Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

Help rebuild Haiti
The earthquakes which devastated Haiti destroyed a third of the countries dental practices. Chantal Noël, National Liaison Officer of the Association Dentaire Haïtienne plans to help Haiti recover from the earthquake and its aftermath. Without help, most Haitian dentists will not be able to rebuild their practices. Chantal plans to enlist the support of NDAs worldwide in the rebuilding and re-equipping efforts. She will use VOX to communicate with all FDI members about the equipment that is needed by Haitian dentists. Already engaged, the American Dental Association is raising funds for Haiti through a campaign called "Adopt-a-Practice; Rebuilding Dental Offices in Haiti" which aims to raise $350,000 by the end of 2010.

BDA Bookclub
BDA members will have access to a new scheme offering discounts of up to one-fifth off a wide range of key dentistry titles following the launch of BDA Bookclub at Showcase (14 October). This new benefit arises from an exclusive deal the BDA has negotiated with leading publishers, such as Elsevier, Oxford University Press, Informa and Wiley-Blackwell. A core range of 50 titles is available to BDA members, and the Bookclub also offers a facility for members to buy any other dentistry title from the participating publishers at a discount. Further information about BDA's Bookclub, as well as secure online ordering, can be accessed at www.bda.org/bookclub, or email enquiries to bdashop@bda.org. The service is only available to BDA.

Truro Practice wins Award
The River Practice in Truro, Cornwall, has won the British Dental Association Good Practice Scheme "Practice of the Year 2010". Every year the British Dental Association (BDA) hosts an annual Honours and Awards Dinner where awards are given in recognition of outstanding and distinguished services to the association and to the dental profession. The Good Practice Scheme Practice of the Year is awarded to celebrate a practice that champions the Scheme recognising the efforts of a whole dental team. "The BDA Good Practice Scheme has helped us develop a truly exceptional service that strives to provide the best in patient care." For more information on the Good Practice Scheme visit www.bdasmile.org

Another Brown(e) causes potential money woes

Proposed university fee increase in independent review could have serious implications for dental students

Lord Browne of Madingley in his *Review of Higher Education Funding and Student Finance* has recommended an increase in university tuition fees. If the proposed plans go ahead there could be serious implications for students all over the country.

It is currently unclear whether the government will consider going ahead with Lord Browne's review; however, whatever decision the government decides to make is likely to involve increasing university fees. Along with the proposed changes to the system with regards to budget cuts, universities across Britain will lose a proportion of state-funding in an effort to try and reduce the country's ever-increasing deficit.

The problem that arises with the proposed changes will have far greater implications for dental and medical students, as their courses tend to be significantly longer than the usual three years. Recently, figures of £7,000 per year are being discussed; however there is also talk of an unlimited annual fee to be determined by individual universities. If these changes are brought into action then students are going to potentially leave university with a staggering debt of £100,000.

As it stands, many students are struggling to find a job after graduation due to the economic climate, resulting in interest piling on top of their student loans at an uncontrollable rate; this undoubtedly will put off future students.

The implications that this could have on society has a recipe for disaster. A decrease in the number of future dental and medical university students could result in a sudden shortage of trained professionals in the future and could ultimately affect economic growth. As Lord Browne stated in his review: "Analysis submitted to the Review suggests that, in the UK between 2000 and 2007, the increase in employed university graduates accounted for six per cent of growth in the private sector (measured by the extra wages they earned as a result of being graduates) or £4.2bn of extra output."

According to the *Independent Review of Higher Education Funding and Student Finance* the current system puts a "limit on the level of investment for higher education" and it has been suggested that the country's education standard is at risk of "falling behind rival countries." The proposals will introduce a greater investment: students are going to be persuaded that by paying more in they will get more out.

Reported cuts throughout the economic sector have further made the proposed fee increase an ever more pressing subject; university budgets will be cut by £1bn, affecting research funds and student support, and it is feared that worse may follow. Reports in the media suggest that the coalition government aim to cut £82m from university budgets next year and that the number of student places available is to be halved.

It is believed that if the proposed changes are adhered to, selected universities, where students compete to get a place, would end up charging higher fees for the privilege.

However, through all the speculation, those who are closest to the students have generally said that 'dental and medical students are guaranteed a job that is well paid and because of this they leave university in a better position to pay back their fees.'

