

# DENTAL TRIBUNE

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## News in Brief

### No change, no work

People who refuse to look after their teeth by failing to brush properly or limit sugary drinks should be refused expensive dental treatment on the NHS, a government adviser has suggested. Prof Jimmy Steele, Head of School and Professor of Oral Health Services Research at Newcastle University, said providing expensive treatments when patients will not improve their own dental hygiene are a 'waste of personal and public money'. Crowns and root canal work should not be offered to patients who persist with bad habits after they have been warned their dental health is suffering. However, proposals to extend this to all 'self-inflicted' diseases and injuries have not gained universal support and Prof Steele is working on a review of the dentistry contract.

### Flouride could cause emergency dentistry

A new study has suggested that infants who are given fluoridated water could be at greater risk of needing emergency dentistry in the future. The research, carried out by Stephen Levy and published in the *Journal of the American Dental Association*, showed that babies who were fed formula milk had a much greater chance of suffering from dental problems compared to infants who were fed only on cow's milk or breast milk.

### Disposable dental drill hits the US

According to reports, US-based manufacturing company Azenic, has started selling its disposable, high-speed, plastic dental drill after landing \$961,000 in new investments. According to their reports, the disposable dental drill will "give a dentist the option of a single-patient-use disposable high-speed handpiece with optimum performance."

### CQC Forum

GDP UK has launched a further new forum for dentists to discuss issues related to the CQC registration and on-going process, on the website <http://www.gdpu.com>. The forum has been made possible by the sponsorship of Apolline Ltd, a company specialising in aiding dental practices with CQC registration and on-going compliance. The lead moderator of the new forum is Keith Hayes, well known on GDP UK, who is Clinical Director of Apolline Ltd. Their website is at <http://www.apolline.uk.com/>

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

## News



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Crisis sets up charity centres

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Simon Hocken discusses how to monitor your practice numbers

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## Events



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Bridge2Aid will once again 'Climb Kili'

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# Action on mouth cancer

## Lordly launch of annual oral cancer campaign encourages practitioners and patients 'if in doubt, get checked out'

Following the success of last year's campaign, Mouth Cancer Action Month officially began 1st November at the Houses of Parliament. Organised by the British Dental Health Foundation (BDHF) in association with partners such as Denplan and Smile-on, the event was a great success, with many areas of the profession and trade present to help generate awareness of the disease.

Dr Nigel Carter, Chief Executive of the BDHF, opened the event. He stressed the importance of early detection and warning signs. Dr Carter spoke largely of the success of last year's campaign and his hopes for this year's Action Month.

Following him, BDHF president Daniel Davis welcomed the assembled guests and gave context as to why the campaign is so important, with one person every five hours dying in the UK from the condition. Subject matter experts were led by Prof Crispian Scully and the initiative was spearheaded by Prof Stephen Lambert-Humble. Other speakers at the event included Denplan's Henry Clover and Smile-on's Noam Tamir. Noam officially launched a new educational resource, *Oral Cancer: Prevention, Examination, Referral*, which has been developed by Smile-on in conjunction with KSS Deanery, BDHF and Dental Protection as well as Deputy CDO Sue Gregory.

Noam said: "If we save the life of only two people per year in the UK we would feel that all this effort was worth our while. I do believe that we can save the lives of thousands of people".

Finally, Dr David Conway took centre stage to conclude the formal part of the event with the results of some significant research carried out by Glasgow University. The research findings were very sobering and struck a chord with everyone in the room. Covering the study of class, gender, diet and education, Dr Conway covered a range of mouth cancer risk factors and his ending quote from George Orwell's *The Road to Wigan Pier* on inequality encapsulated his research.

The reason behind the campaign is a simple one: early detection saves lives. It is hoped that throughout the month dental practices across the country will provide free screenings for patients and teach their staff to recognise the warning signs. Dentists play a vital role in detecting mouth cancer in patients, and although the thought of referring a patient who has a consistent ulcer or red patches to hospital may spark fear, it's better to be safe than sorry.

"Mouth cancer is easier to treat if caught early on, and survival rates also improve massively with early detection. Health professionals can play a key part in this, by educating their patients and performing regular oral examinations." Dr Nigel Carter said.

The call to action reflects the importance of early detection. 9 in 10 people survive mouth cancers caught early on, however, the five year survival rate remains as low as 50 per cent.

