

# DENTAL TRIBUNE

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

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## News in Brief

### Rock legend celebrates NHS birthday

Rock star Ozzy Osbourne led tributes in celebration of the 63rd birthday of the NHS. Born in Birmingham in 1948, the same year the NHS was created, the Black Sabbath front man was one of the first generation to be delivered by NHS doctors. He was also treated by emergency services and the NHS when he was rushed to intensive care in Slough, following a near fatal accident in 2003. Ozzy Osbourne had this message for NHS staff: "If it wasn't for the hardworking staff of the NHS following my serious quad bike accident I may not be here today to continue my career. I want to say a big thank you to all of the dedicated doctors, nurses and everyone else who makes up the NHS across the country."

### No exhibits, we're Canadian

The majority of dentists in Canada find it difficult to make time to visit dental exhibitions, figures in a new report by the country's Dental Industry Association suggest. More than 70 per cent of the dentists surveyed said they spent less than three hours on exhibition floors during conventions, while half said they spent two hours or fewer. Included lack of time, attending lectures or courses, and social interaction with colleagues and peers. Dentists from Ontario were more likely to visit a convention that had no associated exhibition than dentists from other provinces. Most dentists said that they would visit more exhibitions if they were given product samples or could watch hands-on demonstrations or other on-floor events.

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

## News



### Generation game

Study shoes generational OH link

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## Practice Management

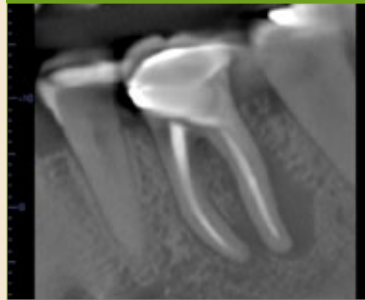


### In the name of education

Elaine Halley on the life of an MSc student

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### Radio limits

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## Events



### Decontamination

A new way to discover infection control

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## Inquiry reveals 'shortcomings' at Belfast Dental Hospital

### Lack of support and excessive workloads caused problems says report

**H**ealth Minister for Northern Ireland Edwin Poots has informed Members of the Legislative Assembly of the results of an inquiry that has uncovered evidence that shortcomings may have led to serious deficiencies in the standards of care afforded to patients at Belfast Dental Hospital.

The inquiry was instigated in February 2011 by the then Health Minister and was led by Brian Fee QC, following a recall of 117 patients by the oral medicine service at the hospital. It has emerged that 22 of those patients were either diagnosed or referred far later than recommended and that they represented a 'major concern'. It was found that difficul-

ties in one department arose from excessive workloads and a lack of adequate administrative support and further problems uncovered included 1156 unfiled items, 93 missing charts, 161 'hospital concerns' and problems with the appointment system. The inquiry made a total of 45 recommendations and the Belfast Trust maintains that it has learned 'valuable lessons' from the experience.

Both Poots and Chief Executive of the Belfast Trust Colm Donaghy have offered their apologies to the patients and have professed an understanding of the "serious deficiencies" in the oral medicine department. Donaghy maintained that the Trust has

always acted in the best interests of its patients and stated: "The extent of the impact that delay in diagnosis or referral had on the outcome...is unknown at this stage... according to the report a Serious Adverse Incident Complaint should have been raised earlier and we accept that. We also accept that in terms of communicating and escalating the issue we should have done that at an earlier stage in terms of the former processes, to keep others informed in terms of the progress that was being made.

"What I would have to say is the people involved in this did not deliberately keep this issue secret or quiet, they were concerned about continuing to

provide care for the patients involved and always acted in the interests of those patients."

Poots declared the situation to represent an unacceptable failure on the part of the Trust and warned that such a situation "cannot be permitted to happen again". The Chair of the Assembly Health Committee Michelle Gildernew also drew attention to the seriousness of the events and Conall McDevitt of the SDLP stated that he could not think of a more serious situation involving a single trust.

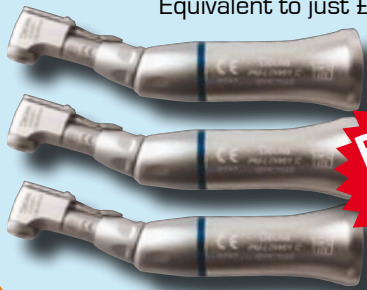
The results of the inquiry can be viewed at [www.dhssp-sni.gov.uk/executive\\_summary\\_dental\\_inquiry.pdf](http://www.dhssp-sni.gov.uk/executive_summary_dental_inquiry.pdf)

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# Groupon offer ‘misled patients’

The Advertising Standards Agency (ASA) has upheld a series of complaints over an offer of dental treatment being ‘misleading’.

