

DENTAL TRIBUNE

—The World's Dental Newspaper • United Kingdom Edition—

PUBLISHED IN LONDON

NOVEMBER 9-15 2009

VOL. 3 No. 27

News in Brief

Horse Dentist Awarded

Equine dentist, Andre Majerski, 61, was honoured by the International Fund for Animal Welfare at the House of Lords in October. He has helped with animal welfare on Greek islands for seven summer holidays.

He says he takes his time to ensure the animal is relaxed. His love of animals came from learning to ride ponies bare-back as a child in his native Blaenau Ffestiniog.

Mr Majerski was steered towards an equine dentistry course in Cambridge after his daughter's father-in-law became chairman of the Greek animal welfare fund.

He said: "The satisfaction I get, is from knowing that when I first see a horse or donkey they have problems and are in discomfort, but when I leave them they are better than when I found them."

Eurostar Draw

Visit Smile-on at the BDTA Dental Showcase on stand L03. Be the first to preview the latest and best in education for Dental Teams. Send an email to info@smile-on.com to reserve your free demonstration, your glass of fizz and entry into a Eurostar draw.

New MSc from Smile-on

University of Manchester has teamed up with Smile-on to produce a world-class distance-learning MSc in restorative and aesthetic dentistry. The course will be delivered through combining an internationally-renowned faculty with cutting-edge webinars - the learning delivery method at the core of this MSc. A live internet feed provides fully interactive lectures at home, in real time.

A Smile-on spokesman said: "Many dentists would love to pursue an MSc in restorative & aesthetic dentistry, but have been unable to do so through traditional methods. This distance learning MSc fits around you. With our MSc, attending lectures is as easy as switching on your computer." Smile-on has organised a free introductory webinar for would-be participants on Tuesday, November 10, at 7.50pm, at the venue of your choice. The lecture is given by Dr Chris Orr, course co-director and a world-leading aesthetic dentist.

To book: email your details to: info@smile-on.com or phone 020 7400 8989

www.dental-tribune.co.uk

News



A winning read

Celebrate the launch of a fascinating book on art and dentistry and win a copy!

▶ page 2

News



Safeguarding stance

BADN supports nurses' concerns over new child protection rules

▶ page 4

Education



Getting an education

A closer look at the groundbreaking Msc in Aesthetic & Restorative Dentistry

▶ page 10-11

Feature



Impact India

Dentist Neil Sikka recounts his experiences on board the Life-Line Express

▶ page 22-24

Bans Boost Mouth Cancer Campaign

Mouth Cancer Action Month's timely launch as MPs vote to ban tobacco vending machines and point of sale displays

The British Dental Health Foundation (BDHF) has welcomed the decision to ban tobacco vending machines before this month's Mouth Cancer Action Month.

MPs voted in October to ban tobacco vending machines and retain the ban on tobacco displays at point-of-sale.

The British Dental Health Foundation (BDHF) - whose support for the bans put forward the oral health case for tobacco control measures - praised the decision.

BDHF chief executive, Dr Nigel Carter, said: "Our Mouth Cancer Action Month campaign began Sunday, November 1 so this news is a great boost.

"Tobacco is linked to three-quarters of mouth cancer cases and also worsens gum disease."

"Banning tobacco vending machines is a landmark decision, which will help keep tobacco out of children's hands. The point-of-sale display ban is proven to help prevent impulse purchases so this vote is very welcome."

The campaign promotes lifestyle choices such as quitting smoking, cutting down on alcohol and eating healthily. Mouth cancer kills about one person every five hours in the UK, with about 1,800 dying each year. It is diagnosed annually in more than 5,000 people, an overall rise of 40 per cent in ten years.

US research shows chronic gum disease may also present a high risk for mouth cancer.

This could provide a clue to the rise in mouth cancers where no traditional risk factors such as tobacco, excessive alcohol and the human papillomavirus (HPV) were present. There are now more deaths from mouth cancer than cervical cancer or testicular cancer.

The five year survival rate for sufferers of mouth cancer is 50 per cent. About 70 per cent of cases are detected late, but early diagnosis improves survival chances to more than 90 per cent.