The campaign will focus on raising awareness of mouth cancer among the public, and

will point out the significance of self-examination. Educating people on the early warning signs of the disease, the common risk factors, self-examination, and the importance regular screenings, will save lives.

You and your practice can take part in Mouth Cancer Action Month: with the Blue Ribbon Badge Appeal, posters, fundraising, and press releases throughout the month, raising awareness couldn't be easier. See

the full story on pages 10 - 11 for more information. [D](#)



Dr Nigel Carter of the BDHF

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## Editorial comment

The issue of mouth cancer is dominating the dental press, with November being Mouth Cancer Action Month and the high-profile launch taking place at the Houses of Parliament, bringing together all facets of the profession, trade, academia, politics and press

in the common cause of raising awareness of the condition.

It's not just the fact that it is a form of cancer – mouth cancer seems to rip at the very heart of being human. Victims look so different not only because of the treatment required but areas of the face often need to be cut away; necessary functions such

as swallowing and eating become a nightmare as salivary glands are destroyed through radiotherapy; and the fear that comes with the high mortality rate of oral cancer due to it often being discovered too late take a terrible toll on sufferers and their families. If every dental practice engaged in screening their patients and saved the life of just one per prac-

tice through early detection or reduced a person's chances of developing the disease through patient awareness, wouldn't it be worth the time?

Send me your stories of getting involved in the campaign – [lisa@dentaltribuneuk.com](mailto:lisa@dentaltribuneuk.com).

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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## Tunnel Dentition

The news of the trapped Chilean miners' gripped the hearts of nations across the world as thousands followed their ordeal; however, since their rescue, their problems aren't quite over.

Many of the rescued Chilean miners are now suffering from gum

*'All 33 miners had been unable to brush their teeth'*

disease due to a lack of toothbrushes. All 33 miners had been unable to brush their teeth until rescuers were able to get much needed supplies down into the mine.

During the first 17 days underground none of the 33 trapped miners were able to brush their teeth and the absence of toothbrushes resulted in gum disease for a number of the men.

"The world has been transfixed by the plight of the 33 Chilean miners trapped nearly half a mile underground since August 5th and it was heartening to witness their rescue," a spokesperson for oral healthcare products Eludril and Elgydium told reporters.

"It is anticipated that all 33 will make a full recovery but living in a tunnel for nearly 10 weeks has obviously taken its toll on their physical and mental health. One of the many health problems they now face is that of gum disease."

Since the men were rescued, one of the first priorities has been full dental check-ups, including the removal of plaque to help restore the health of their gums.

The issue of gum disease that the miners now face will undoubtedly remind the public how quickly gum disease can develop when you don't brush your teeth. Hopefully their story will demonstrate the importance of proper dental healthcare and the benefits of regularly brushing your teeth. **DT**

# Help the homeless this Christmas

Specialist volunteers are urgently needed to donate their services to help homeless people in London over the festive season as part of Crisis At Christmas, running from Thursday 23 December – Thursday 30 December 2010.

As part of Crisis At Christmas, up to nine temporary centres will be set up in London by Crisis, the national charity for single homeless people. The centres will provide vital companionship and hot meals for homeless and vulnerably housed people, as well as essential services like

health checks, housing advice, training and further education opportunities.

To build on the success of 2009, when more than 260 patients received dental treatment, Crisis is looking for qualified dentists, dental nurses and hygienists to help run the Dental Service at Crisis At Christmas this year. Shifts run from 9am to 5.30pm from Friday 24th December through to Wednesday 29 December with a minimum of two shifts.

Mary first volunteered with

her husband Alan in 2008 and the experience had a profound effect on them both. She said; “volunteering for the dental service has been a great privilege, being probably the most professionally and emotionally rewarding experience of my entire year. Suddenly being released from the normal box of the dental surgery, the opportunity of being able to help people, knowing that we are offering a vital service to people who can find access to dentistry difficult, is immensely rewarding, emotionally if not financially. Losing the normal time constraints of the practice of dentistry allows

the opportunity to chat to the guests and other volunteers, a truly rich experience.”

Leslie Morphy, Chief Executive of Crisis, said; “Crisis At Christmas would be impossible without the time and dedication shown year in, year out by our thousands of volunteers. They provide invaluable companionship and

services to some of society’s most vulnerable people, but also gain much from the experience in return.”

