I wish him well!"

Also elected on the 2nd March were two Vice-Deans, with Lawrence Mudford being elected for a second successive term and Naresh Sharma for the first time.

In response to his re-election Lawrence Mudford said: "I am honoured and delighted to have been re-elected as Vice Dean of the FGDP (UK) in a year which marks the Faculty's 20th anniversary. I look forward to working alongside the Dean, Faculty Board and staff to develop and enhance patient care into the future".

Naresh Sharma said of his election as Vice Dean: "After 20 years at the FGDP I am delighted to be elected as a Vice Dean. It will give me great pleasure to serve the Faculty and try to shape a better future for our colleagues and our profession." DT

A voyage of discovery for BDTA

Members of the dental press gathered at the Royal Institution in London on 9 March 2012 for this year's BDTA Dental Showcase marketing theme launch.

The Royal Institution is an independent charity dedicated to connecting people with the world of science, and with its focus on discovery, innovation, inspiration and imagination, it was the perfect venue to launch this year's marketing theme of 'A Voyage of Discovery'. At over 200 years old, the Royal Institution has seen the discovery of ten chemical elements, and has been the site of many scientific experiments, including the research that told us why the sky is blue.

The dental press gathered in the Sunley Room of the Royal Institution for drinks before Tony Reed, Executive Director of the BDTA, formally introduced the theme of this year's marketing campaign. Jane Harrison, who works on the Institution's Heritage team, then took guests on a tour of the museum, showing them the preserved laboratory of 18th century scientist Michael Faraday and the state-of-the-art nanotechnology lab that sits opposite and is in use daily. Guests also enjoyed a three-course lunch, and after dinner coffee was served dramatically surrounded by dry ice.

Tony Reed commented: "Launching the Showcase marketing theme is always a thoroughly enjoyable event, and a great opportunity for the dental press to gather. Having been the location of so many important discoveries and scientific developments, the Royal Institution proved to be a great venue for this year's theme of 'A Voyage of Discovery'. It re-enforces the fact that Showcase is still the best place to see all the latest innovations in dentistry, and to discover what's new."

BDTA Dental Showcase 2012 takes place from 4-6 October 2012 at ExCeL London. For further information visit www.dentalshowcase.com. DT

The theme of this year's marketing campaign is 'A Voyage of Discovery'

Key to immune system disease could lie inside the cheek

Powerful new cells created by Cardiff University scientists from cheek lining tissue could offer the answer to disorders of the immune system.

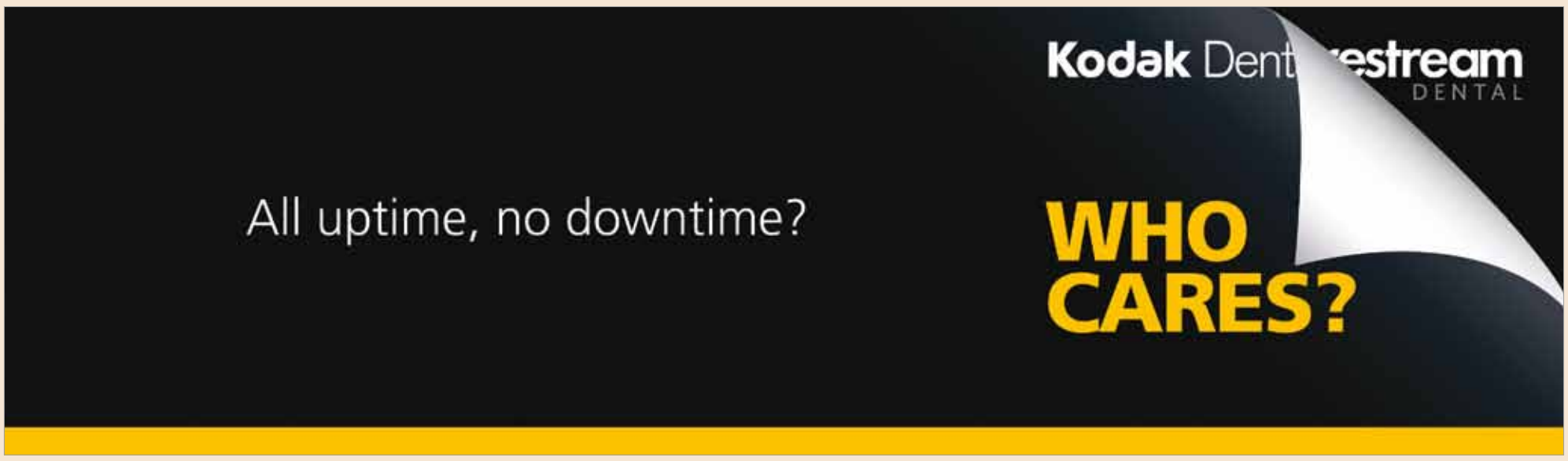
While the body's immune system protects against many diseases, it can also be harmful. Using white blood cells (lymphocytes), the system can attack insulin-producing cells, causing diabetes, or cause the body to reject transplanted organs.

