Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

Biodegradable toothbrush packaging wins award

A new toothbrush packaging has won an award for its biodegradable properties. The packaging 'Dissolve' has won third place in Remarkable Packaging & Alternative 2012. The paper packaging, designed by Simon Laliberte, is made with a cellulose-based compound of tree pulp which can be dissolved completely in water in less than ten seconds. To open the packaging, it can be simply washed away, never to be seen again.

Teeth are biggest attraction

A study carried out by Match.com has revealed that we judge the opposite sex mostly on their teeth. The study was carried out over three years and the results have produced a top ten list of things that men judge women on, and vice versa. Over half of the list focused on appearance, with 58 per cent of men judging women on their teeth, and 72 per cent of women judging men on their teeth. Grammar took second place, followed by hair and clothes.

Wal-Mart 'steals' dentist's idea

According to DrBicuspid.com, dentist Kianor Shah has filed a lawsuit against Wal-Mart, claiming the retail chain stole his idea for putting dental clinics into its stores. Dr. Shah claims he pitched the idea of opening low-cost, full-service dental offices in big-box retailers to Wal-Mart. After the chain committed to Dr. Shah's idea, store officials subsequently rejected the proposal, according to his complaint. Dr. Shah alleges that Wal-Mart then shared his idea for the dental clinics with Kent Reeves, former Wal-Mart vice president of business development, and Ken Antos, a restaurant business partner. In 2012, Wal-Mart opened a clinic that was inspired by Dr. Shah in its Moreno Valley, CA, store, run by Reeves, Antos, and a third business partner, according to the lawsuit. The suit alleges the entire plan for the in-store clinic is an exact duplicate of the ideas Dr. Shah originally shared with Wal-Mart, down to the very type of dental chairs used.

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General Dental Council welcomes PSA report

GDC welcomes findings of the independent inquiry

The inquiry by the Professional Standards Authority for Health and Social Care was conducted in response to concerns raised by the former GDC Chair, Alison Lockyer who stepped down in May 2011. In June 2011, the Department of Health asked CHRE to investigate the concerns raised by Alison Lockyer in her letter of resignation.

Alison Lockyer made a number of serious allegations about the quality of the GDC's governance arrangements and on the Council's ability to progress matters which are important to public protection.

Among the allegations, Alison said that those who stood up against the executive's decisions were threatened with complaints being made against them, thereby preventing Executive Evlynne Gilvarry from being held to account. She also stated that the quality and quantity of information shared with her as Chair was inadequate to enable the executive to be held to account, and that the impact of this was slow progress by the GDC to improve its performance in known areas of weakness.

Following a investigation which began in September 2011, the report rejects the allegations made against the GDC and its staff. It found that, while there were weaknesses in the GDC's governance and fitness to practise processes during 2009 to early 2011, the GDC did not fail patients then, and is on the right track now.

Chair Kevin O'Brien said: "We welcome the findings of the PSA's report and the opportunity to draw a line under this matter. We will review all aspects of the report to ensure we are acting on any lessons to be learnt and we are very pleased that the PSA gives a clear endorsement of reforms we have already introduced.

Kevin Lewis, Dental Director of Dental Protection, added: "Clearly, the GDC is in a better place now than it was during the turbulent period which may have contributed in part to the events that are chronicled by this report. In particular, the early stages of the FtP procedures have been overhauled and this process of improvement is continuing. We welcome that, and also the spirit in which the GDC has acknowledged that all was not well when we first voiced our own concerns.

Peter Ward, the Chief Executive of the BDA, commented: "This report identifies deeply concerning failings around the departure of Dr Lockyer from her role at the GDC. The mishandling of proceedings that is spelt out in this report is astonishing. For a professional regulator to have made such errors in the handling of proceedings is deeply troubling.

"Dentistry needs a strong regulator in which practitioners and patients alike can have confidence. The GDC will have a great deal of work to do to assuage the doubts about it that will have been engendered by its handling of Dr Lockyer and convince the profession that it really has achieved the improvements in its regulatory performance that the PSA identifies."

Alison Lockyer said: "I am pleased that a light has been shone on some of the problems to which I was seeking to draw attention and if, as a result of this, the task of my successors is easier, I can take considerable comfort from that.