The offer, supplied by discount company Groupon, gave potential patients discounted Invisalign treatment at a Harley St

dental clinic. The ASA received complaints that the offer was misleading in its wording, as the deal stated “£98 for £1650 towards Invisalign Teeth-Bracing Technology and Whitening. View now For £98,00 [sic] Discount 94 per cent Saving £1552,00 [sic]”. Underneath, below the heading “Highlights” text stated “£1650

discount on the full price (usually £3,500)” and text under the heading “Fine Print” stated “Holder must pay remaining balance”. The complainant challenged the wording, stating that once she had clicked through to the offer, she found there was a significant amount to pay in addition to the £98.

Despite Groupon’s claim that it believed that an average consumer would not be misled by the e-mail, because the significant conditions regarding price were included, the ASA upheld the complaint, stating it considered that *it was not clear that a customer was simply buying a discount, albeit for more than*

*they were paying, or that they would need to pay a significant additional amount in order to receive the advertised treatment.*

*We therefore concluded that, because the wording and nature of the offer was confusing and not made clearly to consumers, the e-mail was misleading.*

Groupon was told that the email offer must not appear again in its current form, and that the company needed to ensure the nature of their offers are clearly made in future e-mails and that the advertised price is correct. **DT**

## 100,000 and counting

For the first time in its history, the General Dental Council (GDC), announced that it has more than 100,000 dental professionals on its registers.

As of 4 July 2011 the figure stood at 100,001.

Compulsory registration was introduced for dental nurses in 2008 and they now make up the biggest registrant group with more than 46,000 on the register.

The breakdown for registrant types is as follows:

• Dentist	38252
• Clinical Dental Technician	170
• Dental Hygienist	5900
• Dental Nurse	46793
• Dental Technician	7011
• Dental Therapist	1709
• Orthodontic Therapist	166

TOTAL 100001 **DT**

## DENTAL TRIBUNE

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Group Editor  
Lisa Townshend  
Tel: 020 7400 8979  
Lisa@dentalttribuneuk.com

Sales Executive  
Joe Ackah  
Tel: 020 7400 8964  
Joe.ackah@dentalttribuneuk.com

Editorial Assistant  
Laura Hatton  
Laura.hatton@dentalttribuneuk.com  
Tel: 020 7400 8981

Design & Production  
Ellen Sawle  
Ellen@dentalttribuneuk.com  
Tel: 020 7400 8921

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

Clinical Editor  
Livui Steier

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

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## Editorial comment

**W**ell what a furore! No, I'm not talking phone hacking, I'm talking about the recent opinion piece by Dr Martin Kelleher. The piece, published in the *Faculty Dental Journal*, emphasised Dr Kelle-

her's position on the overuse of destructive treatments such as porcelain veneers.

What's wrong with that, I hear you ask? Nothing. For me it was the ludicrous way in which the story was handled in national press, clearly angling for another 'dentists rip you off' story.

Any fool with a brain cell, and I do actually include tabloid journalists in that (although recent news events have made me question my charity), can surely understand a heavy dose of irony when they see it.

In a letter to the *Metro* (which funnily they didn't print), I questioned the decision to claim dentists are actually

celain deficiency disease' or 'hyperenamelosis'.

As a working journalist, I understand the mantra of 'don't let the truth get in the way of a good story', but this kind of propaganda and agenda setting should not be standard practice, and frankly, as a journalist, it's embarrassing. **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, EC1 8BA

Or email:  
lisa@dentaltribuneuk.com

## Role of CDO questioned in parliament

**I**n the wake of the resignation of the General Dental Council (GDC) Chair Alison Lockyer, questions have been asked in Parliament about the participation in the GDC of the Chief Dental Officer (CDO).

Natascha Engel MP (North East Derbyshire, Labour) is one of the most active MPs in asking dental questions in the House of Commons. Many of them are related to issues affecting the dental technician industry, however on this occasion she asked the Secretary of State for Health:

"What assessment he has made of the participation in the General Dental Council of the Chief Dental Officer" for England, Barry Cockcroft.

Minister of State for Health Simon Burns MP (Chelmsford, Conservative) replied: "Meetings of the General Dental Council are undertaken in public and the Chief Dental Officer attends meetings as an observer.

"There are clear benefits in ensuring an effective dialogue between the Chief Dental Officer as head of the dental profession and the regulatory body for dentists.

The Council for Healthcare Regulatory Excellence (CHRE), which oversees the work of the regulatory bodies including the General Dental Council, has been asked to consider what constitutes good practice in terms of the process of making appointments to and the governance of the health professions' regulatory bodies. In light of CHRE's work, we will consider whether the existing arrangements continue to be appropriate." **DT**



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1 Independent survey of dentists who recommend toothpastes, April 2011. 2 Schiff T et al Am J Dent 2009; 22 (Spec Iss A): 8A-15A. 3 Hamlin D et al Am J Dent 2009; 22 (Spec Iss A): 16A-20A.

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# Research investment to tackle sepsis threat

The Technology Strategy Board and the Department of Health are to invest up to £7.5m in new research and development that aims to improve the future diagnosis, detection and management of sepsis, a life-threatening illness caused by the body overreacting to an infection.