Dental Tribune contacted various dental schools who were reluctant to comment before the announcement of the Comprehensive Spening Review (CSR). DT

GDC launches revalidation consultation

The General Dental Council (GDC) has opened its new 12 week consultation into revalidation. The aim of the revalidation is to provide a way of checking that dentists continue to meet GDC.

The issue that the GDC's Fitness to Practise proceedings has had in the past is that it is assumed dental professionals are continuing to meet its standards, unless the regulator receives information which suggests otherwise. The GDC have admitted that this is not good enough.

The GDC plans to introduce revalidation for dentists in 2014: they have stated that the revalidation will simply build on the current requirements for continuing professional development and will provide an opportunity for those in difficulty to identify and tackle any problems before they become serious.

A standards and evidence framework will set out the standards dentists must meet under the four domains of clinical, management and leadership, communication and professionalism. The framework will also set out the evidence which will be acceptable to demonstrate compliance with each standard.

Dentists will gather this evidence over five years, and revalidate at the end of each cycle.

The GDC are proposing a three-stage process at the end of each cycle:
- **Stage 1** – compliance check, which will apply to all dentists;
- **Stage 2** – remediation phase, which will provide an opportunity to dentists who do not pass Stage 1 to remedy deficiencies;
- **Stage 3** – in-depth assessment, which will apply to dentists who fail to demonstrate compliance at the end of the remediation phase.

The consultation can be found on the GDC's website www.gdc-uk.org. The proposals aim to avoid over-regulation by making as much use of existing and developing quality systems.

The consultation takes into account the findings of an earlier consultation, research and pilots carried out in 2009.

Chair of the GDC's Revalidation Working Group and Council Member, Denis Toppin said: "We are keen to get feedback from a range of stakeholders including registrants, patients, organisations representing the interests of patients and providers of quality initiatives. We want to make sure we get it right for the dentists we regulate. As a practising GDP I want the GDC to keep the extra regulatory burden to a minimum whilst maximising patient protection. We need you to get involved and have your say on our proposals so that you can help us to get them right and have the confidence of the public and professionals alike." DT

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Editorial comment

Fresh after another successful BDTA Showcase I hope readers are not counting the cost of gadgets and gizmos on their credit cards (although, one dentist said to me 'I don't need the cards, they all know me'). There was a lot to see and hear at the event, so look out in the next issue for a comprehensive review of the exhibition.

Of course, the majority of the talk in the coffee shops was CQC registration. One of the main bugbears was the lack of information about fees; even those who have been on the advisory boards had to admit exasperatedly that they didn't have a clue what the potential fees might be! Conspiracy theorists amongst you are convinced that the CQC were waiting for the GDC's fee announcement (for your thoughts on that go to page six...) to see what they could get away with. Not something I'd necessarily agree with, but it is easy to understand the frustrations of knowing you have to sort this CQC-thing out but not being able to properly budget for all of the fees being piled up on practices. We all need clear guidance from CQC about fees, regulation, expectation... a lot of things really, and with the start of registration date looming, this guidance should be here. DT

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

If so don't hesitate to write to:
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Colgate DCP Research Awards

The Colgate DCP Research Awards are in partnership with the Oral Dental Research Trust (ODRT) and support research of clinical relevance, which has been carried out by Dental Care Professionals. There is a special emphasis on preventive care and up to four awards, each to a value of £2,500, are presented annually.

The 2010 awardees were presented with their certificates by Professor Angus Walls, Chair of the Oral Dental Research Trust, at a reception and luncheon held at the British Dental Conference in Liverpool earlier this year.

Professor Walls commented that; "The Colgate DCP Research Awards is recognised as an important forward looking initiative encouraging DCPs to embark on novel research of immediate clinical relevance and help build and strengthen the academic base of the entire dental team."

The Colgate DCP Research Awards is an important introduction to research methodology for those who have never been involved in research previously and it offers all DCPs the opportunity to carry out research. A research team can be made up of all members of a general dental practice, including dental nurses, hygienists, technicians and therapists, and may also include a dentist as a mentor or supervisor.