Mouth cancer usually affects people over 40, though more young people are developing it. People who smoke and drink alcohol to excess are 30 times more likely to develop mouth cancer.

Research now suggests that (HPV) - transmitted by oral sex - could soon rival tobacco and alcohol as the main cause of mouth cancer.

The Mouth Cancer Foundation is announcing the winner of the third annual Mouth Cancer Voice Awards on November 16. It wants to encourage young people not to take their voices for granted.

Founder, Dr Vinod Joshi, said: "We want all students to know that mouth cancer exists and what symptoms to look out for in order to help with early detection. If in doubt, get it checked out."

In the US, the Oral Cancer Foundation (OCF) has donated a screening device for free clinics at Phoenix, California's Native Health clinic in a country-wide scheme.

The scheme is funded by OCF partner, the Bruce Paltrow Oral Cancer Fund, in memory of producer/director, Bruce Paltrow who died of oral cancer.

OCF founder, Brian Hill, said: "Our intent is to identify free clinics and health service providers in areas that have a high concentration of people who are both at risk for oral cancer and without the financial means to pay for comprehensive oral exams."

Native Health's dental director, Dr. Mahasin Hangalay, added: "The community we serve has the highest rate of tobacco usage of any major demographic group in the country, an extremely high poverty rate and very poor access to health care."

Because of reported links between oral cancer and the sexually-transmitted HPV, screenings are provided for everyone 16 and above. [D7](#)

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Open Wider!

A bookshop has come up with a novel dental Christmas idea for anyone buying a present for the dentist, dental nurse or dental receptionist in their life.

Open Wide (compiled by John Trevers & Martin Orskey and available from Wychwood Books) is a finely-produced series of 18th and 19th century satirical dentistry illustrations depicting the history of dentistry in an informative and humorous fashion by great Victorian caricaturists such as Thomas Rowlandson, George Cruikshank and John Collier.

The prints, each of which is complemented with a detailed description, caricaturise the agony which toothache sufferers faced before the use of anaesthetics. In those days, the blacksmith in many rural communities doubled up as a tooth drawer, using practices such as

hot coals, string, forceps, and pliers. One print even shows children being given a few shillings for 'live teeth'.

Mark Pulford, dental commissioning lead for Heart of Birmingham Primary Care Trust, said: "Professor Jimmy Steele was given a copy of *Open Wide* at one of his evidence gathering meetings for his recent dental service review, in Birmingham. Those present at the meeting, including myself, signed the copy purchased as a memento.

"The collection of dental prints graphically depicts the way dentistry was practiced in the old days."

Pulford added: "Hopefully dental access programmes, Steele Review pilots and appropriate new contract platforms can maintain the progress we have seen since then."



This new volume paints a vivid picture of dental quackery in a bawdy, sometimes grotesque way. DT

WIN a copy of *Open Wide!* Answer the following question - "Who else in rural Georgian England doubled as a tooth drawer?" - and email your answers to info@wychwoodbooks.com with the subject heading **DTopen**. The winner will be picked at random from all correct entries. The deadline for entries is 12pm Friday November 20. To purchase a copy of *Open Wide* go to www.wychwoodbooks.com or call 01451 851 880.

Phobics could pose medico-legal risk

The Medical and Dental Defence Union of Scotland (MDDUS) has warned dentists about the potential risks of phobic patients.

An article in the latest issue of its magazine, *Summons*, states that some patients' fear of visiting the dentist is generally regarded as a trivial problem, with patients who cannot cope with treatment often thinking they are being silly.

However, the piece emphasises that such apparently insignificant fears can sometimes have serious implications. The article cites studies which show that a significant percentage of the UK population is anxious about dental treatment, despite advances in the delivery of dental care. A small proportion of these patients displays a genuine phobia of the dental set-up.

The MDDUS warns that practising dentists should be



oral sedation – it is necessary that the dentist has appropriate training, which should be updated regularly. This is also the case for dental nurses assisting with care in the practice.

Aubrey Craig, head of the dental division of the UK-wide MDDUS (pictured) said: "Phobic patients may claim that they have not consented to the treatment suggested.

"Their phobia could prevent them from rationally comprehending what is being explained and discussed with them. Therefore it is essential that the dentist takes additional time to obtain valid consent from them before treatment."