The funding will be made available through two new collaborative R&D funding competitions. The first, *Multi-pathogen detection and/or simple discrimination*, opens on 30 August and will see government

investment in R&D of up to £5m in collaborative R&D projects to develop point-of-care diagnostic tools to assist clinicians and health workers in the management of sepsis.

The second competition, *Advancing biomarker use in sepsis management*, opens on 26 September and up to £2.5m will be invested in collaborative R&D to advance the effective use of biomarkers in the management of the condition.

Commenting on the new competitions Zahid Latif, the

Technology Strategy Board's Head of Healthcare, said: "Sepsis causes around 60,000 deaths in the UK every year and costs the NHS about £2.3 billion annually. The risk of death from severe sepsis increases six-10 per cent every hour from the onset of septic shock to the start of effective treatment. There is universal agreement that there is a need for new and improved diagnostic tools to help clinicians in the management of sepsis. The products developed will help to reduce the economic burden, death and illness from sepsis and infectious

diseases and create opportunities for British companies in the huge global market for diagnostic devices."

A third funding competition, *Assessing the impact of near-patient testing*, will also open on 26 September. Managed through the SBRI programme, the competition will result in investment of up to £1m in projects to produce new and improved health economics related products, tools or capabilities to assist companies in the design and evaluation of diagnostic clinical trials

All three competitions are part of the Technology Strategy Board-managed Detection and Identification of Infectious Agents (DIIA) Innovation Platform, which will see government investment in innovative research and development into diagnostic tests and devices that will help to cut the number of deaths and cases of illness caused by infectious agents in humans and animals, while reducing the economic burden.

More information can be found at [www.innovateuk.org](http://www.innovateuk.org). **DT**

# Study shows OH generation game

A new 27-year research project suggests that mothers with poor oral health are likely to have children who also have poor oral health when they reach adulthood.

The long-term study, of over a thousand children born in New Zealand in 1972 and 1973, provides strong evidence that the children of mothers with poor oral health are more likely to grow up with above average levels of tooth loss, tooth decay and fillings. The findings strengthen the notion from previous research that adult oral health is

affected by a combination of genetic and environmental factors.

The research, published in the *Journal of Dental Research* in May 2011, compared the oral health of the children at the age of five in 1978, and again at the age of 32. The findings were compared with the mother's own self-rated oral health measured in 1978. Analysis 27 years later indicated that approaching half of children (45.1 per cent), whose mothers rated their oral health as 'very poor' had severe tooth decay. Around four in every ten children (39.6 per cent) expe-

rienced tooth loss in adulthood.

The research commented on the influence of environmental risk factors on oral health including social economic status (SES), attitudes, beliefs and oral health related knowledge persisting across generations, providing further evidence in how a mother's view of her own oral health can affect that of her child's.

The article can be found on the *Journal of Dental Research* website (<http://jdr.sagepub.com/content/90/5.toc>). **DT**



Study shows a link between mum and child's oral health

# Patients, it's good to talk - DCS CPD review launched by GDC

The Dental Complaints Service (DCS) is encouraging patients to talk more to their dental professional and be confident in asking questions about private dental treatment.

The DCS helps dental patients and dental professionals in the UK resolve complaints about private dental services. They aim to do it fairly, efficiently, transparently and quickly by working with both parties.

Head of the DCS, Hazel

Adams commented: "Patients should feel able to ask how much treatment will cost, when they will have to pay and what happens if they are unhappy with the results. The patient might also want to ask whether the work is guaranteed for a certain length of time and how long any particular course of treatment will take.

"We try to be imaginative and flexible in helping to resolve a complaint. But we always ask people to try to resolve things with their dental professional first. In my experience,

the majority of complaints are caused by some form of breakdown in communication; if people can just keep talking to each other many situations can be avoided."

To help people better understand the service and how to deal with problems when they arise, the DCS has produced a new leaflet Making a complaint about private dental care which is available through the GDC website at <http://www.gdc-uk.org/Newsandpublications/Publications/Pages/default.aspx> **DT**

The General Dental Council (GDC) has launched a review of its mandatory continuing professional development (CPD) scheme.

It will be considering the role CPD plays in helping registrants to stay up to date and to practise in accordance with its Standards; as well as exploring the most effective forms of CPD activity, and the best way of monitoring and administering it. A key aim is also to ensure that the CPD requirements are woven into a proportionate scheme of revalidation in due course.

The review process will include, among other steps, research and various forms of consultation with registrants and other stakeholders. A public consultation on any future proposals is planned for early 2012.

