

# DENTAL TRIBUNE

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## News in brief

### CIC round-up

Dental professionals are being urged to hurry and book their places at next year's Clinical Innovations Conference and Annenberg Lecture held on 15-16 May 2009.

Dental education provider Smile-on has joined forces with Alpha Omega, known for its promotion of education, and has put together a programme of world-renowned experts.

Dr Nitzan Bichacho and Dr Dubi Schwartz-Arad will present their lecture *Success factors in dental implantation: a multi-disciplinary approach between the surgeon and the prosthodontist*.

Other lectures and hands-on sessions will be given by Professor Nasser Barghi, a foremost authority on aesthetic dentistry, Professor Eddie Scher, founder member of the Association of Dental Implantology, Dr Chris Orr, Professor Liviu Steier, Dr Wyman Chan and Dr Sia Mirfendereski.

A spokeswoman for the event said: 'Delegates will receive Continuing Professional Development and be introduced to all of the latest ideas and concepts that are set to revolutionise the dental industry.'

The event will be held at Royal College of Physicians, Regent's Park, London. For more information, and to book your place, call 020 7400 8989 or email [info@smile-on.com](mailto:info@smile-on.com)

### Best marketer

Joanne Mellor, marketing director of Designer Dental has won best marketer of the year 2008. The award sponsored by The Chartered Institute of Marketing (CIM) was given to Ms Mellor for her achievements in dental marketing. To win the award, she had to demonstrate a minimum of three years proven marketing success.

### Xmas draw

The annual BDA's (British Dental Association) Benevolent Fund Christmas Draw is the perfect opportunity to show your support and raise money for a much needed cause. First prize is £5,000 and tickets for the draw are only £1. The Fund is dedicated to helping others all year round supporting UK dentists and their families in difficult times. The registered charity offers financial support through grants and interest free loans. If you do not receive an entry form through the post or a journal, please call the BDA Benevolent Fund on 0207 486 4994 or email [dentistshelp@btconnect.com](mailto:dentistshelp@btconnect.com)

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

## News



### Bad breath

Nearly half the population think that a friend or colleague has halitosis, according to a study by the British Dental Health Foundation.

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## Practice Management



### Sales skills

Like it or not dentists have to learn to sell their skills if they want a thriving practice. Ed Bonner lists the reasons why you have to do it.

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## Money Matters



### New glasses

Having a vision is all well and good apparently and that's great, but not if the vision never materialises as Andy McDougall explains.

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## Clinical Case Studies



### New horizons

Dr Derek Mahony tells us how new expansion techniques offer patients and doctors less invasive and more comfortable therapies.

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## GDC bans 'unqualified' implants

The General Dental Council is telling all dentists they must only undertake procedures they are properly trained in, after a number of dentists were found carrying out dental implants without proper training.

Dentists currently doing implant dentistry, and those considering branching into that area, are being told by the General Dental Council (GDC) to read guidelines published by the Faculty of General Dental Practice (UK), 'Training Standards in Implant Dentistry'.

These guidelines stipulate the minimum training the GDC would expect dentists to have successfully completed before undertaking implants.

Hew Mathewson, GDC president, said: 'We have concerns that some dentists have been carrying out this very invasive procedure without having completed adequate training and an assessment. It's essential for patient safety that dentists have had sound postgraduate training before doing it. Dentists who are already practising implant dentistry, as well as those thinking about getting into it, need to read the Royal College guidelines and understand the level of training we expect them to have achieved.'

Howard Stean, who specialises in implant and aesthetic dentistry and chairs the aesthetic association ADAPT (Aesthetic Dentistry and Professional Testing), said: 'Im-

plant dentistry is technique-sensitive and requires skills in several disciplines to work properly. These include surgical skills, prosthodontic experience and a working understanding of occlusion.

Without any one of these skills, there will be a shortfall in the quality and success of the treatment.'

He added: 'The penalties for failure in implant dentistry are costly, and sometimes impossible to correct.'

In a new policy statement, the GDC has confirmed that it will refer to the guidelines when assessing complaints against dentists who have allegedly prac-

tised implant dentistry beyond their competence.

The guidelines, which the GDC considers the authority on training standards for this procedure, make clear that inserting dental implants is a surgical procedure which should only be carried out by dentists with suitable training.

This would normally involve a postgraduate training course in implant dentistry and an assessment of competence. To read 'Training Standards in Implant Dentistry' and the GDC's policy statement, go to: [www.gdcuk.org/Our+work/Education+and+quality+assurance/Policy+statement+on+implantology.htm](http://www.gdcuk.org/Our+work/Education+and+quality+assurance/Policy+statement+on+implantology.htm)

## NHS dentistry fails pensioners

Elderly people are finding it hard to see a dentist because of the poor access to dentistry services, according to Help the Aged.