A team from Cardiff's School of Dentistry led by Professor Phil Stephens, with colleagues from Stockholm's Karolinska Institute, have found a new group of cells with a powerful ability to suppress the immune system's action. The team took oral lining cells from the insides of patients' cheeks and cloned them. Laboratory tests showed that even small doses of the cells could completely inhibit the lymphocytes.

The breakthrough suggests that the cheek cells have wide-ranging potential for future therapies for immune system-related diseases. Existing immune system research has focussed on adult stem cells, particularly those derived from bone marrow. The cheek tissue cells are much stronger in their action.

Dr Lindsay Davies said: "At this stage, these are only laboratory results. We have yet to recreate the effect outside the laboratory and any treatments will be many years away. However, these cells are extremely powerful and offer promise for combating a number of diseases. They are also easy to collect – bone marrow stem cells require an invasive biopsy, whereas we just harvest a small biopsy from inside the mouth."

The findings have just been published online in Stem Cells and Development. The team has now been funded by the Medical Research Council to investigate the cloned cells further. DT



Study recognises value of YouTube for dentists

Using YouTube as a means of dental education is an area that has been described as being 'highly underdeveloped'

DTI: Researchers investigating YouTube have suggested that the potential of the online video-sharing platform and similar social media sites as means of dental education is highly underdeveloped. In a study, they found that it could hold important implications for dental professionals, as well as dental education staff.

Owing to an increasing integration of multimedia sources into professional and academic education, Dr Michael Knösel, an orthodontic specialist, and his team from the University of Göttingen, assessed the value of videos on YouTube related to dentistry. Using different search parameters, they discovered that there is wide variety of material available on YouTube with high educational value.

Two assessors with an academic background evaluated 60 videos in the general category "All" and 60 videos in the "Education" category. The results were first sorted "by relevance" and later by "most viewed".

According to the researchers, the informational value of videos in the general category was perceived as generally poor, whereas the most viewed videos in the educational category had the highest educational value. Videos in this category were concerned with oral surgery and implantology (17), preventive dentistry (13), general dentistry (16), as well as aesthetic dentistry and orthodontics (9). Five videos were considered to be entertaining rather than educating.

Videos in the educational category were mostly uploaded by practitioners but also by academic institutions and dental companies. The majority of videos in the general category, which were aimed at entertainment generally, were mostly posted by patients and laypersons, but there was also a significant percentage of videos with a commercial purpose and posted by dental manufacturers.

The assessors said that videos in the educational category depicted an optimistic view on dentistry, whereas those in the general category tended to be rather negative. They found that between 68 and 93 per cent of the videos represented dentistry accurately, and videos in the general category were inaccurate in this regard.