The GDC is keen to hear comments from registrants, CPD providers and other stakeholders about their CPD

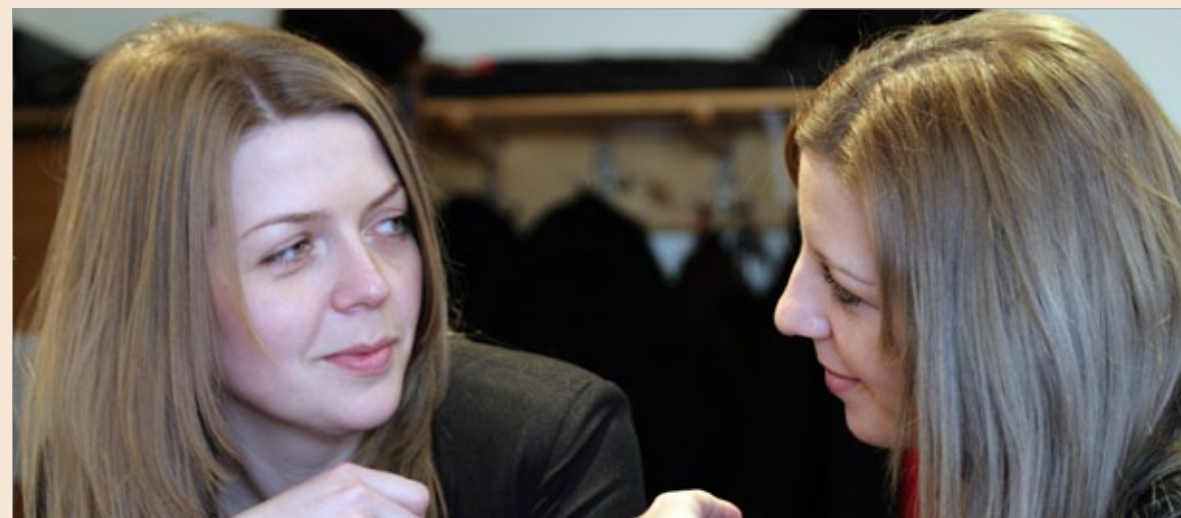
experiences. More information about the review can be found at [www.gdc-uk.org](http://www.gdc-uk.org), including how to respond to an open call for views. Any general comments can be emailed to [CPDReview@gdc-uk.org](mailto:CPDReview@gdc-uk.org)

Evlynne Gilvarry, Chief Executive and Registrar said: "A key aim is to ensure that our CPD requirements support registrants in meeting our Standards. We are therefore very keen to hear from registrants and other stakeholders about their CPD experiences and how the scheme might be improved."

All registrants are reminded that the GDC's current CPD requirements remain in force. **DT**



Time to review CPD



The DCS is encouraging patients to talk more



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# NHS staff to lead NHS of the future

Health Secretary Andrew Lansley has announced plans to help all NHS staff lead the service to become truly world class.

Speaking at 'Change through Leadership,' the Health Secretary revealed plans for a new national Leadership Academy. This means for the first time all NHS staff will have access to the same opportunities for developing their leadership skills, putting

nurses, doctors and other clinicians on an equal footing with non-clinical managers.

Developing clinical leadership is crucial in giving frontline staff the skills they need to take advantage of their role in taking the driving seat in shaping a modern NHS for the future. The Academy will give doctors, nurses, and other NHS carers the skills they need to transform the NHS into a genuinely patient-

centred service, in which different services work together to provide integrated care.

Health Secretary Andrew Lansley said: "I was lucky enough to be born into a society with a National Health Service and I am committed to ensuring that it is protected for generations to come. Both as a patient and as Health Secretary I have seen the passion and dedication of staff across the NHS. I

would like to join everyone else today in thanking them for their hard work as we celebrate the 63rd birthday of our National Health Service.

"It is this passion and dedication of NHS staff which we want to embrace and support through the NHS Leadership Academy. In Cambridge we have already seen huge improvements for people with diabetes thanks to frontline staff taking the lead and helping

people manage their condition. By establishing the Leadership Academy today I want to help all doctors and nurses develop the leadership skills they need to drive a truly world-class NHS.

"Frontline NHS staff have shown they can work smarter, be more responsive and give patients better health outcomes. The challenge now is to make this the rule, not the exception." DT

# Dorset burial pit Viking had filed teeth

Archaeologists have discovered one of the victims of a suspected mass Viking burial pit found in Dorset had grooves filed into his two front teeth. Experts believe a collection of bones and decapitated heads, unearthed during the creation of the Weymouth Relief Road, belong to young Viking warriors.

During analysis, a pair of

front teeth was found to have distinct incisions.

Archaeologists think it may have been designed to frighten opponents or show status as a great fighter. Oxford Archaeology project manager David Score said: "It's difficult to say how painful the process of filing teeth may have been, but it wouldn't have been a pleasant experience.

"The incisions have been very carefully made and it is most likely that they were filed by a skilled craftsman. The purpose behind filed teeth remains unclear but, as we know these men were warriors, it may have been to frighten opponents in battle or to show their status as a great fighter."