He added: "As well as completing appropriate training, practices providing conscious sedation must consider having an automated external defibrillator available for use should the need arise." DT

International Imprint

Executive Vice President
Marketing & Sales

Peter Witteczek
p.witteczek@dental-tribune.com

DENTAL TRIBUNE

The World's Dental Newspaper - United Kingdom Edition

Published by Dental Tribune UK Ltd

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

Managing Director
Mash Seriki
Mash@dentaltribuneuk.com

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

Director
Noam Tamir
Noam@dentaltribuneuk.com

Advertising Director
Joe Aspis
Tel.: 020 7400 8969
Joe@dentaltribuneuk.com

Marketing Manager
Laura McKenzie
Laura@dentaltribuneuk.com

Design & Production
Keem Chung
Keem@dentaltribuneuk.com

Dental Tribune UK Ltd
4th Floor, Treasure House
19-21 Hatton Garden
London, EC1N 8BA

Editorial comment

All roads lead to Birmingham...

This week sees the annual gathering of the profession and the trade – BDTA Dental Showcase. This exhibition gives everyone involved in dentistry a chance to get together and discuss burning issues, complex cases and generally gossip about each other!

It is of course also an opportunity for clinicians to indulge their not-so-secret passion for impulse purchases of new dental gadgets and products. Far be it from me to be seen to encourage this behaviour, but for a sneak preview of what's going to be on offer at the event take a look at our preview pages 27-58, which begin with a look at two very different products making their debut at Showcase. See you in Birmingham!

Free start

Dental education company, Smile-on, treated all practices in the region to a free copy of DNSTART, in conjunction with the NHS West Midlands workforce deanery.

Designed as an interactive induction programme, DNSTART enables trainee dental nurses to work in the dental practice before taking up a place in an accredited institution.

Primarily aimed at new dental nurses, DNSTART can also be used as a refresher course for the entire team and offers 10 hours of verifiable CPD.

DNSTART explores the role of the dental nurse within the following areas, which include: health & safety, infection control, medical emergencies, radiographs, record-keeping, surgery routine and working within the dental team

Market leader, Smile-on, a trusted name in healthcare education, is proud to support all dental professionals by offering flexible education and an accessible learning programme to help build fulfilling and successful dental careers for the whole team.

For more information on DNSTART call 020 7400 8989 or email info@smile-on.com

Also in this issue we are looking at post graduate education. With compulsory CPD it has brought opportunities for people who may not have thought about advancing their career with a further degree or diploma to do just that.

In addition, the advancement of technology in the multimedia arena is allowing access to these qualifications to an even wider audience. E-learning and the use of webinars to broadcast live interactive lectures is fast becoming an accepted mode of participat-