In the past, many older people had dentures but this is happening less now because of the improvements in dental care since the creation of the NHS.

Charlotte Potter, a senior health policy officer at Help the Aged, said it is a 'particularly acute problem' for people in care homes or for those that are housebound.

She added: 'Services are just not flexible enough and it means that elderly people often go without treatment.'

The problem has been exacerbated with more and more elderly people keeping their own teeth for longer.

More than a third of over 75s fail to have regular check ups - the highest for any age group, according to Help the Aged.

It would like to see mobile dental units visiting care homes to give older people more of an opportunity to see a dentist.

Nigel Carter, chief executive of British Dental Health Foundation, said that teeth decay quicker, as people get older as they are not producing so much saliva.

A Department of Health spokesman said guidance had already been issued to NHS managers about the importance of providing dental services for the elderly.

He said: 'We recognise how important it is to have accessible NHS dentistry services for everyone.'



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## Communication combats stress

Good communication between the patients and the dental team leads to reduced stress and fewer complaints, according to Smile-on which has just launched its communication in dentistry programme.

Smile-on, which provides educational resources for the dental industry, has joined forces with Dental Protection Limited (DPL) to run the three-module programme Communication in Dentistry: Stories from the Practice.

A spokeswoman for Smile-on said: 'With this groundbreaking programme, the entire dental team can enjoy the benefits of a happy working environment by implementing practical communication techniques.

Better lines of communication with patients and between members of the dental team leads to reduced stress and fewer

complaints. This means less legal claims and greater financial success for your business.'

Other educational courses for dental professionals on offer from Smile-on include DNSTART, a method to deliver crucial knowledge to dental nurses, a Clinical Photography course and Clinical Governance Progress Management.

It also recently announced its new series of Webinars with Dr Julian Webber, former British Endodontic Society president, Christine Pleasance, former British Dental Hygienists' Association president (now the British Society of Dental Hygiene & Therapy) and Patrick Holmes, a leading lecturer in Contemporary Aesthetic Dentistry.

**For more information on any of these courses please call 020 7400 8989 or email [info@smile-on.com](mailto:info@smile-on.com)** [DT](#)

## Thieving dentist is up for fraud

A dentist in Carmarthenshire has been struck off after fraudulently claiming nearly £58,000 from the Dental Practice Board for National Health Treatment that he had not given.

Newton Daniel Johnson, who is currently serving 21 months in prison for the thefts which took place over a period of five years, has had his name erased from the Dentists Register by the General Dental Council (GDC).

'He dishonestly claimed and received a large sum of money from the Dental Practice Board, for National Health Service Treatment, which he had not provided,' according to the report by the GDC's Professional Conduct Committee.

The report said 'in the circumstances the Committee is

satisfied that Mr Johnson's fitness to practice is impaired'.

Mr Johnson was convicted of 20 counts of theft on 31 March this year at the Crown Court in Swansea. The thefts took place between 1999 and 2004.

The Committee considered that this was a case of very serious dishonesty and breach of trust in Mr Johnson's capacity as a dentist.

The report added that 'the Committee is concerned that, to date, Mr Johnson has shown little or no insight or remorse into his conduct and that he took two years to acknowledge his guilt.'

The Committee said that it did consider written testimonials produced by Mr Johnson's professional colleagues and patients and noted there were no criticisms of his clinical abilities. [DT](#)

## Halitosis reaches 2.5m

One in five Britons think their partner has bad breath and nearly half the population think that a friend or colleague has it, according to a study by the British Dental Health Foundation.

Bad breath affects over 2.5m people in the UK. All of us get it from time-to-time but for others it can be a big problem.

It is important that dental professionals give the right advice to patients in order to combat the problem.

A spokesman for the British Dental Health Foundation said: 'It is a very common problem and there are many different causes. Persistent bad breath is usually caused by the smelly gases released by the bacteria that coat your teeth and gums. Bits of food that get caught between

the teeth and on the tongue will rot and can sometimes cause an unpleasant smell. So correct and regular brushing is very important to keep your breath smelling fresh.'

He added: 'However, strong foods like garlic, coffee and onions can add to the problem. The bacteria on our teeth and gums (plaque) also cause gum disease and dental decay. One of

the warning signs of gum disease is that you always have bad breath or a bad taste in your mouth. Again, your dentist or hygienist will be able to see and treat the problem during your regular check-ups. The earlier the problems are found, the more effective the treatment will be.'