Dorset County Council senior archaeologist Steve Wal-

lis said radio-carbon dating showed they come from about AD970 to 1025.

Mr Wallis said those dates fell within the period of Viking raids on the Anglo Saxons in the UK, and isotope analysis of teeth found in a severed jaw suggests they were from the Nordic countries. He added: "It's great that the burial pit on Ridgeway is still surpris-

ing us and teaching us more about who these men may have been and what they may have been like.

"It is very rare that this kind of deliberate dental modification is found in European remains, although it is often found in cultures from around the world, so that it was found in an excavation in Dorset is fantastic." DT

# Go-go-go karting!

Around fifty members of the dental trade gathered at the renowned Birmingham Wheels Karting Centre for an unforgettable and exhilarating racing experience. The event, organised by the British Dental Trade Association and in its third year, saw staff from companies such as BDTA, Medivision, DB Orthodontics, Practice Plan, Septodont, A-Dec and Takara Belmont take to the track.

The day began with instructions and a qualifying practice, followed by a two-hour Le Mans style endurance race, which was certainly a challenge for the drivers, who wore full racing gear in the warm weather. Participants raced along the track with everyone showing their competitive side as they displayed some impressive moves and tried to gain position.

The fastest lap of the race was set by A-Dec at an impressive 48.797 seconds. A-Dec was also the winning team, with Takara Belmont in second and Septodont in third.

Tony Reed, Executive Director at the BDTA commented: "The event has proved to be popular in previous years and is a great way to bring member companies to-



The new Button and Hamilton?

gether, this year was no exception. Well done to everyone who partici-

pated and helped to make the day enjoyable for all." DT

# Mentoring strategy gains HR award

London Deanery's Coaching and Mentoring programme has won the Healthcare People Management Association (HPMA) NLIAH award for best learning and development strategy.

The HPMA Awards recognise outstanding contributions to human resource

management, and the tangible difference to patient care. London Deanery developed and implemented a strategy to provide access to coaches/mentors for doctors and dentists working in the NHS in London.

Since the scheme was launched, more than 900 trainees, newly qualified consultants,

GPs and SASGs have accessed the service; 350 clinicians have been trained in coaching and mentoring skills, and more than 40 mentors are undertaking a certificate or diploma in executive coaching and leadership mentoring.

Evaluation of the service has confirmed that

mentors were highly satisfied with the quality of training and supervision they had received and reported benefits to their own behaviours, including patient care, as a result of the experience.

In response to the award, Tim Swanwick (Dean of Professional Development) said 'This

is justly deserved recognition for the inspiring work of Rebecca Viney and her team. In the last few years there have been so many national reports and policy documents recommending coaching and mentoring, it has been fantastic to have been part of an initiative that is actually doing something about it' DT

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# Anaphylactic guidelines published

NICE has published a draft guideline on the initial assessment and referral following emergency treatment for a suspected anaphylactic episode or a severe allergic reaction.

An anaphylactic episode is an allergic response that is a severe, generalised or systemic hypersensitivity reaction that can lead to potentially life-threatening airway, breathing and/or circulation problems. Foods, such as peanuts, nuts, eggs, shellfish, milk, fish, and some seeds such as sesame, are a particularly common cause of anaphylactic reaction, especially in children. Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other drug or injection. Medicinal products are

much more common triggers of anaphylactic reaction in older people. A significant proportion of anaphylaxis is classified as idiopathic, in which there are significant clinical effects but no known cause.

Because of inconsistencies in reporting anaphylaxis, and because it is often misdiagnosed, there is no overall figure for the frequency of anaphylaxis from all causes in the UK. However, available UK estimates suggest that approximately 1 in 1,333 of the population of England has experienced anaphylaxis at some point in their lives. What is clear is that there has been a dramatic rise in the rate of hospital admissions for anaphylaxis. Between 1990 and 2004 they increased from 0.5 admissions per 100,000 to 3.6 per 100,000

- an increase of 700 per cent - resulting in approximately 20 deaths each year in the UK (although this may be a substantial underestimate). In addition, there is considerable geographic variation in both practice and service provision, specifically in assessment after the event to confirm an anaphylactic episode or on the decision to refer after emergency treatment.

Draft recommendations include:

- Record the circumstances immediately before the onset of the reaction to help to identify the possible trigger.
- All children given emergency treatment for a first suspected anaphylactic episode should be admitted to hospital under the care of a paediatric specialist team.

• Following emergency treatment, all patients who have been referred following a suspected anaphylactic episode (and, if appropriate their carer and/or family) should be given an adrenaline injector as an interim measure pending the referral appointment.

• Each primary care organisation and hospital should have a referral pathway for patients who have received emergency treatment for a suspected anaphylactic episode.

