Dental units on the move

The first national oral health improvement project, aimed at helping young children in Wales is being rolled out with the help of a fleet of mobile dental units.

The scheme, which was launched by First Minister Rhodri Morgan, involves a team of dental health support workers giving out toothbrushes and toothpaste to school children along with oral health advice.

Part of the service will be delivered via mobile dental health units that will play a key role in providing specialist preventive care and treatment to schools.

The Designed to Smile programme was announced last year by Health Minister Edwina Hart and has already been running on a much smaller scale.

It will now be rolled out through two super pilots in North and South Wales. Children in nursery, reception and year one classes in schools, in areas deemed to be of greatest oral health need, will be visited by the dental fleet.

Over 500 schools are expected to benefit from the scheme during their rollout over the next three years.

Welsh children have the worst rates of tooth decay in the UK. On average, a five-year-old in Wales has between two and three decayed, missing or filled teeth, compared to less than two in Great Britain as a whole.

The First Minister Rhodri Morgan said: ‘Tooth of tooth decay are far too high in Wales given that it is almost a preventable disease.’

‘This programme recognises that extra level of oral health problems we face in Wales. Through ‘Designed to Smile’ we hope to improve our preventative care and treatment to children in Wales so that we can reduce the number of children with dental decay to the UK average level and then to even lower levels.

Health Minister Edwina Hart said: ‘This programme will help meet our One Wales commitment to provide a new public health focus on dentistry and ensure that children are given the tools they need to maintain good oral health.’

The British Dental Association (BDA) Wales welcomed the initiative, Stuart Geddes, BDA Director for Wales, said: ‘There is clearly much work to be done to improve the oral health of Wales’ children and this fleet of mobile dental units is a good way of taking oral health education message to those who might not normally receive them.

The British Dental Association (BDA) Wales welcomed the initiative, Stuart Geddes, BDA Director for Wales, said: ‘There is clearly much work to be done to improve the oral health of Wales’ children and this fleet of mobile dental units is a good way of taking oral health education message to those who might not normally receive them.

Professor Liz Kay, dean at the Peninsula Dental School, commented: ‘This programme will help improve the oral health of children in Wales and the West Country. It is an opportunity for dental professionals to learn the fundamentals of systematic reviews involved and committed to infection control.

Caroline Pankhurst, senior specialist clinical teacher at King’s College London Dental Institute, will be discussing guidelines for effective use of barrier techniques: gloves, glasses, masks, surgery clothing and immunisation protocols and access for practice staff.

Kevin Lewis, dental director at Dental Protection Limited, will be speaking at the seminar on general guidelines for infection control in dentistry and the legal and regulatory context of those professional and ethical responsibilities.

Judith Doig, practice manager and Samanthia Wright, head nurse at the Private Dental Centre, will be looking at the practical lessons learnt in infection control management and techniques for getting the whole practice involved and committed to infection control.

The event is being held on Friday 27 February at the Cavendish Conference Centre in London.

The dental profession is currently undergoing a period of rapid change within infection control and is eagerly awaiting the new HTM 01-05, Decontamination in Dentistry.

This new document will consolidate previous guidance into one and incorporate practice standards providing an opportunity for dental professionals to learn from industry experts on how these new developments will affect their practice and how to overcome challenges.

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The Tories are spitting feathers once again this week after the government said access to NHS dentistry has improved. Ann Keen remains adamant that it is getting better in the dentistry world, and it probably is looking good in the three areas she refers to. But what about the other areas? Well if we base our opinion on the official figures released at the latter part of last year, it is hard to be optimistic. With 1.2m fewer people seeing an NHS dentist in the two years up to 2008 compared to the last two years under the old contract, is it any wonder why the Tories think they can do better? Nevertheless, the Department is resilient to such bashings. Said the DH, ‘with more money, new NHS dental practices and more NHS dentists, progress is imminent.’

The move to introduce mobile dental units to sort out children’s teeth in Wales is to be applauded. The scheme means children will receive toothbrushes and toothpaste as well as oral care advice in a bid to stamp out tooth decay. With Welsh children having the worst rates of tooth decay in the UK, Designs which should make a real difference. Not only that, now that the scheme will extend through two super pilots in North and South Wales, improved oral health ‘in areas deemed to be of greatest oral health need,’ is literally just around the corner. No less than 300 schools will benefit from the scheme in the next three years. A big thanks goes to First Minister Rhodri Morgan please.