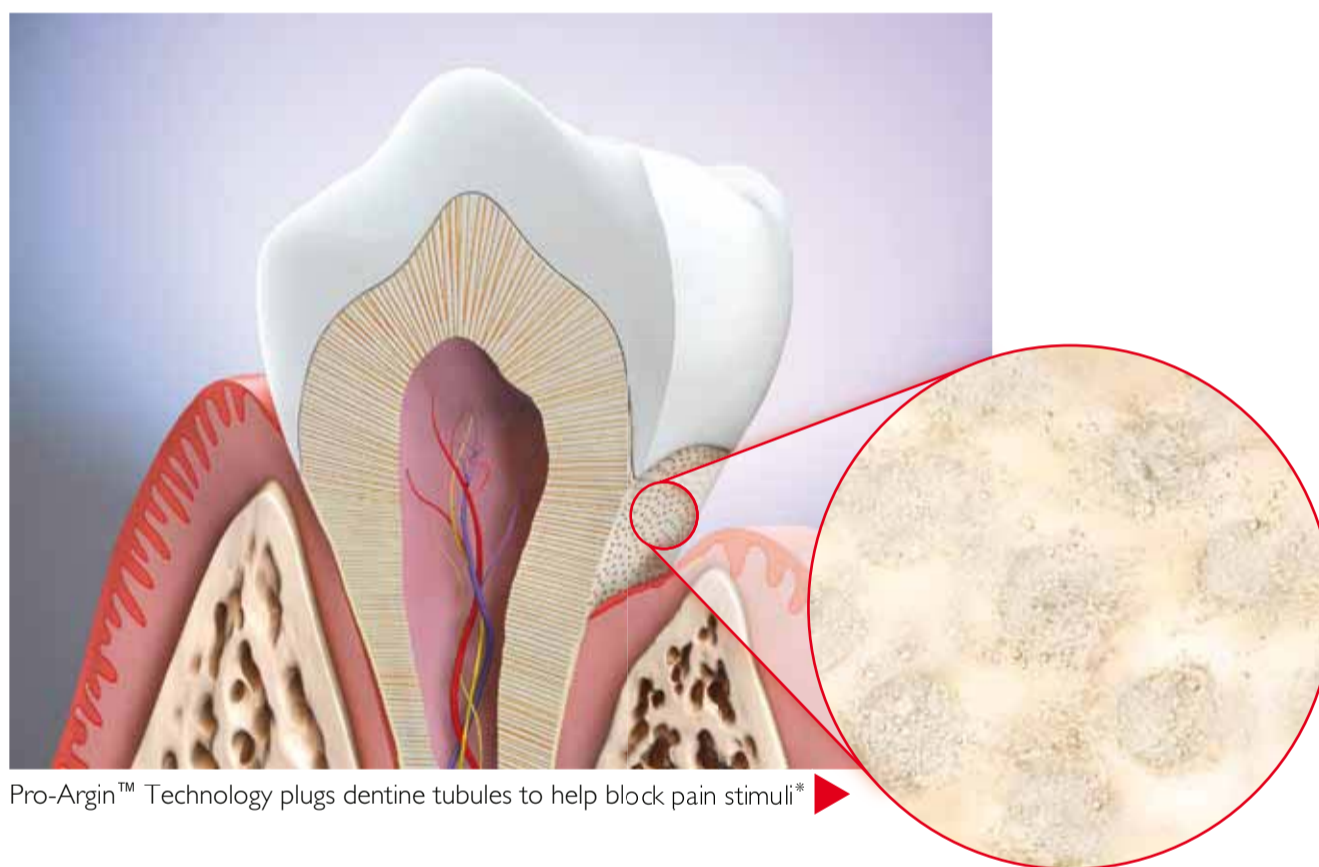
ing in post graduate education, meaning access to course material from wherever you are in the world; as well as the chance to review a lecture as and when necessary. [D1](#)

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don't hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

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Centre stage for call centre

Denplan is celebrating achieving second place in both, Call Centre Focus (CCF) magazine's European Call Centre Awards and the, Top 50 Call Centres for Customer Service, awards.

The latter is the largest ever call centre benchmarking exercise, conducted by independent market research company GfK Mystery Shopping and commissioned by Call Centre Focus magazine. Denplan came second for the second year running, with a score of 94.78 per cent. First place went to F&C Investments with 94.95 per cent, with last year's winners, First Direct, in

third place, with 91.75 per cent.

The annual Call Centre Awards, which are in their 14th year, reward individuals and companies which have made the most impact over the previous 12 months. Staff at Denplan were thrilled to be commended in the, Best People Practice, category. The dental payment plan company was ranked as 'highly commended' at the awards and was pipped to the post only by Cable & Wireless.

Julia Dawson, director of customer services at Denplan, said: "Both of these customer service accolades are testament to the

hard work and dedication by the customer advisor and customer services teams here at Denplan. Everyone here really values the great service we offer and to have all our hard work recognised is just wonderful, especially given the quality of the competition."

Simon Thorpe, programme director of the, Top 50 Call Centres for Customer Service, awards, added: "Customer service is becoming more important than ever, as consumers are more careful about where and how they spend their money. Companies are realising that in order to retain customers during difficult financial periods,



Denplan call-centre team celebrates achievement

customer service has to be first class. We would like to congratulate Denplan for its excellent performance. We hope this initiative

will inspire other call centres to improve their levels of customer service to reach the standards set by our Top 50 members." [DT](#)

Dental nurses support RCN stance on Safeguarding Authority scheme



The ISA's scheme requires anyone working with children to register with the scheme

The British Association of Dental Nurses (BADN) has expressed its support of the Royal College of Nursing's (RCN) stance on the Govern-

ment's Independent Safeguarding Authority (ISA) scheme.