Dr Fergus Macbeth, Director of the Centre for Clinical Practice at NICE said: "Anaphylaxis is a very serious, potentially life-threatening reaction. Unfortunately, there is often a lack of understanding of the condition on the part of healthcare professionals both when making a

diagnosis and of when or where to refer patients who have had a suspected anaphylaxis. This can affect the likelihood of the person receiving a definitive diagnosis, which can lead to anxiety, inappropriate management and recurrent episodes. It can also give rise to avoidable costs for the NHS and increase the need for acute care. This guideline, the first of its type from NICE, will help healthcare professionals who care for those who experience this extreme response. I would recommend all those who are registered as stakeholders in the development of this guideline to submit their comments via the NICE website." [DT](#)

More information can be found at [www.nice.org.uk/guidance/index.jsp?action=folder&o=55280](http://www.nice.org.uk/guidance/index.jsp?action=folder&o=55280)

# Aquafresh goes green!

GlaxoSmithKline, makers of Aquafresh, have teamed up with upcycling company TerraCycle UK to launch the Aquafresh oral care Brigade, a recycling fundraiser which encourages schools to collect used toothbrushes and toothpaste tubes to be recycled and upcycled into everyday products.

For every product brought in for recycling, 2p will be donated to a charity of the school's choice. The scheme teaches children about resource conservation, whilst reinforcing good dental hygiene through educational materials on brushing for kids.

The Aquafresh oral care Brigade is open to primary schools, and youth groups such as scout and guiding across the UK who

can get involved by signing up at [www.terracycle.co.uk](http://www.terracycle.co.uk). A major PR campaign - focusing on nationals, educational titles,



women's interest and parenting titles will drive awareness of the scheme and encourage participation.

Rachel Deans, Group Brand Director for Aquafresh, said: "The scheme provides a perfect fit for the family friendly Aquafresh brand - which markets both adult and children's products - engaging primary school students (and their parents!) in a hands on way to get involved in protecting our planet by recycling and reusing. By encouraging good eco-habits at a young age, we can instil a life-long drive to be more sustainable and responsible and by using familiar packaging like toothpaste tubes and toothbrushes, children can more easily understand the results of their actions.

"We are delighted to be able to work with TerraCycle as partner in this environmental fundraising campaign. We hope that schools and groups will engage

with the scheme to really make a difference to their local environment and raise money for their local communities as well as helping to educate in children's oral health."

Chris Baker, General Manager of TerraCycle UK commented: "TerraCycle is fully committed to engaging children in learning how to protect their environ-

ment and help their local communities in this time of austerity. With the support of a familiar brand like Aquafresh, we are confident that we can reach thousands of schools and make a difference both locally and globally!"

For more information about the TerraCycle scheme, got to [www.terracycle.co.uk](http://www.terracycle.co.uk). [DT](#)



# Edinburgh Dentist A My Face My Body Expert

An Edinburgh cosmetic dentist is to provide expert cosmetic and beauty advice on the second series of lifestyle show *MyFaceMyBody*.

Dr Biju Krishnan, co-founder of Lubiju's cosmetic dental clinic, will appear on the SkyTV show, offering advice to adults searching for the perfect smile, as well as providing expert opinion on some of the latest cosmetic dentistry treatments on the market.

The series launched with a special episode filmed at the

Lubiju clinic, showcasing the treatments available at the clinic. One of these practices is NTI Splint treatment, which helps relieve the pain and discomfort caused by migraines, by combining a series of physiotherapy sessions with the traditional splint treatment to provide optimum results.

Dr Krishnan said: "At Lubiju we have some fantastic cosmetic dentistry treatments and the NTI splints are a perfect example of how we as a clinic are leading the way in creating new and innovative treatments.

"The treatment combination, which uses NTI splints to stop the teeth from grinding as well as physiotherapy to help open up and strengthen the facial muscles, is the first of its kind in

the UK and we are delighted to have been given the opportunity to showcase it on *MyFaceMyBody*.

"The show is a great

platform for UK clinics outside of the UK to show how they are helping shape the future of cosmetic dentistry and make the phobic stigma attached to dentistry a thing of the past." [DT](#)





# All in the name of education

Elaine Halley gives us an insight into the blood, sweat and tears in the life of an MSc student



Students needed an impression for the residential space

**N**ext instalment has involved lecture after lecture along the subject of complex cases – multi-

disciplinary. I have been on an intense catch-up (déjà-vu?) in preparation for the residential which takes place in Manches-

ter from Thursday to Monday. I must say that the current batch of webinars has been excellent. Anthony Laurie gave an excel-

lent calibre of a lecture around the role of the laboratory in complex case management. Years ago (at least 12 I think!), I attended the Mike Wise Year Restorative course back when Tony was involved. I remember the impact he had on my learning then, and the ethos of systematic, error-reducing techniques are still evident in Tony's teaching, together with beautiful photography and presentation. Dr E Mizrahi gave an upbeat orthodontic lecture; Stephen Davies has given us more to think about in the decision about confirmative or prescribing a re-organised occlusion. We've had endo from

family and team were all warning me gravely not to do it – but of course, being a stubborn so and so, I listened politely but knew I was at least going to try. No way was I going to let all those hours of training go to waste!! It's amazing if you Google 'running a marathon with swollen glands' what comes up!! I did want to check I wasn't risking my life...! Even in the face of unbelievable winds – I kept running and made it!!