Look out for the call for 2011 applications which will be announced in the dental press before the end of this year. DT

L-R Kerry Stone (School of Dental Sciences, Newcastle), Prof Angus Walls (Chair, ODRT), Susan Bissett (School of Dental Sciences, Newcastle), Lisa Pope (Hafren House Dental Practice, Alfreton), Hayley Lawrence (The Dental Practice, St John's Wood), Dr Anousheh Alavi (Scientific Affairs, Colgate)

Dunmurry Dental Practice gets a makeover

After an extension and refurbishment Dunmurry Dental Practice has been officially reopened and is now one of Northern Ireland's largest dental practices.

The practice was opened by Donncha O'Carolan, Chief Dental Officer for Northern Ireland.

Over the years, Dunmurry Dental Practice has won numerous industry awards including Best Practice, Best Team and Best Young Dentist in Northern Ireland (at the UK Dentistry Awards) for 2008 and 2009.

Over £400,000 was funded by Ulster Bank to finance the investment and the development is enabling the local business to provide increased dental services to the local community, where it is already providing both NHS and private dental care to over 6,000 patients.

The 100 year old property, in which the Practice is situated, has been sympathetically restored, and now offers a warm and spacious reception area, with bright and welcoming surgeries, all of which are fully equipped with state-of-the-art equipment.

Speaking at the official opening Chief Dental Officer Donncha O'Carolan said: "Around 90 per cent of health service dentistry is delivered through high street dental practices such as this one. I acknowledge the significant personal and financial investment that Philip has made into Dunmurry Dental Practice. This investment enables patients in and around the Dunmurry area to access health service dentistry, practised to a high standard and in well-equipped modern facilities. You provide an essential and valued service and your commitment is greatly appreciated".

Speaking at the opening owner and Principal Dentist Philip McLorinan said "We are delighted with the results of the design and building works which has developed the Practice to incorporate six surgeries. I am very proud of our team who have worked very hard through what has been an exciting but very busy year and we look forward to providing dental care to more people within the local community."

Claudette Christie, Director BDA Northern Ireland said "The dental practice as a workplace and clinical environment has to meet the demands of today's requirements for patient care and best practice. It is a pleasure to see Dunmurry Dental Practice developing to meet the needs of patients both now and for the future."

Since the development the team has been newly expanded and the practice now incorporates five dentists, a dental hygienist, seven nurses, three receptionists and a business manager.

For further information visit www.dunmurry-dental-practice.co.uk or follow us on Facebook. DT

Smiles all round for Denplan Golf Champions

The Denplan Golf Challenge final went off to a tee once again this September, as 26 golfers took part on the Ailsa Championship course at the Westin Turnberry Golf Resort in Scotland.

Each player qualified from regional heats around the country, which took place throughout the summer.

The ultimate 2010 Denplan Golf Challenge champions were Glenn Robb and Roger Armstrong, whilst Nick Dobbs and Robert Bond took second place and Paul White and Mark Turner came in third. Whether they won or not, everyone thoroughly enjoyed the day.

Gemma Mills, Events Executive at Denplan commented; "The Denplan Golf Challenge is one of the most long-running and popular events on the Denplan calendar and this year's event certainly went with a swing!

"All the golfers enjoyed some great weather while they completed a nine-hole warm up round and a full dayâ€™s play on this most prestigious course. This was all followed by a complimentary dinner, awards presentation and over-night accommodation - all courtesy of Denplan! It we another hugely successful day and we're already planning the Denplan Golf Challenge 2011, so watch this space!"€

For more information about the Denplan Golf Challenge or any of the other Denplan events, Please contact the Events team on 0800 169 5697.

For more photos from the event please visit Denplan's Flickr page. DT

2010 Denplan Golf Challenge champions were Glenn Robb and Roger Armstrong

Colgate Partners with European Dental School Deans

At the recent Association for Dental Education in Europe (ADEE) Congress held in Amsterdam, Colgate once again partnered with the Forum of European Heads and Deans of Dental Schools (FEHDD). Established in 2007, FEHDD facilitates the sharing of expertise across the continent and together with the ADEE aims to form a powerful combined 'lobby' for dental education.

The daylong event included a dynamic and interactive session on change management. Jacques, whose motto is "what will be the benefit for the audience, and what are they going to change in their organisation?" brought a wealth of experience in increasing awareness about this topic.