To find out more about volunteering at Crisis At Christmas email: [ccvolunteering@crisis.org.uk](mailto:ccvolunteering@crisis.org.uk) or apply online: [www.crisis.org.uk/volunteering](http://www.crisis.org.uk/volunteering). If you do not have internet access call: 0844 892 8980. **DT**



# Celebrity smiles not always perfect

Celebrity styles have a massive impact on what is perceived as beautiful and fashionable. In the past, cosmetic dental surgery was desired to improve the aesthetic look of patient’s teeth, making them whiter and straighter, however, recently these ideals have somewhat changed.

With regards to the ideal look, in the past having a large gap between your front teeth was seen as an unattractive trait; however models, such as Jess Hart, Lara Stone and Georgia Jagger, who have a natural gap in their teeth, have turned their natural gap into the “must have” look.

Because of this sudden craze, cosmetic dental procedures have increased and models are having brackets inserted between their front teeth to wid-

en the gap. Dentists in America have even reported that veneers with slight staining, grooves and overlaps are also growing in popularity.

However, the gappy smile seems to have divided public opinion; for many people a noticeable gap between their teeth may not be seen as such a blessing and many result in opting for treatment to correct their gap.

The sort after look is now the “character face”, and having a gap between your teeth is said to be the must-have orthodontic trait du jour.

Celebrities such as Kanye West have also made fashion statements with regards to their teeth. Recently, reports detailed that Kanye asked his dentist to pull his bottom row of teeth out

and replace them with diamond ones.

According to reports, Kanye West said that he ‘thought it would be cooler’ to have his teeth pulled out and replaced with diamond implants.

However, it is feared that Kanye’s latest accessory will send out the message that it is ok to replace your natural teeth with implants. In fact, dentists are continually trying to encourage people to maintain good oral health and keep hold of their natural teeth.

Over the years, preserving the patients’ natural teeth has become a message that is widely stressed by many dentists and cosmetic dentists alike, with the notion of pulling a tooth completely out being the absolute final option. **DT**



Georgia Jagger and Kanye West are not going for the perfect smile

# Smiles all round at the BOC

Orthodontist Dr Richard Jones celebrated a double win at the British Orthodontic Conference in Brighton last month, winning both the Special Service Award and the prestigious President’s Cup.

Dr Jones, who is Chairman of Total Orthodontics, was delighted to learn that he had picked up not one but two awards at the four-day conference which was held at The Brighton Centre.

The Special Service Award was awarded to Dr Jones by the British Orthodontic Society in recognition of the work he has done for the society over the past ten years. Most recently he took on the role of Chairman for the Orthodontic Practice Committee, which represents the political interests of the society, liaising with the Department of

Health and Primary Care Trusts on orthodontic issues. Dr Jones also played a pivotal role in representing the BOS in negotiations regarding the national NHS contract in orthodontics.

It is for these reasons that Dr Jones also picked up the President’s Cup, which is presented annually to an individual selected by the president of the BOS for outstanding service.

Mrs Zoë Tickner, practice manager at Total Orthodontics Horsham, also had reason to celebrate after taking first place in a National Orthodontic Nursing Competition at the same conference.

The Orthodontic Nursing Award, which is sponsored by 3M Unitek, aims to recognise best practice in orthodon-

tic nursing. To reach the final Zoë, who is also the group nursing manager at Total Orthodontics, was asked to submit an outline for a proposed presentation on a topic of her choice. Five finalists were then selected to present at the British Orthodontic Conference.

Zoë’s chosen topic was ‘An Introduction to HTM 01-05 De-

contamination Guidance in Orthodontic Practice’, where she outlined the required standards in decontamination for orthodontic practices and how to achieve best practice.

Zoë’s prize, which included a cheque for £500, was presented to her by Des Creighton, the UK Sales and Marketing Manager for 3M Unitek. **DT**



Dr Richard Jones receives the President’s Cup

## DENTAL TRIBUNE

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# Dentists can avoid complaints escalating through clear communications

The Parliamentary and Health Service Ombudsman's review of complaint handling by the NHS published this week serves as a reminder for dental practices to pay close attention to their com-

plaints procedures, says Dental Protection. It also highlights the importance of good, clear communications as a means of avoiding complaints escalating, and that local resolution is the best approach.

Hugh Harvie, Head of Dental Services, said; "Patient complaints are a common issue with which we frequently assist members – last year we received more than 4,000 enquiries about complaints handling in general

practice.