The researchers recommended that more academic institutions acknowledge YouTube as an effective supplementary medium for education. Currently, there are only a few dental schools that run their own YouTube channels. The University of Michigan's School of Dentistry, for example, initiated its channel more than three years ago and recently surpassed seven million viewers.

"YouTube and similar social media websites offer new educational possibilities for dentistry, but are currently both underdeveloped and underestimated regarding their potential value. Dentists should also recognise the importance of such websites in relation to the formation of public opinion about their profession," the researchers stated. "We would therefore like to encourage educators to make greater use of this medium, to work to improve the quality of videos, and to demand that contents are updated on a regular basis."

The study, published in the December 2011 issue of the *Journal of Dental Education* (J Dent Educ. 2011 Dec;75(12):1558-68), was conducted between six and 8 October 2010. The researchers used four search items on YouTube ("dentist", "dentists", "dentist's", and "dentistry"). DT

Robotic surgery proves successful

Cancer of the tonsils and base of the tongue has risen over the past few decades

Over the past few decades, doctors have noted a surprising trend in cancer of the tonsils and base of the tongue. Though oral cancer previously appeared predominantly in elderly patients with a history of tobacco and alcohol use, it's increasing in younger patients: 30- to 50-year-old nonsmokers with the human papillomavirus (HPV).

Fortunately, the newer form of cancer tends to be less aggressive, and the latest approach to treating the tumours can avoid the debilitating consequences of open neck surgery or extensive radiation. Robotic surgery conducted through patients' mouths provides excellent results in removing squamous cell carcinoma at the back of the throat, especially in patients with HPV, a Mayo Clinic study published in the March issue of *Mayo Clinic Proceedings* found.

"We were surprised that the cancer cure results were even better than the traditional treatments that we have been doing, but that is probably almost as much of a matter that these cancers are HPV-mediated for the most part, and they respond much better to treatment," says author Eric Moore, MD, a head and neck surgeon at Mayo Clinic in Rochester. "Importantly, the treatment preserved patients' ability to swallow and their speech performance was excellent."

Dr Moore and his team followed 66 patients with oropharyngeal cancer who underwent transoral robotic surgery with the da Vinci robotic surgical system. Every few months, the patients had imaging studies, scans and exams to determine if cancer was recurring. After two years, researchers found that patients' survival rate was greater than 92 per cent, as good as rates for some other surgical and nonsurgical treatments for oropharyngeal cancer.

Because traditional surgery techniques to remove throat tumours can be traumatic, requiring cutting and reconstructing the jawbone, neck and tongue, researchers were also interested in patients' healing after robotic surgery.

"We found that with transoral robotic surgery 96 per cent of patients could swallow a normal diet within three weeks of treatment," Dr Moore says. Less than four per cent required a gastrostomy tube, which enables food to bypass the throat.

The study provides preliminary data showing the robotic surgery is a viable treatment option, Dr Moore says. Continuing research involving multiple medical centres will investigate transoral robotic surgery in a larger population of patients with oropharyngeal cancer. DT

SmartSeal donate £5k to support Bridge2Aid

Bridge2Aid (B2A), the dental and community development charity working in the Mwanza region of North West Tanzania, has gratefully received a major donation from SmartSeal of its innovative endodontic root filling material.

The donation, worth in excess of £5,000, includes the SmartSeal endodontic filling material, PropointPTs – taper points that match the Protaper file system already in use by B2A at its Hope Dental Centre – and Smartpaste, which expands in the root canal to seal any lateral canals.

Dental staff have been using the SmartSeal full system at Hope Dental Centre in Mwanza and with patients at the five mines they visit regularly since November 2011.

Dr Abed Mafwele, a dentist from Tanzania working at Hope Dental Centre, comments: "SmartSeal is a very good material. I am happy to use this for endodontics and have already had good results."

Dr Paul Brind, principal dental surgeon, Hope Dental Centre, agrees: "SmartSeal is a reliable, easy to use material which is proving to be really useful here in Tanzania. During our mine visits it enables us to provide good quality endodontics using a very small and portable kit."