"It is nevertheless disappointing that the opportunity for a full investigation has been missed and the report from the Professional Standards Authority confines itself to the issues specified by the Department of Health.

"I am proud to have given over 11 years of service to my professional regulatory body and am very grateful for all the support, both personal and professional." DT

Mobile phones detect mercury contamination

Chemists at the University of Burgos (Spain) have manufactured a sheet that changes colour in the presence of water contaminated with mercury.

A team at the University of Burgos have now developed a technique for detecting the presence of mercury in water "in a cheap, quick and in situ way," as explained to SINC by José Miguel García, one of the authors of the study. Details have been published in the *Analytical Methods* journal.

The method consists of placing the fine sheet created by the researchers in the water for five minutes. If it turns red, this signals the presence of mercury. "Changes can be seen by the naked eye and anyone, even if they have no previous knowledge, can find out whether a water source is contaminated with mercury above determined limits," outlines the lecturer García.

The membrane contains a florescent organic compound called rhodamine, which acts as a mercury sensor. "Rhodamine is insoluble in water," says the researcher. "But we chemically fix it to a hydrophilic polymer structure in such a way that when put into water it swells and the sensory molecules are forced to remain in the aqueous medium and interact with mercury."

The technique could be used for detecting mercury in certain spills and for studying its presence in fish. DT

Scotland bans cigarette displays

The ban on cigarette displays and vending machines in Scotland will be brought in by the end of April. Implementation of the measure, which was part of the 2010 Tobacco and Primary Medical Services (Scotland) Act, was held up by legal challenges by the tobacco industry.

The ban on open displays of tobacco products in large shops and sales from self-service tobacco vending machines will be introduced on April 29, and will come into force for smaller retailers on April 6, 2015.

Announcing the dates, Scottish public health Minister Michael Matheson said: "Evidence shows that these bans will help prevent young people from taking up smoking.

"That is why we believe this is the right approach for Scotland and I am delighted we are now in a position to implement these bans, which is a key step in maintaining Scotland's position as a world leader in tobacco control."

A similar ban on display of tobacco at point of sale in larger shops is already in force elsewhere in the UK. DT

UK medical schools receive £300,000

All 32 medical schools across the UK have been awarded funds for innovative activities that aim to foster a research culture in all clinicians entering the NHS.

The awards are made by the Academy of Medical Sciences as part of a £1m, five year scheme called INSPIRE which is supported by the Wellcome Trust and aims to stimulate medical and dental undergraduates to pursue scientific research. The awards are the first of two rounds, with an additional special project fund of £100,000 available to enable any high impact activities to be rolled out across the UK.

On the awarding of the grants, Professor Sir John Tooke PMedSci, President of the Academy of Medical Sciences said: "Inspiring students to pursue research is crucial for the future of medicine in the UK. By nurturing talent from an early stage, we can ensure that future patients will benefit from the latest breakthroughs in medical science."

INSURE, a project run by the University of Edinburgh, will harness two currently unconnected in-house electronic portals to establish a dynamic, online, searchable database of project opportunities, which could later be rolled out nationally.

The Academy will also run a series of sharing conferences to enable medical schools to showcase activities and share learning.

The second round of INSPIRE small grants will be awarded in 2014. DT

GDC seek Chair and Council Members

The UK's dental regulator, the General Dental Council (GDC), is seeking to appoint a Chair and eleven Council members to take office in October 2013.

Applicants need a strong commitment to patient protection and the promotion of confidence in the regulation of dental professionals to ensure the GDC continues on its path of continuous improvement.

There will be an equal number of registrant and lay members and the GDC is required to have at least one member who lives or works wholly or mainly in each of England, Scotland, Wales and Northern Ireland.

The regulation of healthcare professionals in the UK is undergoing major change and Government expectations about regulation are likely to result in significant changes in the way the GDC operates.

Council members will play key roles in the strategic development of the organisation and strategic performance management.

Expressions of interest can be made to gdccouncilappointments@gatenbysanderson.com

Alternatively people can sign up to the GDC's monthly newsletter to find out more once the recruitment period opens. DT

Heavy penalties for breaching tooth whitening regulations

Dentists are now legally able to provide higher strength tooth-whitening to patients. However, the new regime brings with it heavy penalties for those who breach the conditions which accompany the regulations, warns Andrea James, Head of Healthcare Regulatory with George Davies Solicitors.