Professor Nairn Wilson, Secretary of FEHDD and Dean and Head of School, Kings College London, Dental Institute said "This symposium was very well received and provided very useful information to support European Deans and Heads of Dental Schools".

Dr Anousheh Alavi, Scientific Affairs, Colgate UK and Ireland, said "Colgate are delighted to once again partner with the FEHDD. This year's theme highlighted the importance of the key role of the deans in the current climate as agents of change". DT

Light therapy research at UCL

The UCL multidisciplinary research team of the UCL Eastman Dental Institute has been awarded a grant to support their work into the use of light-activated antimicrobial agents.

The grant, which was awarded by the Medical Research Council, falls under the auspices of the Developmental Pathway Funding Scheme (DPFS), which was set up to support the development of novel health therapies and interventions, includes a contribution from commercial collaborator, Ondine Biopharma Inc. and totals £1.1m. The UCL research team, which includes Professor Michael Wilson and Dr Jonathan Pratten, have successfully applied the technology, known as photodynamic therapy, to develop a new system named the PeriowaveTM system. The system is used in the painless treatment of periodontitis, and is planned to be extended into potential applications in the medical field, particularly in the development of catheters.

The research is entitled "The use of light-activated antimicrobials to prevent catheter-associated infections" and builds on the group's knowledge and experience and it will be undertaken by a multidisciplinary project team that includes Professor Ivan Parkin (UCL Chemistry), Dr Chris Kay (UCL Chemistry), Dr Sandy Mosse (UCL Medical Physics and Bioengineering) and Dr Sandy MacRobert (UCL National Medical Laser Centre). DT

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Carestream Dental

ARF - Your Views

We asked for your comments, and we got them...

I find it despicable that we pay for the running of this inept organisation and have no say as to how they are run or how they spend my money. And in addition they have no real teeth, or are about to become edentulous, when the new CQC thing takes over, which an issue that is beyond imagination.
Brian Rubin, East Sussex

When the rise in ARF happened a few years ago, I was incensed and wrote to the GDC. I explained that I work part-time in Community Dental Services - why should I pay the same retention fee as a GDP working full-time in private practice probably earning five or six times my salary! I received a standard letter from the GDC saying that they had no facilities to pro rata the fee for part-time staff. As many women are part-time because of having families etc, I feel this is discrimination against women. I still feel very angry about this stupid ruling.
Dr Cate Jarrold, Aldershot

What are we paying for? It seems that bureaucracy has gone mad. How can they warrant a rise of 25 per cent in times of recession when dentists are finding a lower footfall into their practices with addition of CQC inspection at a cost to the practice of around £1,500 (what registered laser practices have been paying)? For many practices this will have an effect on their ability to continue with NHS contracts as these rises were never in the contract costs when they were introduced. Surely this is the time to get every dentist into action against these excessive increases. This on top of the intention to remove the use of the title "Doctor" makes one wonder what the real role of the GDC is.
Name and address supplied

I find the trend across the entire public sector of increasing fees well above the rate of inflation to be disgraceful and unsustainable. If a dentist wishes to practice, he or she must register with this body, the GDC, which represents a monopoly in that regard. Monopolies are insensitive and uncompetitive, with a relaxed attitude to their captive audiences' plights.

The GDC gets a large number of frivolous complaints, but almost everything goes to first stage of litigation. I recently endured a frivolous complaint, which was eventually thrown out. Although the GDC came to the correct conclusion; the process was cumbersome and resulted in hours of work for my defence lawyers. I was stressed for months. I would have appreciated a call from someone at the GDC to explain the process, which was unfamiliar and disturbing to me. Instead I received a threatening letter accusing me of six major breaches of my duty of care to patients, based on the say so of one individual.

The GDC is out of touch. In my opinion, the increase in GDC retention fees is a reflection of their lack of innovation in dealing with increased complaints, and a failure to budget correctly. The GDC should be pursuing costs against those people who make frivolous complaints, and using the monies acquired to balance the budget. They've already grabbed millions from dental nurses and other DCPs, and yet still claim it's not enough. Something is very wrong with that. It feels to most dentists that we are being forced to pay for a body which likes to punish us whenever it can. The voice of the public drowns out the voice of the profession, the majority of who are caring and conscientious and doesn't need a big stick to put patients' interest first.