The BDHF also stresses the importance of regular check-ups as it allows the dentist to watch out for any areas where plaque is caught between the patients' teeth.

'Your dentist or hygienist will be able to clean all those areas that are difficult to reach. They will also be able to show you the best way to clean your teeth and gums, and show you any areas you may be missing, including your tongue,' advised the BDHF's spokesman. [DT](#)



## Vending machine clearout

Fizzy drinks, sweets, chocolates and crisps have been banned from vending machines in hospitals in South Wales from the beginning of November. The new guide lines issued by the Welsh Assembly Government ban junk food from being sold in the machines.

Health Minister Edwina Hart announced the ban on junk food in hospital vending machines in April – and details of what can be sold have now been sent to NHS trusts.

The ban includes all chocolates and chocolate biscuits, sweets, including mints, crisps, but baked snack products will be allowed. All fizzy drinks and those with added sugar are banned. However yoghurt, milk drinks and smoothies are allowed if they meet strict nutritional rules.

The British Dental Health Foundation said the move would help to prevent tooth decay. Dr Nigel Carter, chief executive of the Dental Health Foundation, said: 'Sugary products taken between meals are the main cause of

tooth decay, which can lead to fillings and extractions. Your teeth are under acid attack and risk of decay for up to an hour each time you eat sugary products.

'Poor diet has also been linked with gum disease, which not only threatens tooth loss, but overall health. Research is proving time and time again that gum disease is linked to diabetes, heart disease, strokes and premature and low birth-weight babies.'

As part of the changes, the vending machines will not be allowed to be promote foods or drinks high in fat, sugar or salt or brands associated with such products. Tina Donnelly, director of the Royal College of Nursing in Wales, said: 'We are pleased that unhealthy snacks will be removed from vending machines in hospitals.

'People who use vending machines for convenience do not always have the ability to choose healthy options so this new guidance will ensure that better choices are available.' [DT](#)



### International Imprint

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# Editorial comment

## A double-edged sword?

According to the World Health Organisation (WHO) global database, adults with no teeth have fallen by 30 per cent from 1968 to 1998. Always the optimistic, this is great news. Or is it? Like the elixir of youth, keeping our teeth until the grave should be the ultimate goal, and let's face it we are getting there – on both counts. Only there appears to be a problem. Whilst we are delighted to have better teeth for longer, we could really do with a bit of help along the way. So hello access problems – again. Now speaking to Dr Cockcroft the other day, we asked him about that niggling, irritating access rumour

that everyone's talking about, and this is what he said. 'Access is completely unrelated to dental disease; It's education, smoking, cessation, obesity and diet that affect it – it is also the availability of fluoride toothpaste and water fluoridation coupled with sugar consumption.' And yes of course lack of access doesn't *cause* dental disease, but without checkups any minor problems will quickly develop into much bigger snowballs. Does a categorical denial come to the fore? Or are the UK's pensioners sitting around smoking, eating too many sweets and piling on the pounds again? Are they refusing to brush their teeth with fluoride toothpaste? Tut, tut, tut, but I don't think so. The charity, *Help the Aged* has no reason to tell lies. It says that 'elderly people are finding it hard to see a dentist because of poor access to dental services.' Enough said? No, be-

edged sword? If old people can't get check-ups the knock on effects could turn into pain, discomfort and extra hassle they are too tired or frail to deal with. The

charity said that more than a third of over 75s fail to have regular check ups, and this is the highest for any age group. By limiting access and having inflexible NHS

dental care nobody wins, and pensioners continue to suffer in silence. Thank god for charities in this instance. **DT**

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

If so don't hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1N 8BA.

Or email: penny@dentaltribuneuk.com

## Will you be hearing the patter of tiny feet next year?

## Walking out of your door.

In April 2009 there is a very real chance your PCT will remove your child only contract.\* Imagine what that would mean to your practice, and your patients. Shouldn't you make a decision now, so you can treat your younger patients in the way you feel is best for their future and your practice?

We provide a flexible framework for you to build a tailor-made plan for your younger patients. Almost 1,000 dentists have already made the choice to offer Plans for Children in their practice.

### Dentist, Oxfordshire

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### Dentist, Pembrokeshire

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**'Are the UK's pensioners lighting up, eating too many sweets, and piling on the pounds again?'**

cause it's not just difficult it's 'an acute problem' for the house-bound as well as people in care homes. In her own words, the senior health policy officer for the charity, Charlotte Potter said: 'Services are just not flexible enough and it means that elderly people often go without treatment.' And ironically, this problem is exacerbated as increasingly more elderly people keep their teeth for longer. Now I repeat, it is fantastic that we have our own teeth as we draw out our dwindling pensions – it really is, but is this turning into a double-



Denplan

\*53.3% of PCTs anticipated continuing permitting dentists to have NHS limited contracts after April 2009. Source: The Patients Association, The New Dental Contract – A Survey of Primary Care Trusts in England. 06/03/08.