"Our experience of complaints escalating due to poor communication mirrors the findings in the Ombudsman's report. We regularly see let-

ters of response from clinicians which are defensive in tone, or simply fail to acknowledge the patient's concerns. Issues such as poor explanations, incomplete responses, and factual errors are factors that can prompt a patient to take the matter higher, particularly if they feel their complaint is not being taken seriously.


"We also know that an apology is often what the patient is seeking, along with assurance that what they have experienced will not happen to anyone else. This is evident from the Ombudsman's report, where the leading recommendation was for the patient to receive an apology, followed by action to put things right."

To coincide with the Ombudsman's report, Dental Protection has revised its range of advice booklets on handling complaints. Members of the dental team can download an advice booklet specific to the region of the UK in which they practice (England, Wales, Scotland, and Northern Ireland). They are free of charge to members and non-members alike and available here [www.tinyurl.com/33eu2do](http://www.tinyurl.com/33eu2do)

## Morris and Co expand

Specialist Dental Accountants Morris and Co are on the move. Their Chester home of 25 years has been exchanged for purpose-built offices next to the Cheshire Oaks Designer Outlet Shopping Centre near Ellesmere Port. The move has many advantages for Morris and Co and their clients, with the extra space to cater for the firm's ongoing expansion.

The Morris and Co dental team consists of 21 people led by Senior Partner Nick Ledingham supported by three colleagues, Bob Cummings, Sara Parrott and Chris Shaw. Between them, they work for many hundreds of dentists throughout the UK.

Nick Ledingham, who is also Chairman of the National Association of Specialist Dental Accountants, said: "Although we do most of our work electronically, we still have to keep meticulous paper records on behalf of our clients. The need for storage space to house our paperwork and reference library combined with the need for space for team members makes the move imperative." 

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*Dr Carol Tait*

Key concepts to aid competent cleaning and shaping of the root canal system

19:30, 5th October 2010

Obturation of the cleaned and shaped root canal system

19:30, 2nd November 2010

#### Periodontics

*Sarah Murray and Baldeesh Chana*

Root Surface Debridement

19:30, 27th September 2010

19:30, 8th November 2010

#### SDR

*Dr Trevor Bigg*

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19:30, 26 October 2010

19:30, 10 November 2010



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# Consultation expected to lead to piloting of new dental contracts in 2011

Dentists' leaders in Northern Ireland have welcomed the launch of the long-awaited consultation on piloting new dental contract arrangements.

The Health and Social Care Board's consultation runs until 31 January, 2011. It is expected

to lead to the piloting of general dental services, orthodontic and oral surgery pilots next year with new contracts being developed for 2013 pending successful evaluation.

While pleased that progress is being made, the British Dental Association in Northern Ireland

believes that much hard work lies ahead before and during the pilot phase.

Peter Crooks, Chair of the BDA Northern Ireland Dental Practice Committee, said:

"The BDA has long argued that we need new arrangements

for dental care in Northern Ireland.

"Practices need a sustainable future as businesses with a working environment for dentists and their teams which deliver the modern, preventive care our patients seek.

"The HSCB's consultation signals, I hope, progress towards that goal. Continued engagement with BDA Northern Ireland is the key to success. The Government needs to listen to the views of the profession and work with the BDA to ensure the future success of pilots." **DT**

# Countdown to new vocational qualifications for the health sector

Skills for Health is urging healthcare employers to begin preparing for the introduction of new health and health-related vocational qualifications for the sector from January 2011.

More than 25 new vocational qualifications – including 'replacement' NVQs – will be launched in the New Year on the Qualifications and Credit Framework (QCF), the new

framework for all vocational qualifications in England, Wales and Northern Ireland.

With two months to go until the new health vocational quali-

cations go live, employers are being urged to update their training and development plans, and to explore how the new framework can help them develop a more productive and flexible workforce delivering better patient care.

Level 2 (equivalent to GCSE at grades A-C or BTEC First Certificate) and Level 3 (equivalent to A Level or BTEC National Certificate/Diploma). Subjects range from Health Informatics to Emergency Care Assistance, Maternity and Paediatric Support and Optical Retail Skills.

Skills for Health Director for Qualifications Strategy, Anne Eaton, said: "The QCF and these new vocational qualifications present a genuine opportunity for employers to be smarter and leaner in their training and development activities.

"Using the flexible unit-based approach of the QCF, employers will be able to get greater impact from limited training budgets, while also designing their workforce training and development activities more closely around patient need.