Hope Dental Centre is a not-for-profit dental clinic in Mwanza run by B2A. It employs three dentists and a dental therapist to provide primary dental care and oral health education to the people of the area. The funds generated by the clinic go towards the development work B2A is doing in Tanzania.

B2A is very grateful for donations from companies such as SmartSeal because they enable us to provide quality treatment and generate funds for the training of clinical officers across Tanzania, enabling them to equip and empower local health personnel in the region.

For more information on Bridge2Aid please visit www.bridge2aid.org. DT

TV star opens The Smile Centre

Matt Burnell and Barrie Semp of The Smile Centre with TV star Crissy Rock

Actress and comedienne Crissy Rock has opened a state-of-the-art denture clinic in the Midlands.

Crissy, who was one of the stars of the last series of ITV's I'm a Celebrity Get Me Out of Here, launched The Smile Centre in Lichfield.

She was joined by Lichfield MP Michael Fabricant and more than 80 specially invited guests for the event at the new clinic in Upper St John Street.

The Smile Centre Lichfield is headed up by clinical dental technician Matt Burnell, who has joined The Smile Centre as a director.

Burnell and The Smile Centre team will provide patients with dentures, dental implants and a full range of cosmetic dentistry.

Barrie Semp, founder of The Smile Centre, and Matt Burnell decided to open in Lichfield after a surge in the number of patients from the Midlands visiting his clinics in the North West of England. More than six million people wear partial or full dentures in the UK.

Matt Burnell said: "We are hugely excited about opening in the Midlands and the response we have had already indicates that there is a lot of demand for the range of services we can offer from our state-of-the-art clinic.

"In addition to dentures, we provide customers with dental implants and a full range of cosmetic dentistry including teeth whitening, orthodontics and veneers."

Crissy Rock, who famously took out her own dentures when asked to jump out of a helicopter during filming of I'm a Celebrity, said: "The Smile Centre is one of the leading denture clinics in the UK and it is really important that patients do their homework and ensure they choose the best possible denturist to look after their treatment.

"Your smile is the first thing that people notice and the confidence great teeth can give you cannot be underestimated." DT

For more information, please visit www.thesmilecentreuk.co.uk

New team to transform and revitalise CODE AFA

Facial aesthetics practitioners are being offered a great new opportunity as CODE The Association for Facial Aesthetics (CODE AFA) - is given a facelift, appointing a new Chief Executive and Board.

Martin MacKenzie now heads up the Association and is currently appointing board members as he announces ground-breaking new developments set to transform the AFA for its members in the coming months.

The new look Association will work hard for members, making its voice heard on key industry issues such as; regulation, best practice and standards as well as forging even closer links with membership and encouraging new people to join.

Paul Mendlesohn, Chief Executive of the wider CODE organisation, will be working with Martin. Together they will develop AFA's strategies and build closer links with other key industry associations to create an louder voice for facial aesthetics and associated industries.

The AFA website - www.the-face.co.uk - will be constantly improved and modules will be kept regularly updated as valuable sources of reference information and practical advice. The AFA Board will also put news sharing at the heart of its plans, explains Martin: "There is always a lot happening that affects our members and their facial aesthetics practice's so I not only want to keep members informed, I also want to increasingly represent their views within the industry and give the AFA a louder voice."

Other changes include the introduction of a new consultancy service for medical clinics seeking CQC registration, based on the existing CODE Assure clinical governance system for dental practices.

In the coming months, the AFA Board will be looking to grow the Association's membership and encourage current members to get in touch with their ideas and views on the future direction of CODE-AFA. DT

Keeping up to speed

BSI will now co-host the most comprehensive medical device training library in the world thanks to a collaborative partnership with the World Medical Device Organisation (WMDO).

This new agreement with WMDO means that BSI will have the capability to provide medical device professionals with unlimited access to a suite of online medical device training courses to complement BSI's existing instructor led training portfolio.