I suppose the extra money will come in useful for their misguided and malicious campaign to prevent dentists using the courtesy title Dr!
Dr Martin K Edwards, Dental Surgeon

I think it is absolutely disgraceful that the GDC have put the ARF up for DCPs. As we are all aware, DCPs are made up of dental hygienists, therapists, technicians and dental nurses; all of whom earn differing amounts of money. Why should dental nurses, most of whom earn nothing compared to the likes of dental hygienists and therapists, have to pay the same ARF?

The GDC will not even consider, it seems, a pay monthly scheme for the ARF, even though this would greatly reduce the burden of paying the now £120 out of our measly pay packets. Surely the GDC should come to some sort of an arrangement where the ARF is based on the registrant's earnings or at least lowered for dental nurses? The rising cost of the ARF as well as indemnity insurance, the cost of CPD and the lack of decent wages for dental nurses could very well drive more dental nurses away from the profession.
Flustered Practice Manager

This is nothing but extortion and we are paying for the failings/incompetence within the GDC as well as those DCPs who did not re-register this year. The GDC need to get their act together and manage their finances, as we have to do in our businesses. Shame we cannot put up our prices by 35 per cent! My anger cannot be put into words.
Name and address supplied

We are paying for the mismanagement of the GDC over the past few years. Every project they have undertaken has become unnecessarily complex and expensive. Revalidation should be dumped before it gets completely out of hand.
Jenny Pinder

On my wages I can barely afford the current fee. As this is coming into force 2011 I think it would be a good idea if GDC introduced the option paying this in monthly instalments via direct debit. You can pay pretty much everything else (car insurance, house insurance etc) via instalments so I think this option would be welcomed. I know there are a lot of DCPs on a lower wage than me who would struggle and the new fees could possibly makepeople think twice about choosing dentistry as their chosen career.
Kate Powell

Why has the CQC not yet decided what the registration should be for their enforced membership? They are waiting to see what the GDC can get away with. Today I have to take time out to go to a compulsory talk about child protection. No fee for this, but no compensation for loss of UDA time either. Retirement? Foreign climes? Anything! I am a clinician, get me out of here!
Peter F-Jones

Somebody please outline the justification for this 31 per cent increase for the ARF when there are fees payable for another regulatory body on the way. Is the wine cellar looking empty at the GDC?
Name and address supplied

Is it reasonable? The industry is in a recession and we are being asked to pay more. I do think that as the GDC is a monopoly the case for increase of its ARF should be referred to the trade's commission, I know that I personally have not received any increase in revenue this year and it will be financially difficult for the average dental technician to pay these fees.
Name and address supplied

It's a disgrace! The GDC are helping themselves to a 31 per cent pay increase at a time when every one else is tightening their belts.

The GDC already charge morethan the General Medical Council,who charge £420 per annum (www.gmc-uk.org/doctors/fees.asp). It should be noted that the GMC also give a 50 per cent discount for registrants who have a low income - such as those on further studies.

Some minutes from a GDC finance committee meeting give a few clues as to where the money goes: (www.gdc-uk.org/NR/rdonlyres/F4666199-4064-4D74-8A33-E96C70764430/0/151209MinutesConfirmedwebsite.doc). The highlights point to lax procedures for approving expenses, lack of budget planning, and hiring consultants to review their current Final Salary Pension Scheme which had a deficit from last year. It also mentions planning permissions for developing Wimpole - the lavish central London offices.

Are they really on the same planet as us? 31 per cent fees hike, final salary pension schemes? Have they been somewhere else for the last few years? It amazed me to find out that they still have a final salary pension scheme - even open to new recruits. I'm not sure how pleased most dentists would be to realise this is how the ARF is spent.