For any of you considering this MSc – I must warn you that it becomes all-consuming. I recently went to the BACD road show in Belfast and was looking forward to a night away from home and the chance of some decent sleep without shouting at children bed-time fifty times before 9 o'clock, which is my usual evening routine! However, I found myself mostly looking forward to being able to catch up on my webinars! Imagine my delight when I discovered there was free Wi-Fi in the rooms! Even returning to

Richard Kahan with really interesting diagnostic scans to reveal how limited our general practice radiographs are at diagnosis. I learnt things I did not know about the presentation of endo-lesions – very interesting. There is a lecture from Paul Tipton sitting on my learning plan but I missed it and can't access it for some reason – so

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*'I have been warned I am not allowed near her crowns until at least August – but I am itching to get started!'*

whilst I have got up at this undogly hour, it must be fate that I have time to catch up with this blog!

In preparation for the residential, we have had to submit a complex case to present to the class and possibly to be our complex case for the course. I must thank my dental nurse Rosswen, who has been through nearly two years of fixed-ortho – probably completely against her will (only joking of course – full informed consent has been obtained – phew!) but because she doesn't have the heart to quash my enthusiasm for 'improving' her smile. I have been warned I am not allowed near her crowns until at least August – but I am itching to get started!

In case you were wondering, I did manage the Edinburgh marathon – just! I had been ill the week of it with some under-terminated viral something; my glands were all up and it wasn't until the day before that I started to feel I could run it. My poor

Edinburgh, I planned my route home via a hotel where I could have lunch and webinar at the same time. Headphones, notebook and laptop are now glued to my side... I have to remember to take a silicone imp of myself today to take to the residential – although yesterday I had a frantic text from one of my classmates explaining how his nurse had walked in to find him slobbering whilst trying to take an imp of himself and had been laughing at him all day! Thanks for the warning Richard, I will avoid that particular humiliation!! All in the name of education...DT

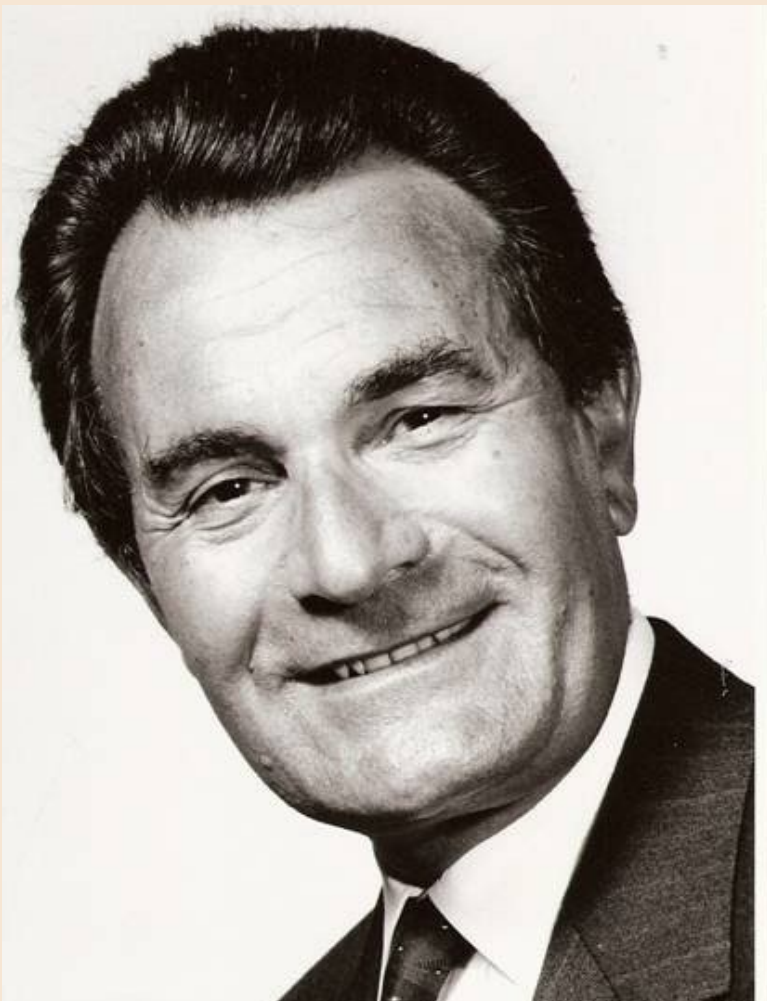
## About the author



Elaine Halley BDS DGD (UK) is the BACD Immediate Past President and the principal of Cherrybank Dental Spa, a private practice in Perth. She is an active member of the AACD and her main interest is cosmetic and advanced restorative dentistry and she has studied extensively in the United States, Europe and the UK.