The medical sector has recently highlighted the need for a greater focus on professional training at a time when budget and time are at a premium. WMDO's extensive catalogue of over 130 device-specific online training courses will therefore enable BSI to provide new eLearning techniques to bring medical device staff 'up to speed' with regulations and best practice processes through new distance learning options. These online training solutions will be of particular interest to start-up companies in the medical devices sector who will welcome greater flexibility and cost-effectiveness of self-paced learning. The first of the online courses to be offered by BSI will be around in-vitro-diagnostics.

"Partnering with WMDO will allow BSI to broaden its online training capabilities, through offering a portfolio of e-learning medical device courses. These courses are aimed at professionals interested in increasing their knowledge of the medical device regulations from product conception to post market surveillance," said Gary Slack, Global Director Med Tech at BSI.

Danielle Giroud, Founder and CEO of WMDO said, "We are honoured to join with BSI tocomplement their educational program curriculum." Giroud added, "WMDO is focused on the creation and delivery of innovative and effective eLearning solutions and provides medical device professionals with online access to high-quality learning resources that are timely, relevant and engaging."

For further information on BSI's new e-learning courses, please visit medicaldevices.bsigroup.com DT

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Make regulation proportionate

In the second part of this four-part series, Neel Kothari talks to Susie Sanderson about dental regulation

Susie Sanderson

CQC and HTM 01-05 should actually be demonstrating in their application that they're improving patient safety or preventing harm

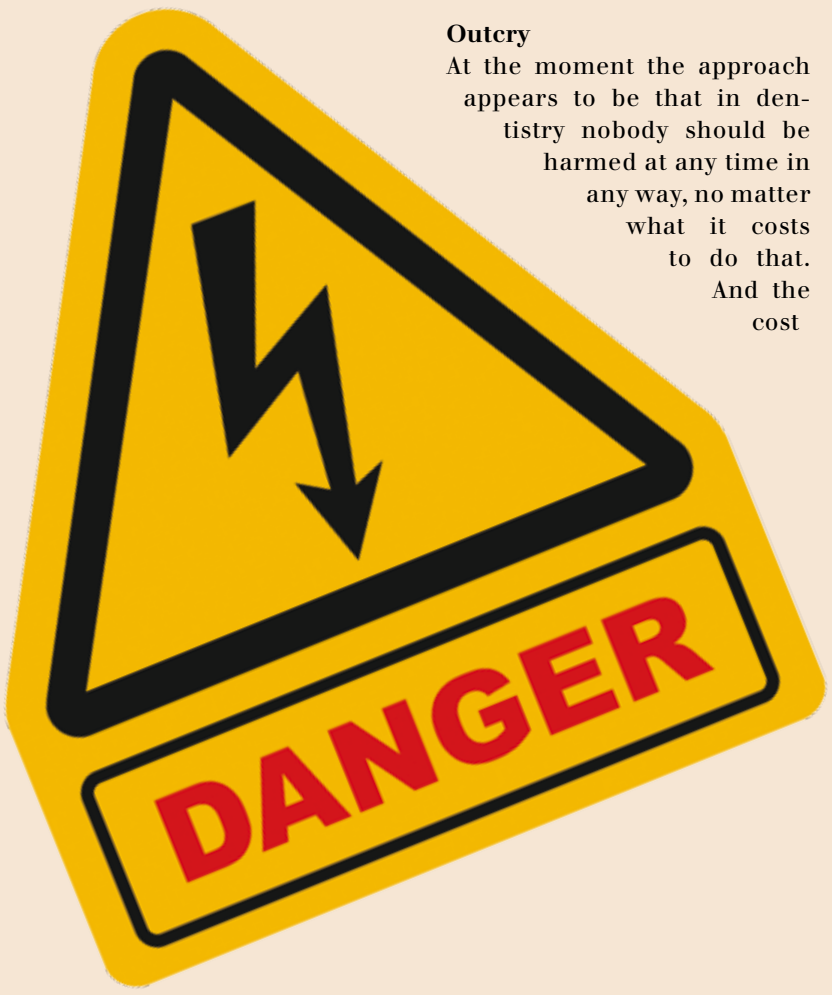
NK: The last year saw a huge rise in legislation. What does the immediate future hold with regards to legislation? Are there any signs that things will get better or is it now here to stay?