She points out that if you breach the law, the maximum penalty is six months imprisonment and/or a fine of up to £5,000. Trading Standards Officers can legally enter and inspect a dental practice at any time to see if a breach has occurred.

Andrea's comments follow last year's changes in UK law relating to whitening which were, in turn, a response to an EU directive on consumer safety. Dentists are now legally able to provide tooth whitening with hydrogen peroxide and other compounds or mixtures that release hydrogen peroxide up to six per cent strength instead of the previous 0.1 per cent maximum.

This is subject to compliance with certain conditions. Those conditions are that the products:

• Must only be sold to dental practitioners.

• Must be used for the first time in any cycle by dental practitioners only, or under the direct supervision of a dental practitioner.

• May be provided to consumers to complete the cycle of use.

• Must not be used on any person under the age of 18.

In the circumstances, she continued, it is wise to avoid treating patients under the age of 18. However, the BDA and Dental Protection Ltd are working to obtain clarification of the position on treating Under 18s when this would be in the patient's best interests. Additional clarification is being sought for those occasional situations when the use of a higher concentration of hydrogen peroxide, during an in-surgery treatment, would be in the patient's best interests. DT

Editorial comment

"Here we are ready for the first big dental event of the year – the Dentistry Show! It's looking a good one this year, with around 10 conference streams to choose from covering every aspect of dentistry. If you are a young dentist looking for guidance on establishing your career, I'll see you in the Aspire Academy on the Friday! Hygienist and therapist? You'll want the H&T Symposium chaired by DT editorial board member Shaun Howe. Looking for ways to boost your profitability? Head for the Dental Business stream chaired by Ashley Latter!

I could go on, but I think you get the drift. The conference streams include: Aesthetic Dentist; Aspire Academy/ CORE; Dental Business; Dental Nurses Forum ; Hygienists & Therapists Symposium; Aesthetic Technician; Live Theatre; ADI Theatre; BSP PerioLounge; Workshops.

In addition to the conference, more than 300 exhibitors will be there for you to browse for the latest gadgets and technology, CPD or financial service! *Dental Tribune* will be there on our UK publisher's stand (B47), Healthcare Learning: Smile-on. Come on over to speak to one of the team, we would love to speak to you! 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:
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IiP Gold

Thackeray Dental Care, based in Mansfield, Nottinghamshire, are pleased to announce they have been awarded the prestigious Investors In People Gold accreditation. This follows their success 3 years ago at being awarded the Bronze level at their first attempt.

This is a rare achievement in any sector, and especially so in dentistry, there only being a handful of practices in the UK to have reached this level. Only three per cent of organisations who achieve Investors in People are able to reach the Gold Standard. To reach this level, the practice was assessed against 196 different aspects of externally set criteria, and had to achieve at least 126 additional requirements over and above the 39 required for the standard IiP award.

Simon Thackeray, practice owner says: "Being awarded Investors in People Gold is an enormous achievement, especially as it is not an industry specific award, and shows that a dental practice can be externally measured for its business abilities and team success rather than just use its own industry as a benchmark. Knowing that only an elite group of UK businesses have reached this level of recognition and that we are part of that small group is quite exciting. In an era of tickbox dominated assessments by organisations such as PCT's and the CQC who don't understand dentistry, a rigorous and tested accreditation that actually means something in the wider community, that isn't just series of tickboxes, but recognises the culture and environment of a practice is far more valuable to me as a practice owner and leader. It shows us that we are doing the right thing." DT

The team at Thackeray Dental Care

Calls for HPV vaccine for boys

Boys should be vaccinated

The Throat Cancer Foundation has called for a new vaccine for boys to prevent a throat cancer epidemic.

Throat cancer can be caused by HPV (Human Papillomavirus). With rates of throat cancer on the rise, the Foundation are advocating for boys to be vaccinated against HPV, a vaccine which is currently given to girls in the UK in an attempt to cut cervical cancer rates.

The Throat Cancer Foundation says such a vaccine could cost as little as £45 per person, and save hundreds of lives.