"It will also benefit staff, who will be able to learn at a pace that suits them and to transfer credit between qualifications to avoid having to repeat their learning."

Skills for Health has worked with a range of partner organisations during the last year to 'transition' existing vocational qualifications to the new framework. The new health and health-related qualifications to be published to the QCF include Awards, Certificates and Diplomas at both

The new qualifications are approved by the Qualifications Regulator for use in England, Wales and Northern Ireland and are recognised by regulators and workforce development organisations as the benchmark for the sector.

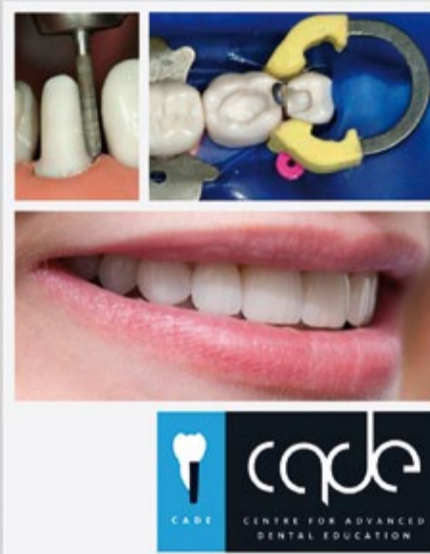
Within Scotland where the QCF does not apply, qualifications will continue to be regulated by the Scottish Qualifications Authority.

Skills for Health will continue to work with employers and Awarding Organisations to develop new qualifications for the framework in the future.

\* Skills for Health is holding workshops in England, Wales and Northern Ireland during November and December to help healthcare employers explore the QCF and new vocational qualifications, and the benefits they offer. For further details, see [www.skillsforhealth.org.uk/events](http://www.skillsforhealth.org.uk/events) **DT**

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## GDC's new CEO and Registrar takes office

The UK's dental regulator the General Dental Council (GDC) has today welcomed its new Chief Executive and Registrar Evlynne Gilvarry.

Evlynne is joining the GDC from the General Osteopathic Council (GOsC), the statutory regulator of osteopathy in the UK, where she'd worked as Chief Executive and Registrar since

November 2007. Previously she worked in various senior policy and management roles at the Law Society, the regulator and professional body for solicitors in England and Wales. She is a qualified lawyer and mediator.

For media enquiries, please contact Moira Alderson on 020 7009 2756 or email [malderson@gdc-uk.org](mailto:malderson@gdc-uk.org) **DT**

# ‘A profession, not a job’

## Dental Tribune Speaks to Chief Dental Officer for Wales, Dr Paul Langmaid

At the recent launch of Smile-on's new office in Cardiff, Wales, I took the opportunity to speak with Dr Paul Langmaid (pictured), Chief Dental Officer for Wales. Dr Langmaid was appointed CDO for Wales in November 1997. He graduated from Cardiff Dental School in 1975 and undertook house officer posts in oral and maxillofacial surgery at Cardiff Royal Infirmary and University of Wales Hospitals, and in paediatric dentistry at Cardiff Dental Hospital, before going into general practice in Cornwall in 1976.



### Access

Dr Langmaid added: "In terms of access, dentistry in Wales is nothing like the problem that it was in England – it never was that bad. When John Redwood was our secretary of state in 1997, he invested £3.5m in dentistry in Wales—and the schemes we put up were the precursor of the PDS Schemes in England—that was a success story for Wales. I was the Deputy Chief Dental Officer then and it was the Chief Dental Officer David Heap... who was the father, mother and midwife of it all."

He has worked in the three main components of NHS dentistry (general dental services, community dental services and hospital dental services) and also in Israel and Romania. From 1986 to 1992 Dr Langmaid worked for the Overseas Development Administration as a Technical Co-operation Officer in the British West Indies. In July 2010 Dr Langmaid was awarded a CBE in the Queen's Birthday Honours List for services to dentistry.

soon because it doesn't have the regulations that England passed in order to permit a public consultation, but our Minister is very supportive of helping children in school settings to look after their teeth and value them. After a trial of 'Design to Smile' in Wales (cf 'Brushing for Life' in England, Scotland Smiles in Scotland), in some of the worst areas of tooth decay in Wales or in places where children don't

"I've been fortunate because I've been able to see it grow; see the benefit was that we could use the funds that could be transferred by new arrangements into the CDS so they could employ people to do general dentistry. That still runs but it's now what you would call a PDS because that's basically what it is."