This isn't professional self-regulation - it's difficult to describe their behaviour using civilised language! Maybe it's time to abandon "self-regulation" and allow the profession to be regulated more sensibly by the HPC. I for one can find better ways to spend £500 per annum than someone else's pension scheme, expenses, and flashy offices.
Name and address supplied

A rise of 25 per cent in the ARF is appalling for dental nurses. Unlike hygienists and technicians the salary scale of qualified dental nurses is still dreadful and an insult after working for two years - attending a course and working in their own time - before they can qualify. As a hygienist with FETC, I have in the past tutored dental nurse students and qualified dental nurses studying for their Oral Health Education Certificate, and I was surprised at the syllabus content for both of the qualifications. Perhaps the dental nurses' professional body should try and educate dentists and fight strongly for better salaries.
Barbara Jones, RDH DT

Putting things into perspective

Neel Kothari talks to Leo Cheng about the work of Christian dental charity Mercy Ships and how it's providing many West African communities with much-needed dental care

Over the past couple of years, you will no doubt have read numerous articles outlining some of the day-to-day failures seen within the NHS (some even by myself, perhaps). While the difficulties have been much publicised, many of the things we get right are often forgotten and, dare I say it, taken for granted.

The advantages of the NHS are even more noticeable when looking at developing countries, where a lack of basic provisions often results in the spread of disease considered eradicated in the west.

Reaching out

Let me turn your attention to the work of Christian dental charity Mercy Ships, who provide free medical and dental care for countries who are not fortunate enough to have a system like the NHS.

Mercy Ships comprises of a fleet of hospital ships, which have been visiting developing nations since 1978 and are crewed by volunteers offering healthcare and other professional services free of charge.

Many people in developing countries have never had the opportunity to see a dentist. Dental care is almost non-existent in much of West Africa, as well as many of the other areas Mercy Ships visits. In common with many industrialised countries worldwide, the most frequently seen oral diseases are dental caries and periodontal disease. However, unlike many countries, thousands of people suffer from dental pain for weeks, months, sometimes even years, because of the lack of available dental care.

> *'Thousands of people suffer from dental pain for weeks, months, sometimes even years, because of the lack of available dental care'*

Although difficulties accessing NHS services can lead to difficulties for some patients in some areas, in the UK we rarely hear of death as a result of untreated dental infections. Consultant oral and maxillofacial surgeon Mr Leo Cheng, who regularly volunteers onboard Mercy Ships, informs us that in third-world countries dental infection can and does kill.

For example, because of a direct lack of healthcare, one patient required life-saving emergency treatment as a result of a spreading dental infection. Drains were inserted in all facial spaces in his neck and floor of mouth and regular irrigation through the drains with antiseptics (for example, betadine, hydrogen peroxide, etc) was necessary to wash out abscess cavities within his chest. Thereafter, this patient was intubated in ITU and was kept in ITU for three days before extubation. He continued to receive irrigation of his mediastinal abscesses for another two weeks before his infection was under control.

First-class dentistry for the third world

Onboard, the volunteer dentists, nurses and hygienists play an important role in the prevention of dental diseases and help educate patients by showing simple oral hygiene tips, as well as by introducing fluoride to the oral cavity. While many patients have to undergo procedures such as the extraction of teeth and roots, dentists are also able to restore teeth with composite fillings. Mr Cheng also informs us that when at one point dental students had come on board to observe Mercy Ships in action, in the short time they were there, they ended up extracting more than 90 roots and teeth, more than required for their entire dental training!

Deformities in developing nations

For the poor in developing nations, accessing necessary medical and surgical care is extremely difficult, due to their remote location, lack of medical facilities and financial constraints. Conditions that would be treated in the early stages in developed nations grow to the point of being life threatening in undeveloped nations; the consequence for many is a lifetime of disability and rejection.

Cleft lip and/or palate is a condition easily repaired in the developed world; however, cleft lip babies born in developing countries are often malnourished because they cannot feed properly. Children who do survive are often rejected because of their deformity. The statistics tell us that cleft lip and palate is the number one facial birth defect and the fourth most common birth defect overall, affecting 1 in 700-1,000 live births (WHO).

In the UK, cleft lip and/or palate is routinely treated at a young age, however, in West Africa it can be left untreated. In West Africa, superstition also plays an important role in how children with facial deformities are treated. I am informed that many children with this condition are kept hidden from view, rejected by friends and family, stoned if they appear in public and in some cases have been buried alive.

Superstitious practices

The lack of healthcare provision and education has meant that in many cases, witch doctors or village chiefs are often the first port of call for many local villagers. Unfortunately, the advice given can have disastrous consequences for those affected. Rather than recognising these conditions as defects, which may be corrected through surgery, often the cause is put down to the devil or to evil spirits. Much of the advice given is based on local superstition and a real lack of healthcare access means that, for many, there is no option other than to take this advice.