Professor Christopher Nutting, lead clinician of the Head and Neck unit at The Royal Marsden Hospital in London, said: "We are seeing a rising number of cases of throat cancer in our clinics in the UK. We need to do all we can to raise awareness of this issue, so the launch of the Throat Cancer Foundation is timely.

"At the moment girls are routinely vaccinated against HPV but boys are not, meaning they are routinely being exposed to a virus that can cause life threatening cancers.

"Evidence from Australia proves that HPV vaccination is effective; where a national programme led to a 90 per cent drop in cases of genital warts in men and women."

Jamie Rae, Founder and CEO of the Throat Cancer Foundation, said: "Throat cancer is a ticking timebomb. Current HPV vaccination programme is discriminatory and a danger to public health.

"When I myself was treated for throat cancer in 2010, I was alarmed by the lack of information for patients. The Throat Cancer Foundation will tackle this need head-on and give a voice to those whose lives are touched by this cancer." DT

Are tooth development and weaning closely related?

Primate studies

For more than two decades, scientists have relied on studies linking tooth development in juvenile primates with their weaning as a rough proxy for understanding similar landmarks in the evolution of early humans. New research from Harvard, however, challenges that thinking by showing that tooth development and weaning aren't as closely related as previously thought.

A team of researchers led by three members of Harvard's Department of Human Evolutionary Biology — professors Tanya Smith and Richard Wrangham and postdoctoral fellow Zarin Machanda — used high-resolution digital photographs of chimps in the wild to show that after the eruption of their first molar, many juvenile chimps continue to nurse as much as, if not more than, they had in the past.

Understanding how those early human species developed, Machanda said, can help shed light on one of the most unusual aspects of humanity — childhood.

"One of the most important changes that occurred over human evolution is our extended period of juvenile development," she said. "Compared to other primates, the apes have a very long childhood, and compared to other apes we have a very long childhood. By examining how chimps develop through their childhood, the hope is we can understand how and when that extended childhood began, and that will give us a greater understanding of the evolution of the human species."

The researchers, studying the Kanyawara chimpanzee community in Kibale National Park in Uganda, teamed with wildlife photographers who snapped photos of the teeth of juvenile chimps whenever they opened their mouths.

What the images revealed, Smith and Machanda said, came as a surprise.

Where earlier studies suggested that juvenile primates were weaned shortly after the first molar eruption, this study showed that, in addition to eating more solid food, chimps continued to "suckle as much, if not more, than they had before," Smith said. "They were showing adult like feeding patterns while continuing to suckle, which was unexpected." DT

IDH launch regional dentist role

Integrated Dental Holdings (IDH) has announced the creation of a new type of dentistry role aimed at graduate dentists, offering free continued professional development training (CPD) and realistic UDA targets to ease them into the workplace post study.

The Regional Dentist at IDH will put graduates into roaming positions across the country, gaining experience with the largest dental employer in the UK. This allows them to work in a variety of practices, with different clinicians during a year-long contract before they have the opportunity to move into self-employed Associate positions within the business.

Matt Reeves, Head of Resourcing at IDH says, "We're aware of how tough the first year of work can be for a new dentist and this gives them an opportunity to secure a role that is tailored to their level of experience and desire for variety. We ran this scheme on a smaller scale last year with 10 graduates and were encouraged by their feedback, therefore have created a further 50 roles for this year's graduates'."

The successful applicants will be given a driving allowance to cover their travel costs as well as mentoring from clinicians and resourcing experts at IDH to help them with the practicalities of the role.

Neil Haldar, a current IDH Regional Dentist in the Midlands commented, "The security, variety and financial rewards far outweigh being an associate. It's a perfect move if you're finishing your vocational training or if you're currently an Associate. I've learnt a lot more than my friends (in Associate roles elsewhere) by working with a variety of dentists and specialists across my region."

The IDH Regional Dentist offer for 2013 is a competitive total earnings package which includes basic salary, car allowance, lab fees paid, free online CPD and access to off-site networking/development days.

Anyone interested in applying for the Regional Dentist Programme can contact the IDH resourcing team online or on 0845 647 7364. DT

Graduates can work in a variety of practices

aspire academy
for tomorrow's leaders

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dentistry show
for all that dentistry demands

smile-on healthcarelearning
inspiring better care

Drinkers underestimate alcohol intake

Do you know your intake?