SS: There's a whole raft of stuff, isn't there, that we have to demonstrate compliance to. I suppose you're probably talking about the things which have been on most people's minds over the last two or three years, and that's HTM 01-05 and the CQC regulation. CQC and HTM 01-05 should be proportionate, evidence based, relevant, cost effective; they should actually be demonstrating in their application that they're improving patient safety or preventing harm. I don't think either of them yet have published a comprehensive evidence base that confirms that. Both of them are based on risk evaluation and the problem with that is the level of risk which is deemed to be acceptable.

> *'Dentistry is a low hanging fruit – it's a very easy area to access to implement regulation. Everybody knows where we are and we're in small units'*

Outcry

At the moment the approach appears to be that in dentistry nobody should be harmed at any time in any way, no matter what it costs to do that. And the cost benefit analysis is an important exercise to conduct. There is so much immediate communication through various media now when something goes wrong there's immediately a public outcry and a demand that something is done about it.



Failures in patient safety in health services get a lot of publicity. Dentistry is a low hanging fruit – it's a very easy area to access to implement regulation. Everybody knows where we are and we're in small units. Now the fight that we've been making and the noise that we've been making and the influence that we've been trying to sway over the last few years is that even in dentistry, where we are so easily identifiable, regulation must be proportionate. There is no point in spending hours and hours and thousands of pounds on something which is very, very low risk. Common things commonly happen – now let's target the common things first, let's get it proportionate, let's deal with the things that are likely to happen and be realistic about the things which aren't likely to happen.

I actually think the changes in the antibiotic prescription for bacterial endocarditis is that sort of sensible approach. Let's weigh up the risks, the bacteriologists said, and quite rightly a decision has been made based on the risk and benefit to the patient.

That's a great example of some really good, proportionate thinking, but the fight it took to get that through was just enormous. So that's been our thrust through all this – challenging CQC at every point to say: why are you concerned about this, what is it going to do to improve patient safety? I don't think that any dentist at all would be concerned about doing something which genuinely will improve patient safety – a demonstrated risk of harm which could commonly happens.

Conundrum

I'll tell you one of our conundrums. HTM 01-05 does have some evidence based areas and there is well publicised challenge in some areas– such as bagging instruments: ridiculous, silly things which take a member of staff hours in the day to do. We all intuitively think, what on earth is the point of that? Well the Department of Health is obliged to know that we're right in our intuition, so they're doing the research. It would help our efforts if we could confirm that all dental professionals are following guidance as far as they are able to though. We know that the majority are but there are occasionally reports of poor practice which let us all down.

NK: So effectively, dealing with those at the bottom, rather than hampering those people who are trying.

SS: It's the bottom two per cent, isn't it and the disproportionate amount of resources we all spend being tarred with the same brush. . Regulation is built on correcting the small amount of failures, which in turn creates detriment for those who are already getting it right. Risk mitigation arises because of out of the ordinary events like Dr Shipman, the Bristol Babies and the Alder Hey body part scandal. You get one high profile episode which then rolls out and you get a disproportionate regulatory load on top of that.

The BDA is for and about dentists, all the time, and I will protect and support and look after all our members to the end, but actually everybody needs to take what really needs to be done seriously as well. DT

In my next article, Susie Sanderson answers questions on dental nurses.

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Sawston, Cambridge as a principal dentist at High Street Dental Practice. He has completed a year-long postgraduate certificate in implantology and is currently undertaking the Diploma in Implantology at UCL's Eastman Dental Institute.