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# Dental patient suffers neglect

A dentist has been suspended for nine months after neglecting a patient and failing to treat her extensive tooth decay.

Brian Ford treated the woman, at his practice in Walton-on-Thames in Surrey, from when she was five-years-old.

She only found out the true extent of her tooth decay in January last year when she saw another dentist after Mr Ford had stopped practising, and was told 18 of her teeth needed treatment.

The General Dental Council (GDC) heard that Ford completed just two dental charts for

the patient during 34 visits to the practice between September 1987 and July 2006.

A GDC panel found Ford guilty of a string of charges relating to 'unprofessional and inappropriate care'. The panel chair said: 'On numerous occasions and over many years, Mr Ford re-

peatedly failed to provide the standard of care that the patient was entitled to expect. Mr Ford did not record any radiographic findings and, instead of repeating radiographs as required, based his treatment on inadequate evidence. The consequence of these deficiencies was that Mr Ford failed to detect mul-

tiplex carious lesions and give appropriate treatment.'

The dentist did not attend the hearing and made no response to the charges. [DT](#)

## Thousands to switch surgeries

Thousands of dental patients in Bury St Edmunds are being forced to change to new NHS practices surgeries after NHS Suffolk decided to offer more specialist services at one of the town's practices.

NHS Suffolk, the primary care trust, is making changes to Blomfield Dental Practice, in Looms Lane, so it can specialise in treating 'vulnerable people and priority groups', some of whom have learning, sensory or physical disabilities.

An NHS Suffolk spokeswoman said: 'These patients often need more specialist care and time. To make sure these patients are given the best possible care and attention, we have asked some of the practice's other patients, who were being treated at Blomfield under a special arrangement set up some years ago, to meet the gap in NHS dentistry, to transfer to another of the town's NHS dentists.' [DT](#)

## Debt-ridden company ends contract

A Primary Care Trust in Yorkshire has had to step in and provide interim NHS dental care after the company Primecare terminated its NHS contracts after running up huge debts.

NHS dental care has been withdrawn from surgeries in Northallerton, Bedale, Leyburn and Hawes.

North Yorkshire and York Primary Care Trust (PCT) is providing the interim services until the tendering process is completed for a new NHS dental provider in the area.

The PCT hopes that normal NHS services will resume from April 1 next year.

Interim cover is being provided by two surgeries in Catterick, one surgery in Richmond and one surgery in Northallerton.

Jane Marshall, director of commissioning and service development for the PCT, said: 'We remain fully committed to providing a continuity of service to minimise disruption for patients in accessing dental services in these areas.' [DT](#)

## An Evening on Dental Analgesia with Dr John Meechan

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Tuesday 25th November 2008

Holiday Inn  
Leeds, Yorkshire

Wednesday 26th November 2008

Dakota Euro Central  
Motherwell, Scotland

### John Meechan's Biography:

John Meechan is a senior lecturer and Honorary Consultant in the Department of Oral and Maxillofacial Surgery at the University of Newcastle upon Tyne. He has published over 80 papers on dental pain control. He is currently the President of the Dental Anaesthesiology group of the International Association for Dental Research.

### Why attend the lecture:

- To take advantage of hearing the opinions of a respected doctor in the field of clinical dental analgesia
- Being in the same place with the best and brightest of your profession to exchange opinions and experiences
- Qualify for 2 hours CPD

### Benefits covered by the lecture:

- Blueprint to the future
- New techniques and equipments revealed
- Insight into the knowledge and work of Dr John Meechan
- Lecture accredits you with 2 hours CPD through feedback form
- Certificate given at the end of the lecture

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# DENTSPLY

# Howard Stean's dentistry classes

When you walk into Howard Stean's Edwardian house in west London, it is like walking into a tardis.

Inside is his home, his surgery and right on the top floor is a classroom for teaching dentistry.



The classroom is on the top floor

The classroom, which has just been built, seats about 20 students who come from all over the UK to attend the courses he runs on aesthetic and restorative dentistry.

Mr Stean, who calls himself 'a pioneer in the UK for aesthetic dentistry' is founder and chairman of ADAPT (aesthetic dentistry and professional testing) which evaluates new and improved materials and techniques.

Mr Stean decided to build the classroom as he had been teach-

ing his courses on aesthetic dentistry in his lounge and felt he need somewhere a bit more formal.