Some people could be underestimating their alcohol intake by as much as 40 per cent, according to new figures the Department of Health have published.

The recent Health Survey for England highlighted underestimations in both the amount and frequency that people drink, raising major concerns about the nation's knowledge of alcohol.

Research shows across the country 80 per cent of those that drink too much acknowledge the health risks but think of themselves at most as moderate drinkers. More than 60 per cent of these drinkers have no intention of cutting down.

To get a picture of drinking habits, the Change4Life team asked 19 individuals to keep a detailed drinks diary for two weeks. The findings show those that took part were drinking on average the equivalent of an extra-large glass of wine each day, or 40 per cent more that they thought.

After keeping a drinks diary for a week, people were offered simple tips on cutting down and as a result, they:

• cut their alcohol consumption by over a third;
• saved around £33.35 a week – or more than £1,730 a year; and
• consumed 1,658 fewer calories a week an average of 236 calories a day – around 10 per cent of the average person's daily intake and the equivalent to 125ml (a small wine glass) of cream per day.

Participants also said that cutting down improved their physical and emotional well-being. And those involved also reported that adding more mixer to drinks and substituting alcoholic drinks with soft drinks were the most popular tips to include in their lifestyle.

Other tips for cutting down included having booze-free days if they drink every day, not drinking at home before going out, swapping to low-alcohol or alcohol-free drinks and simply using smaller glasses. DT

Dentist joins mouth cancer screening scheme

The Mouth Cancer Foundation has announced Dentist and advisory board member of the national dental journal, Dr Philip Lewis, as an Ambassador to the charity. Dr Lewis will become the lead consultant on the charity's brand new life-saving initiative, the Mouth Cancer Screening Accreditation Scheme which launches in April.

The scheme aims to encourage all dental practices across the UK and Ireland to carry out a thorough head and neck cancer screening which can be done in under two minutes. The Mouth Cancer Foundation will recognise dental practices that demonstrate a visible commitment to increasing public awareness of mouth cancer screening to all patients and to establish a documented referral pathway with a local specialist department.

Mouth Cancer Foundation Ambassador Dr Philip Lewis says "I am delighted to work with the Mouth Cancer Foundation and honoured they have elected me to join their distinguished group of Ambassadors. I can think of no activity more important for dental professionals than the early detection of mouth cancer and look forward to helping in any way I can to promote the aims of the Foundation."

Founder of the Mouth Cancer Foundation, Dr Vinod Joshi says "We are privileged such a well-respected dentist has agreed to work with us on the Mouth Cancer Screening Accreditation Scheme. We look forward to working together to save as many lives as possible through earlier detection of head and neck cancers."

For more information or to take part in the pilot scheme please contact the Mouth Cancer Foundation via info@mouthcancerfoundation.org or call +44 (0) 1924 950 950. DT

Call for dental plastics research bids

The Shirley Glasstone Hughes (SGH) Trust Fund has launched its annual competition for primary care dental practitioners to win up to £200K of funding for research. The Fund is this year seeking applications for research projects that investigate the environmental impact of plastics in restorative dental materials.

Bids for the funding must come from teams led by a primary care dentist. Applicants have until Monday 29 April to submit their research proposals. Applications will be assessed by a panel of international experts, with the winning bid expected to be announced in September.

The Fund has also launched brand new web pages at www.bda.org/curiousabout. Dentists are invited to post questions and comments on four topics that have already been raised – patients' attitudes to the phasing out of dental amalgam, occupational risks associated with clinical dentistry, the effects of cognitive behavioural therapy on phobic or fearful patients, and the relationship between dental and systemic disease – and contribute further suggestions of areas for investigation. Evidence summaries will be produced in response to suggestions, and areas for which an evidence base is lacking will be considered for the research grant competition in 2014.

Professor Elizabeth Kay, the Chair of the SGH Management Committee, said: "We are committed to supporting research in primary dental care. We believe that dentists being involved in, and aware of, research evidence creates a questioning culture which drives up standards and benefits oral health. I encourage all primary care dentists to join the debate at Curious About." DT

Rebecca faces Marathon Challenge

Rebecca Beard, Marketing and Events Executive at Software of Excellence has more reasons than most to want to succeed in this year's London Marathon. Having applied to run in aid of numerous charities and been rejected, Becky received an email from Breast Cancer Care offering her a place, just 88 days before the event itself.