In a recent report by the BBC, Humphrey Hawksley reported that, while billions of dollars of aid have been invested in programmes to modernise Africa

→ DT page 8

← DT page 7

and end poverty, traditions such as secret societies and witchcraft are still deeply entrenched and often pitted against what the West is trying to achieve there.

If you are interested in learning more about the work provided by Mercy Ships, please visit www.mercyships.org.uk, where you will be able to find a plethora of information and some truly heartwarming stories about some third world citizens not lucky enough to have access to proper health care, let alone a national health service.

About Mercy Ships

Mercy Ships is an international Christian charity that provides free medical care and humanitarian aid to the poorest countries in Africa through its ship – the Africa Mercy. The Africa Mercy is the world's largest charity hospital ship. It has a 78-bed ward, six operating theatres, x-ray facilities, a CT scanner and laboratory facilities. The surgeons on board perform operations on children and adults such as cleft lip and palate, cataract and crossed eye corrections, facial reconstructions, club feet and dental treatments. Entire communities have been changed through the provision of medical equipment and medicines, as well as water sanitation projects, and agriculture and construction training.

Mercy Ships have provided dental care to third world countries for over 30 years

> *'Mercy Ships has worked in more than 70 countries providing services valued at £530m'*

Over the last 30 years, Mercy Ships has worked in more than 70 countries providing services valued at £530million and impacting about 2.5million people.

The charity has treated more than 485,000 people in village medical and dental clinics, performed more than 47,000 surgeries and completed more than 1,000 community development projects focusing on water and sanitation, education, development and agriculture.

Who works on them?

The Africa Mercy is crewed by more than 450 volunteers ranging from surgeons and nurses, to engineers, cooks and agriculturlists, each paying crew fees for the time they serve onboard. Thus the highest proportion of funds received by the charity go directly to those in desperate need as all medical services on board the ships are free of charge. DT

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL's Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice.

World of Webinars

Dental Tribune looks at the upcoming Dentsply academy series webinar starring Trevor Bigg

The 2010 Dentsply Academy webinar series, in association with Smile-on, is in full swing with broadcasts from Baldeesh Chana and Sarah Murray discussing root surface debridement; and Carol Tait enlightening attendees with techniques for cleaning and shaping the root canal system.

Next to take to the virtual stage is Trevor Bigg looking at Smart Dentine Replacement™ (SDR), the recently-released composite base from Dentsply designed for posterior restorations offering bulk filling (up to four mm) combined with excellent flow-like cavity adaptation.

Dentist Trevor Bigg appearing on a computer screen soon!

Trevor will be looking at the various indications where SDR might make a cost- and time-effective alternative to more traditional methods, as well as giving hints and tips on how to use the material to best effect, from the restoration of deep cavities to children's dentistry. Patients are requesting 'white' fillings and the latest research suggests that we dentists should be supplying them if we want to reduce tooth fracture in later life. The only problem with this is that a good composite filling takes so long to insert. SDR™ simplifies this process and reduces the risk of sensitivity from composite contraction, in the process saving time.

> *'Trevor's easy presentation style and large knowledge base has proven very popular with past webinar attendees'*

Trevor's easy presentation style and large knowledge base has proven popular with past webinar attendees and this event is looking like no exception.

For those new to the webinar concept, webinars are a type of web conference with a difference, as it is live and interactive. The direction of the presentation is primarily led by the presenter/speaker however, audience participation is integral and indeed necessary for a more useful and interesting experience. A webinar is 'live' and interactive – with the ability to give, receive and discuss information. There is a 'chat' facility available for attendees to post questions and comments, which can then be answered live by the presenter.