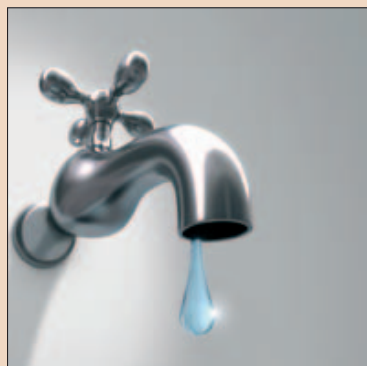
'I was limited by space so now I can take more students. I can also have proper teaching resources in the classroom and they can sit in comfort and learn. Having a dedicated teaching room means the students are not so distracted and can concentrate much better. Aesthetic and restorative dentistry is changing all the time and is constantly being updated so I am always revising the course,' he says.

The students are 'of varying levels however they are all qualified. Some are newly qualified and some have been qualified for many years,' he says.

The people on the course come once a month for six months. It is a full day, which runs from 1.30am through till 8pm, and they even get a 'home-made supper'.

Students attending on Bonfire Night this year were even treated to a special fireworks display in Mr Stean's back garden.

Mr Stean has been involved in restorative dentistry for over 35 years and implant dentistry for over 25 years and has a private referral practice in Kew, West London. [DT](#)



Levels of dental decay are much worse in Bolton

Primary Care Trust chiefs in Bolton have asked NHS Northwest to look at the costs and practicalities of adding fluoride to water in the town.

Bolton was one of three towns in Greater Manchester which had not asked NHS North-west to come up with a fluoridation plan, but the Primary Care Trust board has now decided to officially submit its request.

Alison Merry, consultant in dental public health for Bolton PCT, said: 'Levels of dental decay are much worse in Bolton compared to the rest of England. We want to do all we can to improve this. Before any new fluoridation scheme can be introduced a set process needs to be followed and a public consultation would be held.'

She added: 'But we are not at that stage yet as more work first needs to be done to look at the costs and practicalities of adding fluoride to the local water supply.'

If all of Greater Manchester's 10 PCT's decide to go ahead, then a public consultation will be launched late next year.

# Fluoride for Bolton?

NHS North West is looking at extending water - as part of a push by the government to fluoridate more of England.

Currently, about 10 per cent of England's water is fluoridated - mainly in the north-east and the West Midlands. The government wants to fluoridate nearly half of England, according to the Chief Dental Officer (CDO).

Barry Cockcroft, the government's CDO, said: 'Areas with high levels of caries are considering it. We only need to fluoridate 40 per cent of the country.'

The main part of our policy is preventing disease and so we are looking at fluoridation. We are making progress for the first time in 20 years.'

Southampton is the first area to hold a consultation on the issue and this is already underway. Fluoridation was first introduced into

the UK in the 1960s when areas in and around Birmingham and Newcastle were fluoridated, along with the Republic of Ireland.

The government has set aside £42m over three years to strategic health authorities who decide after consultation to introduce fluoridation schemes.

Critics such as the National Pure Water Association and the Green Party are opposed to the plan and link it with diseases such as cancer and Alzheimer's disease.

However Dr Cockcroft dismissed the 'scare mongering that says it causes cancer' and said: 'All the water in this country contains some fluoride. So we have had it for generations and there is no evidence linking fluoride with systemic disease. The only thing that is connected with fluoridation is dental fluorosis and that only occurs in a tiny minority of children.' [DT](#)



Lupeol exhibits anti cancer properties

# Berries beat oral cancer

The British Dental Health Foundation has welcomed a study that has found blueberries, papaya, and blackberries potentially reduce the risk of developing oral cancer.

Researchers from Hong Kong University published the article concerning the properties of these fruit in the Journal of Cancer Research. They found that lupeol is a triterpene compound abundantly found in these fruits and exhibits anti-cancer properties by blocking NFkB, a naturally occurring protein, which assists cell growth.

The study concluded that lupeol suppresses the spread of cancer and reduces tumor size three times faster than cisplatin (a platinum-based chemotherapy drug).

Dr. Nigel Carter, chief executive of the British Dental Health Foundation, said: 'We already knew that a healthy diet, including at least five portions of fruit and vegetables each day, could reduce a person's risk of developing mouth cancer. However, the news that certain fruits might actually help to combat mouth cancer in people who have already developed the condition is a real revelation.'

He added: 'It is true that this research is still in its very early stages. However, the suggestion is that the lupeol compound could be more effective than traditional drugs in preventing the growth of mouth cancer cells.'