The email arrived at a very opportune moment just days after Becky had received the devastating news that one of her close family is suffering from breast cancer:

"When the email arrived, I just knew I had to say yes. The preparation time isn't ideal, and I am not expecting to run the fastest time, in fact I will probably be well below average considering I haven't even run for a bus in the last few months, but I am determined to complete the course, even if I have to crawl the last few miles."

Becky has only a few weeks left to train and raise the £8,800 she has set as her fundraising goal, but with donations being pledged at a rate of £100 per day she is confident of making the target.

"Breast cancer affects so many people and I hope that when I cross the finishing line my efforts will help take a small step closer to finding a cure for this life changing and devastating illness. Together with the support of my family, friends and colleagues I am certain that we can achieve this goal."

You can help Becky by making any donation, large or small, simply visit http://uk.virginmoneygiving.com/Bexx-LondonMarathon or to donate £1 just text BEXX47 to 70070. DT

Becky will run for Breast Cancer Care

A quarter of cancer patients face isolation

Patients are facing cancer alone

One in four (23 per cent) of the 325,000 newly diagnosed cancer patients in the UK - an estimated 70,000 patients each year - lack support from family and friends during their treatment and recovery, according to new research published by Macmillan Cancer Support. A third of those (seven per cent) – an estimated 20,000 people each year - will receive no help whatsoever, facing cancer alone.

The Facing the Fight Alone report – which looks at the number, profile and experiences of isolated people living with cancer - found more than half (53 per cent) of health professionals have had patients opt not to have treatment at all due to a lack of support at home from family and friends. Nine in ten (89 per cent) health professionals felt that a lack of support at home leads to a poorer quality of life for patients, whilst over half felt that it can lead to poorer treatment decisions (54 per cent) and a shorter life expectancy (56 per cent).

Ciarán Devane, Chief Executive of Macmillan Cancer Support, says: "This research shows that isolation can have a truly shattering impact on people living with cancer. Patients are going hungry, missing medical appointments and even deciding to reject treatment altogether which could be putting their lives at risk — all because of a lack of support.

"But these figures are just the tip of the iceberg. As the number of people living with cancer is set to double from two to four million by 2030, isolation will become an increasing problem and we need to address this now. That's why we are launching a new campaign to help tackle this crisis and to ensure that in future, no-one faces cancer alone." DT

ADI holds 25th anniversary team congress

How long do implants last? will be the focus of the Association of Dental Implantology's (ADI) 2013 Congress. The UK's largest implant association is hosting their biennial Congress from 1 – 3 May 2013 in Manchester, focusing on the complications, risk management and prognosis of implant treatment.

Delegates will be able to participate in lectures from internationally acclaimed speakers, visit the specialist implant exhibition and network with colleagues from the global implant industry.

Attendees will benefit from the many networking opportunities on offer, including the ADI Oscars Bash, which takes place in the Midland Hotel on the Thursday night.

ADI President Professor Cemal Ucer says "Following decades of research and development, when patient demand and expectations are rising, we should address: what are the real challenges and problems facing us today that affect the success and longevity of implant treatment? I am confident that the ADI 2013 Team Congress will answer this important question."

The presentations will cover the full spectrum of topics relevant to anybody who is involved with dental implantology or is planning to enter the field. The Congress will feature lectures on the complete dental implant process, from consultation, placement and after-care to associated risks and complications. It will also include sessions on many specific aspects involved in the running of a dental implant service, such as legal considerations and managing patient expectations.

The Congress exhibition, open over the two days, will give delegates the chance to see the latest products, learn up-to-date techniques and meet industry leaders. Exhibitors to date include, BioHorizons, Biomet 3i, DENTSPLY Implants, Gestlich Biomaterials, Implantium, Megagen Implants, Nobel Biocare, Straumann and many more.

The ADI 2013 Team Congress takes place 1 – 3 May at the Manchester Central Convention Complex. Visit www.adi.org.uk/congress2013 for the full programme and to confirm your registration. DT

HEA and ASPiH join forces on two-year simulation initiative

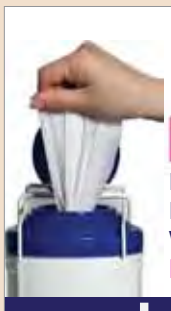
A two-year joint project is underway between the Higher Education Academy (HEA) and the Association for Simulated Practice in Healthcare (ASPiH) to promote simulation-based education (SBE) in health and social care.