The ISA requires anyone working with children or vul-

nerable adults in England, Wales and Northern Ireland to pay £64 registration fee to join the vetting and barring scheme. This fee must be paid on top of professional regulation fees to - in the case of dental professionals - the General Dental Council. While recognising the importance of the protection of children and vulnerable people, the RCN is concerned about the scheme's cost and the lack of right to appeal unless there is a mistake in the law. The ISA has been described as a 'tax on employment' which gives too much power to the ISA and not enough responsibility to the individual.

RCN chief executive Dr Peter Carter said that public protection needed to be carried out in a fair, effective and efficient way. He said the RCN was particularly concerned that the ISA barring process might be unfair, without adequate safeguards against ill-founded allegations, therefore leaving nursing staff with no effective right of appeal.

BADN president Angie McBain said the association fully endorsed the RCN position. She said: "Whilst BADN recognises

the importance of protecting children and vulnerable adults, expecting dental nurses to pay yet another registration fee is unreasonable and unrealistic. Dental nurses - many of whom are working part time and on minimum wage - already have to pay £96 to the GDC, as well as for CPD and indemnity. Many are having to leave the profession as they can no longer afford to work as dental nurses. Having to pay an additional £64 will be the last straw for many dental nurses.

"BADN also share the RCN's concerns about the duplication of regulation and the potential unfairness of the barring process and appeal procedures."

The first phase of the scheme - which commenced on October 12 - defines it as a criminal offence for individuals barred by the ISA to work or apply to work

'Expecting dental nurses to pay yet another registration fee is unreasonable and unrealistic'

with children or vulnerable adults. Employers also face criminal sanctions for knowingly employing such individuals. BADN are calling upon the GDC, as the regulatory body for dentistry, to support dental professionals and to work with other regulatory bodies and professional associations in the healthcare sector to resolve the matter.

Following the Soham murders in 2002, the Home Secretary commissioned Sir Michael Bichard to lead an independent inquiry into child protection measures, record-keeping, vetting and information sharing. In 2004, the inquiry's recommendations led to the Safeguarding Vulnerable Groups Act 2006, which recognised the need for a single agency to vet all individuals who want to work or volunteer with vulnerable people. The Independent Safeguarding Authority (ISA) was created to fulfil this role.

New employees do not need to start applying for ISA-registration until July 2010 and ISA-registration does not become mandatory for these workers until November 2010. All other staff will be phased into the scheme from 2011. [DT](#)

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L-R: Philip Martin – Chair of Leicestershire and Rutland LDC, Toby Sanders – NHS Leicester City's Director of Primary and Community Care, Jit Hindocha – local dentist and NHS Leicester City's dental clinical adviser

NHS access awareness

A campaign has been launched to raise awareness of those dental surgeries offering NHS treatment and to challenge the misconception it is hard to find an NHS dentist in Leicester.

Staff from NHS Leicester City's Patient Advice and Liaison Service (PALS) will be

signposting people to those dentists accepting new patients via a dedicated dental line, 0116 295 7017.

Toby Sanders, NHS Leicester City's Director of Primary and Community Care, said: "There is a belief it's difficult to find an NHS dentist but in Leicester this is no longer true.

"We've invested in dental services to make it easier than ever before for people to get an appointment. There are dozens of dentists across the city waiting to see NHS patients and we want people to take advantage of this.

Dentist Philip Martin is chair of Leicestershire

and Rutland Local Dental Committee and has a dental practice in Leicester. He said: "There are many high quality NHS dentists available to people in Leicester and as local dentists we are all keen to support good oral health. We are sure this campaign will encourage people to make an appointment now and to continue to see a dentist regularly in the future." DT

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Oralinsights

Dental Centre Purifies Water

A dental education centre has installed a state-of-the-art water purification system for its infection control and decontamination training suite.

Premier dental training facility, the London Dental Education Centre (LonDEC) chose compact, cost-effective and user-friendly water purifier, the BIOPURE7/15 from ELGA Process Water.