### Putting patients first

Looking to the future, Dr Langmaid discussed what he would like to see in dentistry in Wales: "What I champion and what I want to see is that dentists put patients first, that they utilise the funding that is made available for CPD, post graduate courses that meet GDC requirements; that we continue to make these available for all members of the dental team, and that as professionals they see it is important to continually improve your knowledge through attendance at courses, through utilising opportunities with providers of healthcare education – I mean that's a no brainer – and other verifiable and non-verifiable post graduate information. Younger dentists have grown up with access to the internet, online resources and the Minister is still happy to fund post-graduate education which is done in groups – not as a loner – because I think the ability to chat to your colleagues in a safe environment and learn from their mistakes is valuable."

*'What I champion and what I want to see is that dentists put patients first'*


have access to a toothbrush or share one. As a result of these trials, which were evaluated by the Department of Dental Public Health, Cardiff University Dental School, we secured more than £3m to use across Wales in 2009/10 and that's going to be £3.4m in 2011/12 so everybody will have the opportunity to use fluoride toothpaste and toothbrushes – in junior schools there will be brushing buses there for children to keep their toothbrushes in school and they will get a toothbrush to take home. I went to the launch in Gwent (Newport) on an estate and I had to give a talk to about 100 children between the ages five and eight.

I asked Dr Langmaid about the latest dental health initiatives which have been seeing success and how dentistry has been progressing through the political agenda in Wales. He replied: "Dentistry in Wales is still regulated by legislation for England and Wales unlike Scotland and Northern Ireland, so we are closer to developments which are going on in England. Of course they are accelerating at the moment with all sorts of workstreams in the Department of Health, guided by Dr Barry Cockcroft (CDO England). Other members of my team have been closer to the details of the development there and we've also got a political difference now between the government in Westminster and the government in Wales and that's hard to predict how that will affect what we do. In fact it's almost impossible to predict because it will be down to Ministers to decide on what they wish to follow from what has been developed in England."

### Exciting

"Some of the most exciting work we've done over the last few years in Wales is a programme for teaching children both in nursery school and primary school up to the age of seven or eight, on how to brush their teeth, using toothbrushes and fluoride toothpaste. Wales is unlikely to have water fluoridation any day

"It was a fantastic experience. It was very impressive and the Community Dental Service (CDS) that delivers this on the ground, right across Wales are our partners, our agents and our friends – we still have a Community Dental Service in Wales and it's still called that. I think that the CDS is a most important thing and in my view the best thing for dentistry our Minister [Edwina Hart], has supported in the last couple of years."

"I still champion a profession that I was very pleased to join in 1975 and I am a strong believer that it is a profession and not a job and the standards that have allowed the public to trust you have to be maintained at all costs; education is a part of that recognition and you have to do the right things even if nobody is looking. You should be self-starting and undertake self-examination, the more modern terms is reflection and you should be 'doing' that." 

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# Innovation, integration and education at Showcase 2010

This year's BDTA Dental Showcase proved to be a successful and thoroughly enjoyable event. The exhibition attracted over 13,000 members of the dental team to London's Ex-

CeL centre and there were more than 340 stands and there were many opportunities for visitors to obtain valuable CPD hours.

The theme for this year's event

was 'Working in Harmony' and was symbolised by the impressive sounds of barbershop quartet 'Rockaholix' who welcomed visitors into the exhibition hall. The Showcase pavilion was a further

demonstration of the Showcase 2010 theme, as dental associations representing all members of the dental team appeared together.

This year Showcase brought

together a variety of new initiatives; the Live Theatre provided demonstrations of the latest dental technologies and innovations and the Knowledge Hunt saw that almost 500 visitors searching for answers to questions as they walked around the hall, gaining one hour of verifiable CPD in the process.

The BDTA also welcomed a group of MPs from the All Party Parliamentary Group for Dentistry on Thursday morning. Furthermore, feature lectures and seminars covering the core subjects recommended by the GDC were also offered at this year's Showcase and were extremely popular.

For the first time, Dental Lab Day at Showcase took place and attracted well over 150 technicians/lab owners and trade representatives who had the opportunity to listen to specialist lectures and representatives from the industry. The initiative was a joint collaboration between the DLA, DTA and BDTA.

The BSDHT also held their AGAM and CPD event on the Saturday of Showcase and were delighted with the number of hygienists and therapists in attendance.