In the UK, oral cancer has a mortality rate of one person every five hours. [DT](#)

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# GDPUK round-up

**Discussions on the financial crisis hit GDPUK this week, as well as the legalities surrounding tooth whitening techniques used in a beauty salon. Tony Jacobs reveals the latest topics**

At the end of a busy weekend, GDPUK members began to discuss guidance issued concerning the theoretical risk of a bird flu pandemic. Dentists will be drafted in to help medical teams, and UDA requirements will be dropped which will hopefully be the least of the country's worries.

The developing financial crisis has also found its way onto the forums of GDPUK following the breakdown of the banks in Iceland. Correspondents discussed the effect on the dental corporate chain ADP, but the news was unclear. No doubt when this piece is published, the situation regarding Icelandic assets in the UK will be clarified. Perhaps the ADP group will be sold as a going concern?

The imminent publication of the new cross-infection guidance by the Department of Health (DH) has led to pre-emptive discussions and no doubt when published, this issue will provide a great deal of food for proponents to dissect.

But this wasn't all being aired on the forum. Many other issues discussed include:

- Clinical waste contractors
- A beauty salon carrying out bleaching – the client takes their own impressions, and also has to hold the bleaching light. Is this legal?
- A photograph of a fractured maxillary tuberosity
- The position with regard to Global Crossing providing communications to the BSA.
- Stainless-steel worktops – shiny or textured for decontamination rooms?
- Importantly, the response of the DH to the Health Select Committee report.

Dental Showcase at Excel was given some thought. Many list members attended the event, either to work, or simply to visit. Although there were more than 300 stands, and colleagues spent money, the general feedback this year was not of great innovation or groundbreaking new must-have products. The GDPUK anecdotal feedback also suggested that many traveled far and wide to get to the conference.

The issue of outbreaks of ANUG entered the forum at some stage. One list member said that he receives clusters of cases, even though the patients do not seem to have links. Another feels the outbreaks are more common in autumn and spring. Others observed the link between young people with full-time jobs, and busy sleep-de-

even though the dentists discussing this thought it would be.

A few tongue-in-cheek topics were aired, with one colleague claiming he had toothache following a small composite repair, and asked for root treatment from another colleague. Many jumped in to offer extraction of the LR6 and some even offered to use local. [\[U\]](#)

## About the author

### Dr Anthony V Jacobs

started the GDPUK emailing list in 1997, and the group membership is now just under 2,000. The list is read in all corners of the UK dental profession as well as by laboratories, and the trade and dental industry. Qualifying in London in 1979, Dr Jacobs is now in partnership with Dr Stephen Lazarus, practicing at 406 Dental in Manchester. He enjoys his profession, and takes pride in providing both simple and complex gentle dentistry, as well as caring for families in a relaxed atmos-

phere. Dr Jacobs has a long-term commitment to continuing professional development, both for himself, and for the profession in general through his mailing list. He has been a member of the British Dental Association (BDA) since 1975, and is presently chairman of the Bury and Rochdale Oral Health Advisory Group, as well as vice chair of the Bury and Rochdale Local Dental Committee (LDC). Dr Jacobs also sits on the committee and helps to organise the annual conference of Local Dental Committees.

## UCL EASTMAN DENTAL INSTITUTE

COMMENCING IN MAY 2009, THE UCL EASTMAN DENTAL INSTITUTE AND THE UNIVERSITY OF THE WESTERN CAPE ARE DELIGHTED TO OFFER A POSTGRADUATE CERTIFICATE IN DENTAL SEDATION AND PAIN MANAGEMENT.

THE COURSE IS PARTICULARLY SUITABLE FOR DENTAL AND MEDICAL PRACTITIONERS WITH LITTLE OR NO PREVIOUS EXPERIENCE OF SEDATION, AS WELL AS THOSE WANTING TO UPDATE THEIR KNOWLEDGE AND SKILLS.



# UCL

## UCL POSTGRADUATE CERTIFICATE IN DENTAL SEDATION AND PAIN MANAGEMENT (CONSCIOUS SEDATION)

The course is delivered over six months and will include four days of lectures and problem based learning (6, 7, 9 and 10 May 2009) followed by practical training over the following six months in which practitioners administer conscious sedation to patients under the close supervision of an experienced sedationist.

Course participants will be encouraged to return to their practices and administer sedation for their own patients, with ongoing advice from the course mentors as required.

The final day will take place six months later and is aimed at providing students with the facility to ask further questions and discuss cases they have seen as well as an examination. Course work will include a dissertation and formal assessments are an integral part of the programme.

The emphasis of the course is to equip clinicians with the knowledge, skills, practical training and confidence to provide effective and safe sedation for their patients. The course is suitable for both dental and medical practitioners as well as hospital based clinicians from all specialities.