The BIOPURE system, which is specifically designed for the dental industry, supplies up to 15 l/hr of purified water to LonDEC's washer disinfectant, two autoclaves and ultrasonic bath – all from one mains water feed.



Bill Sharpling, director of LonDEC (left) and Gerard Murray, healthcare sales manager, ELGA Process Water. (right)

Bill Sharpling, director of LonDEC, explained: "LonDEC's high specification facilities are designed to meet all training requirements from technical and clinical to nursing and dental hygiene. We have 27 phantom head training units, a 45-seat lecture theatre, a pseudo dental surgery for medical emergency training, and an infection control and decontamination training suite.

"Effective decontamination is central to LonDEC's activities. Many course delegates look for ideas on how to update their own decontamination processes in light of recent HTM01-05 guidelines. Our infection control and decontamination training suite includes a 'dirty' and 'clean' room which demonstrates best practice and what dental practices should aspire to have." DT

OH statistics highlight child caries prevention needs

Oral health charity, the British Dental Health Foundation (BDHF) has responded to statistics from the NHS Dental Epidemiology Programme (NHS DEP) for England on the oral health of five-year-olds, released in October.

They reveal that one third of five-year-olds have decayed, filled or missing teeth (DMFT). The survey, during the 2007/08 school year of nearly 140,000 five-year-olds, covered 147 out of 152 PCTs. It revealed 31 per cent showed obvious signs of tooth decay - three in every 10 children of that age.

The charity concluded that the dental health of five-year-olds could be greatly improved and is urging the Government to focus more on prevention of oral health problems. It is also calling for a system to reward dental practices which carry out preventive measures, in line with the Steele recommendations, as well as an extended water fluoridation scheme.

BDHF chief executive, Dr Nigel Carter, said the whole problem of tooth decay could be avoided: He explained: "Water fluoridation schemes targeting areas of high decay across the UK could reduce decay at a single stroke. A nationwide Prevention in Practice award scheme, recognised by PCTs, could also make the difference and help level decay experience across the UK.

"We hope a future Government of whichever party will retain this focus on better oral health for the nation's children."

Huge improvement

Dr Barry Cockcroft, chief dental officer for England, said the comparison of the mean DMFT average showed that 69 per cent of five-year-olds were caries-free, compared to 61 per cent in 2005/06, a positive increase of eight per cent.

He said: "This is a huge improvement with an overall dmft average of 1.11 per child."

But he accepted there was a need to do more about the 30 per cent of five-year-olds with three to four decayed teeth.

He added: "This problem must be tackled through social and educational methods; it is not enough just opening more practices."

Dr Cockcroft stressed that the focus of reforms was to move from a system which only rewarded treating disease, to one which

gave necessary treatment but also encouraged disease prevention.

He said: "We published *Delivering Better Oral Health* in 2007 and have already sent second editions to all dentists in primary care. So this should now be an



It was concluded that the dental health of five-year-olds could be greatly improved

integral part of PCT commissioning. Jimmy Steele quite correctly confirmed our wish to focus on prevention which will form an integral part of Steele pilots as they evolve. Use of the toolkit is already included as one of the key performance indicators in the new dental access programme template contract, which some PCTs will be using as they establish new services under the improving access programme."

Innovative

He said innovative schemes around the country were distributing fluoride varnish and free fluoride toothpaste for disadvantaged children. The Brushing for Life scheme was expanding and children's toothpaste was more effective in tooth decay reduction.

Susie Sanderson, chair of the BDA's Executive Board, said: "This research highlights the significant gap between five-year-olds in England with the best and worst oral health. It shows that, among the almost 40 per cent of children who are not free of dental disease, the average number of decayed, missing and filled teeth is 3.45. That is very disappointing.

"It's clear that preventive approaches to oral health care, including measures such as water fluoridation and targeted prevention programmes, have the potential to address the inequality these statistics illustrate. It's important that dentists are supported as they continue to work hard to improve the nation's oral health and eradicate this inequality."

Parents were asked to give permission for their children's teeth to be examined for the oral health study, which could have resulted in those with the worst dental health not choosing to come forward.