Launched with the support of the Department of Health (DH), the initiative will investigate how simulation is being integrated into healthcare education curricula, develop and strengthen relevant communities of practice, inform the existing and future commissioning and quality assurance processes for the education and training of healthcare professionals, and influence policy in the field.

Professor Bryn Baxendale, President of ASPiH and Chair of the Project Strategy Group said: "Simulation can help learners prepare for the realities of clinical practice and enhance their level of readiness as a new graduate. High quality SBE may also help relieve the pressures faced by courses heavily reliant on placement-based training as well as contributing towards improving quality and safety of patient care."

The project has appointed a team of part-time regional Simulation Development Officers (SDOs). SDOs are establishing a stakeholder database, developing an evidence bank of current good practice which will inform and help define a future professional standards framework and building links with government bodies. They are also organising workshops, meetings and events. Their work is being coordinated by an operational group, chaired by the Project Lead.

Geoff Glover, Head of Health and Social Care and Assistant Director, HEA said: "This collaborative project is expected to create opportunities for ASPiH and the HEA to contribute to the recommendations within the overarching Department of Health Technology Enhanced Learning Framework in relation to SBE. It will support the development of strategic relationships within the new workforce development structures for health and social care at a national level." DT



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Dr.Dentist

Alexander Holden looks at what is in a name...

Can graduates follow the 'traditional' career pathway?

Traditionally, all surgeons in the UK and Ireland are designated the title "Mr" or one of the appropriate female equivalents. Our medical colleagues graduate with the title "Dr" until those that want to follow the surgical pathway are elected to one of the Royal colleges and become "Mr", "Mrs" or "Miss" again. This all harks back to the days where surgery was carried out by barber-surgeons who did not have formal medical training, usually on the basis of apprenticeships. When the fields of medicine and surgery became more integrated, surgeons kept their titles as "Mr" as a reference back to these origins.

As dentists, we do not have a choice of career pathway between dental medicine and dental surgery in the same way; we all graduate as dental surgeons so by default our title is "Mr". However, perhaps as a result of modern globalisation, many dentists now refer to themselves as "Dr". Upon graduating, I did exactly that; I was given a badge with "Dr Alexander Holden" written on it and shortly afterwards my bank cards said the same thing.

Personal choice

Although my bank cards today still say "Dr", I do not introduce or advertise myself as this professionally; my patients know me as Alex and my referral letters are sent from Mr Holden. This is simply a matter of personal choice; I am a dental surgeon, not a dental doctor. I would be quite happy to be in a practice where other dentists chose to call themselves "Dr" but as I am devoid of a doctorate, I will stick to "Mr".

'I feel that it is important for dentists to be able to use the courtesy title if they wish'

Although I do not use it, I feel that it is important for dentists to be able to use the courtesy title if they wish; medical doctors in this country do not graduate with a doctorate in medicine so it is purely a courtesy title for them too. My views go beyond this non-objection in that I feel that perhaps dentistry is currently lacking a coherent career pathway for young dentists and this should be considered as a further possible change to dentistry in the UK. The pathway has suffered somewhat of recent times; typically dentists would graduate, complete VT and then after a period as an associate, buy into a practice. Now that being a practice owner does not necessarily pay more than being an associate and the prices corporates are willing to pay for practices is greater than that which new buyers can afford; the traditional career pathway is somewhat scuppered. Combine this with the possibility of a new contract in the NHS and direct access which will potentially favour the use of DCPs over associates for some roles and the old career pathway might be considered well and truly closed.

Change for better

DF1 and DF2 (Dental Foundation) were credible and valid steps in attempting to make dentistry similar to medicine in its initial stages after graduation. I strongly believe that the new change has been for the better as now DF1 is more holistic in its view of dentistry; VT could perhaps be accused of being prescriptive of a career in practice whereas DF1 is more exploratory of dentistry as a whole.