Trevor's presentation, *Smart Dentine Replacement – No more time-consuming layering!*, will be broadcast on October 26th starting at 7.30pm. For more information go to www.dental-webinars.co.uk or call 020 7400 8989. DT

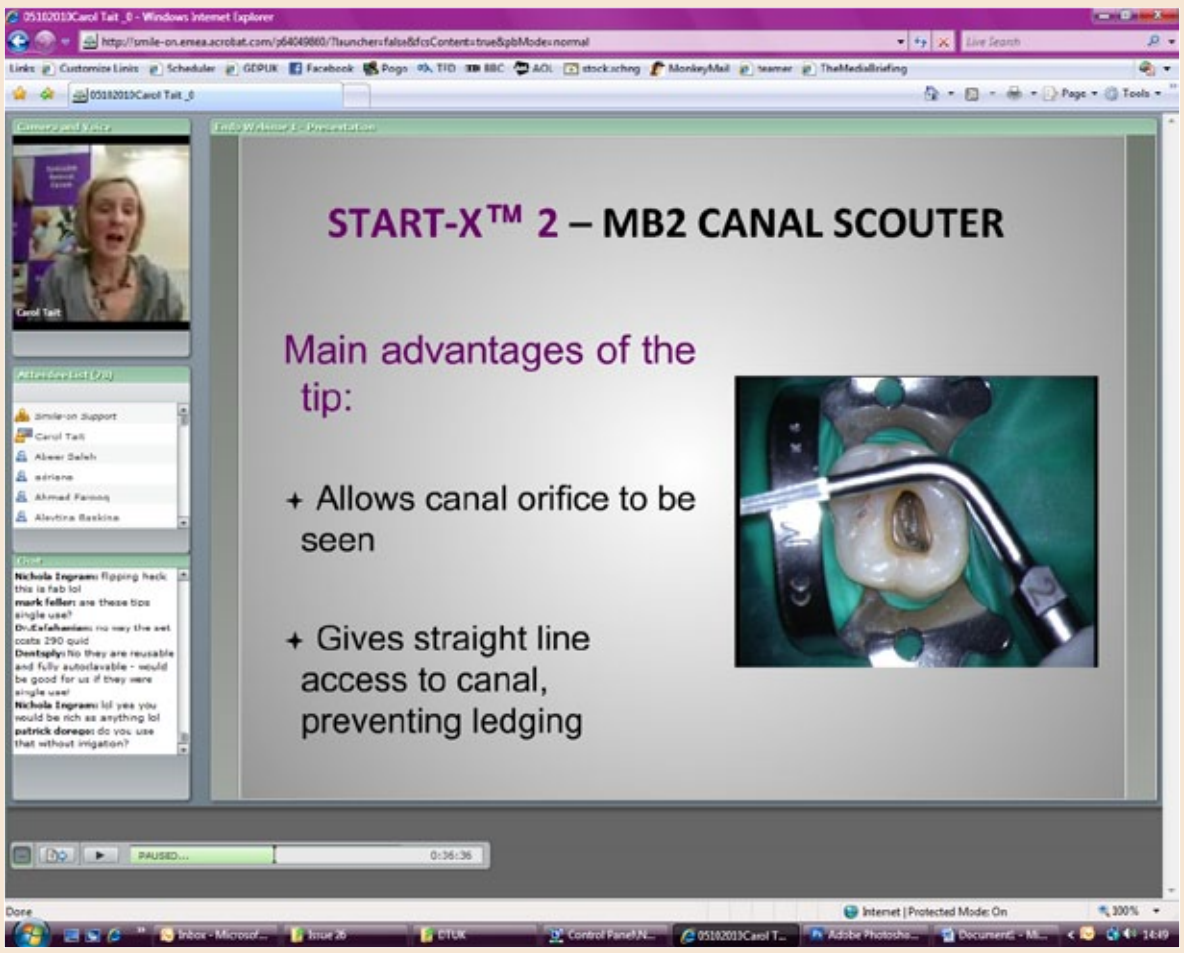
Upcoming Webinars

Date: 26th October 2010
Speaker: Dr Trevor Bigg
Smart Dentine Replacement - No more time-consuming layering!

Date: 2nd November 2010
Speaker: Dr Carol Tait
Oburation of the cleaned and shaped root canal system - the advantages of thermoplastic techniques

Date: 8th November 2010
Speaker: Bal Chana, Sarah Murray
Roof Surface Debridement - mechanical instruments versus ultrasonic scalers

Date: 10th November 2010
Speaker: Dr Trevor Bigg
Smart Dentine Replacement - No more time-consuming layering!



Webinar attendees can post questions in the chat room whilst watching the presentation