# Celebrating the Life of Dr John Zamet



**D**r John Zamet, pictured, was one of the foremost names in periodontology during his time in the profession and his legacy of teaching and research is being remembered in a grant now offered to postgraduate students studying aspects of the subject.

Born in London in 1932, Dr Zamet was a dedicated student, who graduated in 1955 from the Royal Dental Hospital. Dr Zamet had always had strong leanings toward periodontology, and between 1956 and 1962 he worked in the Departments of Periodontology at the Eastman, Guy's Hospital and the Royal Dental Hospital, obtaining a Fellowship of the Royal College of Surgeons in 1958. He was then granted a post-graduate Fellowship to the University of Philadelphia Department of Periodontics, where he studied under D. Walter Cohen, himself a legend in the dental world.

Returning from his studies in America, Dr Zamet became Senior Lecturer at the Royal Dental Hospital, where he was able to establish himself as a firm favourite with students, and then Consultant in Periodontology at University College Hospital Dental School. After the closure of the UCH Dental School, Dr Zamet moved to The Eastman Dental Institute, where he was appointed Honorary Consultant in the Department of Periodontology and remained there until he retired, albeit reluctantly, in 2001.

#### An illustrious career

During his time at UCH and Eastman, Dr Zamet continued to advance his own knowledge and ca-

reer, as well as those of his students. In 1974 he was awarded an MPhil for his research A Comparative Clinical Study of Three Periodontal Surgical Techniques and he played an instrumental role in the establishment of the GDC Specialist Register in Periodontology. In addition to this, Dr Zamet was a Past President, Honorary Vice-President and Life Member of the British Society of Periodontology, a Member

of the American Academy of Periodontology and a Fellow of the International College of Dentists as well as of many other professional organisations.

Among his many notable achievements, Dr Zamet was the founder of the first exclusively periodontal practice in London and was also the first UK periodontist to participate in the Bränemark Osseointegration Programme in Göteborg. He also approached Ambassador Walter Annenberg to fund the Annenberg Lecture and Traveling Scholarship, which sponsored the postgraduate education of three students and endowed the Annenberg Lecture for years to come. As part of his dedication to the advancement of periodontology and his work with charities, Dr Zamet served as was both the first and twenty-fifth Chairman of the London Chapter of the Alpha Omega Dental Fraternity and as Secretary of its London Charitable Trust which, in the 25 years during which he was involved, sponsored a wide range of projects both in the UK and in Israel, raising a sum that would have done credit to a major national charity.

#### John Zamet Memorial Prize

It is in memory of Dr Zamet's passion for, and dedication to, periodontology that The John Zamet Memorial Prize in Periodontal Research was established in association with the Alpha Omega London Chapter and Charitable Trust. The prize provides an enviable oppor-

tunity for postgraduate students in the field of periodontology to gain recognition and financial help in the pursuit of their studies, with a £1,000 prize being awarded annually. Applications for the award are open to all UK-based postgraduate dental students studying for a Masters degree or PhD who are undertaking or who have recently completed original research associated with clinical periodontology.

Applicants are invited to submit a covering letter, a letter of support from their research supervisor confirming their supervision of the project, and an abstract not exceeding 1000 words to the Alpha Omega Trust. The abstract should give brief notes on the following:

- Background to project
- Aims
- Methods
- Relevance to clinical periodontology
- Start and completion dates (estimated completion date will suffice if ongoing)

Application is by three paper copies and an electronic copy, submitted by 31st December 2011 to:

Professor Andrew Eder  
Chairman, The Alpha Omega  
London Charitable Trust  
2nd floor, 57a Wimpole Street,  
London W1G 8YP

andreweder@restorative-dentistry.co.uk

Applications will be assessed and decided upon by a panel of at least two Specialists in Periodontology of Professorial/Consultant status and the winner of the prize will have the opportunity to present the results and/or clinical implications of the research at a lecture meeting of the Alpha Omega London Chapter.

#### An Incredible Legacy

John Zamet was a man whose impact upon the world of dentistry cannot be underestimated, but his impact as a warm and loving teacher, colleague and friend is of no less note. Students and peers alike sought Dr Zamet's advice and his open and giving manner was reflected in every aspect of his life and work. A well rounded and intellectual man, Dr Zamet went on to gain an MA at UCL in Holocaust Studies and a PhD from Oxford Brookes for a thesis on German and Austrian Refugee Dentists 1933 – 1939, The Response of The British Authorities, and was a constant source of wisdom and inspiration to family, friends, students, colleagues, patients and his devoted family.

Dr John Zamet is sadly missed but his legacy of education and love of his subject will be remembered by those he worked with, taught and influenced, as well as through the accomplishments of those in receipt of the The John Zamet Memorial Prize in Periodontal Research. [DT](#)

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