Holistic is an interesting word to choose as it could equally apply to the new direction dentistry is following. As a profession we are waking up to the idea that dentistry is more than just what we can do in the dental surgery; our reach and arguably our responsibility stretches beyond, now looking at patients as more than just a mouth and re-evaluating our place in healthcare in general especially as in many cases we will see patients more often than their medical GP will.

To this end, is it possible to consider a similar dichotomy in dentistry as there is in medicine? This is especially pertinent as now restorative dentistry is moving towards more minimally invasive techniques and a chemotherapeutic approach with fluoride application than the more traditional 'drill and fill' surgical approach.

The research into periodontal disease is highlighting ever more that periodontitis is more of a multi-factorial, systemic condition than we once considered it to be; no longer is it simply because patients don't brush their teeth (although oral hygiene is by far the most important factor in chronic periodontitis.) The links between coronary heart disease, diabetes and other systemic, inflammatory and immunological conditions is not simply one way. This surely calls for us as dentists to be more holistic in our approach?

Dichotomy

To recognise this new dichotomy of practice, will we see a change in dental education, so that dentists graduate with more of a general orientation like medics, to then become either more like dental physicians or alternatively dental surgeons? The days of the generalist seem to be numbered; the new contract may well favour the specialisation of dentists to new degrees, with DCPs becoming more responsible for generalist work.

With the increasing emphasis upon skill-mix and an increasing political pressure to save money, just how long will it make sense for us to be as generalist as we are now?

We are not currently in a situation where the technology and materials are suitably tested and developed along with teaching and research, for this dichotomy to be fully realised. It does however seem to be inevitable that the more research takes us towards regenerative and preventative dentistry, the more the role of the dentist will change from surgeon to physician.

It is already the case that dental public health (very much non-surgical in approach) is a specialty examined and gained from the Royal Colleges of Surgeons, not from the Faculty of Public Health which is part of the Royal College of Physicians. This is simply due to an anomaly created by how the dental specialties are organised. This raises a question of how it can be justified having separate dental public health specialists when the determinants for oral diseases and most chronic diseases are common to one and other? It would actually be much better to have one overarching specialty of public health that covered the health needs of the oral cavity as well as the rest of the body.

Refocus

This need for a holistic approach is possibly more obvious in the specialty of dental public health, but I do believe that as we move further into the future and the surgical management of caries and other oral disease becomes less and less invasive, perhaps we need a similar re-focus of how dental training is organised, our affiliations to which faculties are appropriate and perhaps even a serious discussion about how we define ourselves as professionals. DT

About the author

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New Dental Pilots: Practical or Pointless?

Will the pilots tell us anything useful? asks Neel Kothari

In the uproar following the 2006 dental contract, one of the main criticisms coming from all quarters was that no pilot studies had been carried out before it was rolled out - and that if it there had been, surely it wouldn't have been implemented in its current form.

By definition a 'pilot' is a small scale study designed to test a system for flaws before a full scale launch, in order to avoid costly mistakes.

As we all know, trials are currently taking place in preparation for the 'New New Contract'; however, as these trials do not test the final version of the contract, is it correct to describe them as 'pilots'? One might argue that by not field testing the final version of the new contract the current trials are dragged a long way away from the definition of a 'pilot' and simply do not test the most unpredictable variables of the lot: the human responses towards the incentives contained within the new contract and how this might skew clinical decision making.

'By definition a 'pilot' is a small scale study designed to test a system for flaws before a full scale launch, in order to avoid costly mistakes'

The current trials aim to explore a range of facets such as a patient pathway, a quality and outcome framework, and methods of remuneration. As I simply don't understand the first two, I will stick to examining the third aspect, remuneration, in this article; however, I promise to come back to you if I can manage to get my head around these in the future. The three remuneration models being tested are Type one - guaranteed income, Type two - a simulation of capitation and Type three- a simulation of capitation for routine treatment and guaranteed income identified for complex treatment.

At present the DoH has not confirmed whether it will or will not 'pilot' the final version of the contract prior to implementation but surely there is a good case for this to be piloted for a reasonable amount of time before we can judge its merits. Recently the DoH announced that it is to introduce another 25 pilot sites to the existing 70. The DoH claim that the extra sites will help fine tune different parts of the new contract that will see dentists paid for the number of patients they care for, and the health results they produce, rather than the number of courses of treatment they perform.

I strongly support piloting the new dental contract, in

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