Note: Participants already involved in the practice of sedation may attend for the initial four lecture days by way of theoretical update and to gain dedicated and essential CPD in this area.

**Victoria Banks, Course Administrator**  
Eastman Continuing Professional Development  
123 Gray's Inn Road London WC1X 8WD

tel: 020 7905 1251 fax: 020 7905 1267  
e-mail: [v.banks@eastman.ucl.ac.uk](mailto:v.banks@eastman.ucl.ac.uk)  
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### Topics to be covered include:

- Medical conditions and sedation provision
- Patient assessment: including clinical examination
- Treatment planning
- Intravenous and oral sedation: standard techniques
- Inhalation sedation
- Prevention and management of sedation complications
- Pain management
- Practical aspects of setting up a sedation service
- Medico-legal aspects of sedation
- Introduction to paediatric sedation
- Behaviour management techniques
- Basic life support – resuscitation techniques and dealing with medical emergencies

The sedation course is directed by Professor James Roelofse, Professor of Anaesthesia, and co-ordinated by Dr Yusof (Joe) Omar and Dr Andre du Plessis. Our speakers are all leaders in their fields with a wealth of practical experience in their subject.

The course will equip clinicians to provide sedation services in keeping with current best practice and in line with contemporary UK guidelines. This limited attendance course is offered in May of each year and is open to both dental and medical practitioners. Overseas applications are also welcome.

The course fees are £3,950 (subject to confirmation by UCL fees committee), which includes all materials, lunch and refreshments but does not include travel to the sedation clinics for the clinical sessions.

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# Men drive cosmetic trends

More and more men are opting for cosmetic dental treatment, according to the British Academy of Cosmetic Dentistry.

Men who used to account for 28 per cent of all veneers, now account for nearly a third of all procedures, according to an audit of cosmetic dental work done in 2007 by the British Academy of Cosmetic Dentistry (BACD).

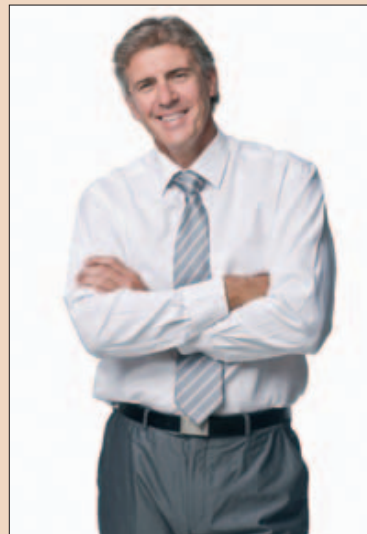
Similarly men used to account for less than a fifth of all orthodontics. They now represent almost a quarter with 400 cases this year.

Bridges are another procedure which has become more popular with men, who used to account for 42 per cent and now edging ever closer to women at 46 per cent.

Overall orthodontics (which include both visible 'train track' braces as well as invisible and removable) has boomed in popularity, more than tripling since 2006.

Women are still the big spenders on cosmetic dentistry, accounting for 61 per cent of all procedures

Women also still account for the majority of whitening procedures.



Men account for more cosmetic dental treatment cases than ever

Dr. James Goolnik, dentist and BACD board member, said: 'These results show that men have become more accepting of cosmetic treatments in general - reflecting the importance we now place on a healthy smile.'

The advent of new procedures such as the removable adult braces and more realistic-looking veneers which require much less drilling also means people are less likely to choose invasive and irreversible treatments.'

Dr. David Bloom, dentist and president of the BACD added:

'This audit has highlighted some very exciting trends, such as an impressive increase in the number of orthodontic cases. This could well be a backlash against the dramatic smile 'overhauls' popularised in makeover shows but may also herald a more subtle, and indeed cost-effective, approach to cosmetic dentistry by the industry as a whole.'

It's also interesting to note the overwhelming preference for less invasive treatments such as onlays, which are porcelain fillings to cover part of the tooth, over crowns - which involve drilling to achieve full coverage.'

**The top 5 dentistry procedures for women in 2007 were**

- White fillings (back teeth, usually replacing silver amalgams, 22,056 procedures)
- Crowns-Inlays-Onlays (16,884)
- Veneers (9,488)
- White fillings (front teeth, 6,944 procedures)
- Teeth whitening (3,800)

**The top 5 procedures for men in 2007 were**

- White fillings (back teeth, 17,252 procedures carried out)
- Crowns-Inlays-Onlays (11,088)
- Veneers (4,568)
- White fillings (front teeth, 3,856 procedures)
- Whitening (1,764). [DT](#)

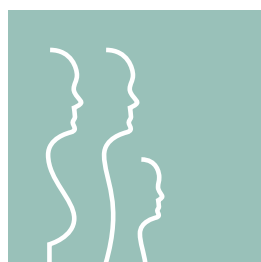
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## NHS registration increase

The number of patients who are registered with an NHS dentist in Scotland has reached the highest level since records began.