## Stand award winners announced

The winners for this year's Showcase 2010 stand awards took place in collaboration with the UK's leading exhibition and events magazine Exhibiting. The Editor of Exhibiting magazine judged stands on criteria, which included presentation, professionalism, stand layout and appearance, and judged the staffing and range of products/information on display.

There were three winners in total and each will receive a full page advert in one of the leading dental magazines. The winners and highly commended stands in each category were as follows:

### Large stand category

The winner of the 'larger stand category' was Denplan; those that were highly commended were; Colgate, Molar, Kuraray, Practice Plan.

The winner of the 'medium stand' category was Liquid Smile; the highly commended stand was Nichrominox.

The winner of the 'small stand' category was First for Medical Training and those that were highly recommended were Wisdom Toothbrushes and Munroe Sutton. [DT](#)

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1. Study 103-0193. Data on file 1, McNEIL-PPC, Inc. 2. Study 103-0196. Data on file 2, McNEIL-PPC, Inc. 3. Tanzer JM et al. *J Dent Ed* 2004; 65(10): 1028-37.

4. Data on file A, McNEIL-PPC, Inc. 5. Sharma NC et al. *J Am Dent Assoc* 2004; 135: 496-504.



# GDP UK Roundup

## Tony Jacobs discusses this month's hot topics

**G**DP UK is busier than ever in the autumn, with over 9,000 different colleagues visiting the site during the month. Colleagues reading the forum are also looking forward to the upcoming GDP UK Conference in Manchester see [www.gdpuk.com/Conference2010](http://www.gdpuk.com/Conference2010). Concerns about the CQC and HTM0105 continue to dominate discussions; these are clearly the topics at the top of the agenda for all dentists.

The enhanced Criminal Record Bureau check for dentists demanded by the CQC has raised ire amongst forum members, for many reasons. CQC speakers have always stressed that the role of the registration was to protect the public with regard to the premises – are they safe for the public and are processes and procedures correct? – In other words, regulating the provider. The GDC remains responsible for making sure the public is treated and cared for by suitably qualified professionals, the performers. So why the CQC needs to make all dentists have a further CRB check is questioned. All the forms necessary for this must be taken personally, by every single dentist, together with passport, photos and further proof of identity to a Crown Post Office. There are only 27 of these Post Offices in England, and many dentists will have to spend time travelling and queuing at that office, possibly a full day. For example, for the whole of Yorkshire, about two thousand dentists, there is one such Crown Office, in Leeds. Imagine the queues if all 2,000 visited on one day! As one senior, notable colleague wrote in the forum “what sort of moron sits in their glass palace in Westminster and thinks up ideas like this?”

Back to the HTM 0105 document that continues to dog the profession: One concern has been that washer disinfectors, in their final heat cycle, bake proteins onto stainless steel instruments. In letters to colleagues in response to specific enquiries, the

DH are now rebutting this, having commissioned research at the University of London. This research will be published in due course. Some GDP UK correspondents still believe that it is best not to buy or use one of those machines, and that it is not need-

ed to reach “essential requirements” but required to reach “best practice”.

In the same vein, a dentist wrote (in a dental discussion in another dental publication) that after 35 years in practice the lat-

est wave of regulations, paperwork and interference were too much, and retirement beckoned – even though the dentist insisted he enjoys his daily work, and finds helping patients daily to be rewarding. I found it uncomfortable to read that so many agreed with his sentiments.

Creating new documents for consent to various procedures have been discussed, and will be shared in the files section of GD-

PUK. Apparently, when questions about this are put to lawyers, these days, they insist that risk of death is placed as the number one risk at the start of all these documents. Patients could have a reaction to local anaesthetic, and this reaction could ultimately be fatal, so perhaps this warning should be to all dental consent documents? Would you be comfortable warning every patient of this? That is a sobering thought for us all. [M](#)



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### About the author



**Tony Jacobs**, 52, is a GDP in the suburbs of Manchester, in practice with partner Steve Lazarus at 406Dental ([www.406dental.com](http://www.406dental.com)). Nowadays, he concentrates on GDP UK, the web group for UK dentists to discuss their profession online, [www.gdpuk.com](http://www.gdpuk.com).

Tony founded this group in 1997 which now has around 7,000 unique visitors per month, who make 55,000 visits and generate more than a million pages on the site per month. Tony is sure GDP UK.com is the liveliest and most topical UK dental website.

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