About 2.5 per cent of five-year-olds overall showed signs of sepsis, which varied widely in different areas. For example, 3.4 per cent in London, compared to 1.6 per cent in the southeast coast and West Midlands SHAs.

The survey showed that tooth decay varied from less than a quarter of children in the south-east coastal region to 40 per cent of five year-olds in the north-east. On a national level more children were free from obvious dental decay - 69.1 per cent - than with decay - 30.9 per cent.

In Middlesborough, more than half of five year-olds - 53.4 per cent - were shown to suffer dental decay in at least one tooth, compared to just one in five - 17.7 per cent - in East Riding, Yorkshire.

The survey showed that nearly 30 per cent of Plymouth's five-year-olds have suffered tooth decay. Members of Plymouth's oral health team are handing out free toothbrushes and toothpaste in schools with higher rates of decay.

It stated that 29.5 per cent of the children surveyed in Plymouth had at least one tooth decayed, missing or filled. However, this is still a slightly lower percentage of five-year-old children with tooth decay than the national average, which is 30.9 per cent. It is also a lot better than the south west's worst area, Bristol, which has 38 per cent of five-year-olds with tooth decay. The report revealed that Bristol has the highest percentage of children with dental abscesses or sepsis in the south west, at 5.1 per cent - more than double the national average of 2.5 per cent.

However, five-year-olds in South Gloucestershire demonstrate relatively low levels of dental decay, with just fewer than 21 per cent of youngsters suffering from it, with an average of less than one dmft. Although child tooth decay figures for the district were the best in the south west, they also revealed a relatively high proportion of filled teeth.

More emphasis

Specialist practitioner, Jeremy Kaufmann, who runs the private children's practice Mr Dentist in North London, said it was disappointing there was still so much tooth decay. He said: "Children still eat too much sugar and the NHS contract does not put enough emphasis on prevention, although toothpaste is much better. Water fluoridation would help. But even though tooth decay is still high, the overall trend is going down, which is good news." **DT**

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'Growing chasm' claim in oral health inequalities

An "unacceptable and growing chasm" exists in the UK between those with good and poor oral health, according to the British Dental Association's (BDA's) Oral Health Inequalities Policy which is published today. The policy highlights the close association between low socio-economic status and poor oral health, calling for more focus on preventive care. It also says there should be a more integrated approach to

oral health from health and social care providers. Furthermore, the paper argues greater priority should be given to particular patient groups, including those with disabilities, older people and the prison population.

The contributions of alcohol and tobacco to oral health inequalities are stressed by the paper, particularly as risk factors for oral cancer. It calls for resources to en-

able dental professionals to take a more preventive approach, including counselling patients on the dangers associated with alcohol and tobacco products, referring patients to smoking cessation schemes and the extension of the ability to prescribe Nicotine Replacement Therapy (NRT) to a wider group of health professionals.

Professor Damien Walmsley, Scientific Adviser to the BDA, said:

"There has been a significant improvement in the nation's overall oral health over the last 30 years, but despite that we still see a huge disparity that is all-too-often related to social deprivation. It is completely unacceptable that in Britain, in 2009, such a wide gap should exist.

"Much good work to address this problem has begun, and this report commends a number of schemes such as Brushing for Life and Sure Start that are starting

to make a difference. However, a great deal of work remains to be done and it is vital dentists are supported in doing it."

The Oral Health Inequalities Policy is available at: www.bda.org/inequalities. 

ARF call from GDC

The annual retention fee (ARF) payment period for the UK's 36,900 registered dentists has kicked off in the run up to the 31 December deadline.


The General Dental Council (GDC) has taken the decision not to increase the fee this year. It remains at £438.

The GDC hopes dentists will take advantage of the opportunity to set up a Direct Debit to pay their fee. Last year almost 60 per cent of dentists did. It not only takes a financial commitment off their mind, but also reduces administration costs for the GDC, as it endeavours to use the fee as sensibly as possible. Direct Debits need to be set up by 15 November; payments will be taken on 5 December.

Professionals can download a form from the GDC website at www.gdc-uk.org/Current+registrant/Annual+retention+fees/Direct+debit.htm. They can even set up a multiple Direct Debit mandate which enables them to pay the fees of several registrants from one bank or building society account.