Official statistics reveal that 75.6 per cent of under-18s and 55.4 per cent of adults were registered with an NHS dentist this summer.

For children, this is a 12 per cent increase on last June, and for adults a rise of 19 per cent.

Scotland's public health minister, Shona Robison said: 'This is the highest number of registrations since recording of NHS dental registrations was introduced in October 1990.'

She added: 'The figures are a further demonstration of our determination to bring NHS dentistry within reach of as many people as possible.'

However the figures also revealed that in some areas registrations were considerably lower.

In NHS Grampian, just 38.3 per cent of residents were registered with a health service practice, compared to 70.7 per cent in NHS Greater Glasgow and Clyde.

Ms Robison added: 'There are still parts of Scotland where registrations are unacceptably low and I will expect all NHS boards to continue putting plans in place

to further improve access for their populations.'

More than 2.2m examinations were carried out by NHS Scotland dentists in 2007-08 - an increase of just under 6,000 on the previous year. [DT](#)

## Goodbye Mr Rose

A dentist who specialises in treating children and patients with disabilities is at last hanging up his drill and retiring.

Dr David Rose, 64, has worked at the Violet Hill House health centre at Stowmarket in Suffolk since 1974.

He has cared for thousands of patients through the decades and concentrates on treating patients with disabilities, who often struggle to find a dentist, because of their physical disabilities or the strong medications they take.

Dr Rose said he 'will miss' being a dentist and added: 'My emotions are very mixed and part of me wants to stay, part wants to go.'

Dr Simon Rudland, a GP at the health centre, said: 'He will be hugely missed.' [DT](#)

## GDC forms new links

The General Dental Council has entered into a new specialist training partnership with the Joint Committee for Specialist Training in Dentistry.

The partnership between the two organisations is 'vital in ensuring that specialist training continues to meet the GDC's standards for specialist listing and clarifies the respective roles and responsibilities of the General Dental Council (GDC) and the members of the Joint Committee for Specialist Training in Dentistry (JCSTD),' according to a spokeswoman for the GDC.

The GDC's 15 Specialist Lists identify dentists who have completed specialist training and are entitled to use the title 'specialist'.

The JCSTD ensures that there is consistency in the provision of training in the 15 specialties recognised by the GDC by bringing together key stakeholders, such as COPDEND (the Committee of Postgraduate Deans and Directors) and the Dental Faculties of the Royal Surgical Colleges, involved in specialist training. [DT](#)

# Creating a selling culture

Providing dentistry is all about selling your product, giving patients correct and honest information and providing them with options that help them find ways to best suit their financial circumstances. Lina Craven explains

There is little resemblance between the healthcare industry today and the industry we worked in 10 years ago. Technology, industrial relations, economic circumstances, legislation, patient care and expectations have all influenced the dental sector and facilitated the changes we see within practices today. Practices continuing to offer the same services, in the same environment, with the same expectations of team contribution today, as they did in the 20th century, would cease to exist. Customer satisfaction is fundamental to business success and that's why the best results are achieved by those practices that create a passion for continual improvement.

## Continual improvement

Culture is the shared beliefs and values of a group of people, and in this case that group is your team. Creating any sort of culture within your practice requires the constant reinforcement of a specific message. In the case of continual improvement that message must be that it is OK for team members to regularly review the way things are done, to question why they are done that way, and to ask if there is a better way of doing it. Such an approach doesn't encourage anarchy as some of you might believe; in fact it does quite the opposite. By giving team members responsibility for moulding the practice they develop a sense of ownership that is visible in every aspect of their performance. All the things you had been striving to achieve and implement through a hierarchical, perhaps more dictatorial approach, suddenly begin to happen.

A prime example of this phenomenon is selling. Often just expressing the word within a practice is like committing blasphemy. The notion that selling and professionalism can co-exist is not readily accepted within our industry along with the belief that patients do not welcome being sold to. I would like to dispel that assumption.

## Selling is what patients want and demand

Modern dentistry requires a whole new approach. It isn't just about looking and finding problems, it's about asking the right questions, explaining the options, educating and supporting, and offering the most appropriate services—in any other language that is selling!

A survey of patients from practice across the UK indicated that only two per cent were recommended products to use by their dentists and hygienists although 98

per cent said they were interested in being informed. So the patient –

the customer – wants to be educated, but their practices were not

forthcoming with information, probably because they perceived it

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# PARDON?

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