Until 31 December, dentists can also join the growing numbers who are choosing to pay by credit or debit card online at the eGDC portal or over the phone. Letters with payment instructions and telephone numbers have been sent out to dentists, although these may be delayed because of the postal strike. More information will also be available on the GDC website at:

www.gdc-uk.org/Current+registrant/Annual+retention+fees/Annual+retention+fees+frequently+asked+questions.htm.

GDC Director of Operations, Edward Bannatyne, said: "If you haven't set up an account on eGDC yet, go to www.eGDC-uk.org. We have improved the account creation process since last year's ARF collection, so making your payment online will be much easier. Registering on the site can now be done instantly, meaning there's no wait for a letter containing a password, providing you have an ID verification code. If you don't have your code you can request one on the site, by SMS or by letter. Remember if you ignore the deadline and don't pay, you will lose your place on the register and will have to go through our restoration process and pay an additional fee in order to be able to practise legally." 

The World's First Online MSc in Restorative & Aesthetic Dentistry



Master of Science in Restorative & Aesthetic Dentistry

'The Best of Everything'

Two of the UK's most respected education and academic organisations have joined forces to provide an innovative, technology driven MSc in Restorative and Aesthetic Dentistry. Smile-on, the UK's pre-eminent healthcare education provider and the University of Manchester, one of the top twenty-five universities in the world, have had the prescience to collaborate in providing students with the best of everything – lecturers, online technology, live sessions and support.



Convenience

The majority of the learning resources on this programme will be online. The masters will combine interactive distance learning, webinars, live learning and print.



Ownership

The programme is designed to encourage the student to take responsibility for his/her own learning. The emphasis is on a self-directed learning approach.



Community

Students will be able to communicate with a diverse multi-ethnic global community of peers, with who they will also share residential get-togethers in fantastic settings around the world.



Opportunity

This innovative programme establishes the academic and clinical parameters and standards for restorative and aesthetic dentistry. Students will leave with a world recognised MSc.

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All aboard the good ship Learning

Dental Tribune focuses on the theme of post-graduate education in dentistry

Post graduate education is a vital issue for dental professionals wanting to further their careers. It's not just a CPD thing, it's an ambition thing; a desire to take your career as far as you can and develop your clinical skills to the highest level.

There is so many ways in which dental professionals can participate in Post-graduate education. Clinicians in particular have so many avenues to explore; which specialism (Endodontics, Aesthetics, Restorative etc), which qualification (Diploma, MSc etc); full or part-time course, the choices are endless!

With this in mind *Dental*

Tribune has taken a very short look at some of the choices people could make with regards to post-graduate education. Of course, this is not just limited to degree courses; practices also need to be trained in compulsory regulations such as Clinical Governance.

In this issue we have taken a look at an innovative course which incorporates all the benefits that 21st century technology has to offer. The MSc course in Restorative & Aesthetic Dentistry is a blend of world-class educational curriculum by the University of Manchester with the technological expertise of Smile-on, a provider of online and distance learning programmes. This article gives an

'Let us think of education as the means of developing our greatest abilities, because in each of us there is a private hope and dream which, fulfilled, can be translated into benefit for everyone and greater strength for our nation.'
- John F Kennedy


overview of what students can expect from this course as well as a taster of the delivery modes of the course.

Following on from this we have an article reviewing the recent webinar by clinician Dr Trevor Bigg on the subject of whitening. As the main delivery

mode of the MSc is webinar, this review details how it works and the benefits of a live and interactive presentation, as well as reviewing what was also an extremely entertaining and informative lecture!

Finally we take a look at the subject of Clinical Governance

and its place in dental practice. Jane Armitage, award-winning Practice Manager at the Thompson & Thomas practice in Sheffield, looks at how Clinical Governance can help practices keep ahead of policy and procedure and ensure that they continue to develop and improve their services to patients for excellence in patient care and team development.

A final thought from the 35th President of the United States, John F Kennedy – "Let us think of education as the means of developing our greatest abilities, because in each of us there is a private hope and dream which, fulfilled, can be translated into benefit for everyone and greater strength for our nation." 



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