The British Dental Association’s (BDA) seminar series aimed at dental professionals considering retirement in the near future.

A spokesman for the BDA said: ‘Learn from, and interact with, our panel of experts offering you advice on how to manage the changes retirement brings, including financial planning, NHS pension scheme, disposing of the practice and much more.’

The seminar includes a talk by Roy Smitheman, financial adviser, from Lloyd & Whyte, on managing finances during retirement, inheritance tax, long-term care and equity release.

Mike Marigold, managing director of Montgomery Charles, will talk about early retirement because of ill health and Joanne Coates of BDA Professional and Advisory Services will speak about how to sell your practice.

The seminar meets the educational criteria set by the GDC for verifiable CPD (5 1/2 hours) and is certified by the British Dental Association.

For further information on the programme and to book your place on this seminar please contact: Erica Sprigge, events officer at the British Dental Association. Tel: 020 7565 4590, fax: 020 7565 4591, email: events@bda.org.

**Colgate**

Colgate Duraphat toothpastes, the only high fluoride toothpastes offering daily prevention for high risk patients in their own home.

**Duraphat 2800ppm**
- For patients 10 years and over
- 20% caries reduction in DMFS
- Listed on the dental practitioners formulary on the NBF as Sodium Fluoride 0.619% DPF

**Duraphat 5000ppm**
- For patients 16 years and over
- Reverses 76% of root carious lesions after 6 months
- Listed on the dental practitioners formulary on the NBF as Sodium Fluoride 1.1% DPF

Prescribing 2800ppm F or 5000ppm F toothpastes are recommended interventions in ‘Delivering Better Oral Health – an evidence-based toolkit for prevention’ launched by the DH 2007.

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**Duraphat 2800ppm Fluoride Toothpaste. Active ingredient; Sodium fluoride (0.619% w/w) 2800ppm**

**Indications:** Prevention of primary and secondary tooth decay; prevention of initial dental caries.

**Contraindications:**
- Excessive use, if the patient is not able to rinse with water after each use.
- Nasopharyngeal, oesophageal or gastrointestinal ulceration.
- Excessive use in children and pregnant women as systemic fluoride absorption could cause fluorosis.
- Use should be limited to once a day, brushing for 30 seconds for children, 1 minute for adults.
- Do not exceed 100 ml per mouthwash.

**Interactions:**
- Brushing should be delayed by 30 minutes after rinsing.
- Avoid taking antacids, fluoride and chlorhexidine mouthwashes immediately after using.
- If more than one fluoride toothpaste is used daily, the reduction in fluoride concentration may be reduced.

**Precautions:**
- Do not use in children under 6 years of age.
- Do not use in pregnant women.
- Do not exceed 1 ml per mouthwash.

**Dosage and Administration:**
- 10 ml (10 ml brush) or 20 ml (20 ml brush) to be used once daily for minimum 30 seconds after brushing.
- Do not rinse as the fluoride will be absorbed into the teeth.

**Care of Container:**
- Use the measuring cup provided to measure the correct amount.
- Store in a cool and dry place.
- Does not contain: Artifluor, colostrum protein.

**Guarantees:**
- Colgate-Palmolive Company Limited, UK, guarantees the quality of each bottle against the possible expulsion of the active ingredients.

**Content:**
- 100 ml, 200 ml

**Recommended retail price:**
- £2.65 (100 ml), £4.35 (200 ml)

**Dosage of therapy:**
- 2 weeks of therapy, 1 ml once daily.
Guilty McGowan faces the charges

A dentist in Northern Ireland, who left a patient in pain after she botched up routine clinical procedures, has been found guilty of misconduct.

Clare McGowan, a dentist in Belfast, left the woman in pain after the crowns she had fitted kept falling out. The woman returned again and again to the surgery but was told that the pain would settle down.

McGowan was found guilty of a series of allegations.

McGowan was also accused of asking patients to pay in cash and stuffing wads of notes into her handbag.

The General Dental Council heard that when the Belfast dentist resigned she took the patient’s records with her.

Another patient made a complaint when McGowan bungled work on her fillings at the Cavity Corner Dental Surgery, Antrim Road, north Belfast.

She told the hearing: ’It’s my personal opinion that the problems I have experienced with access to root canal surgery is as a result of the filling. I was not happy at all that the work has not been done to a proper standard.

One patient said she wrote a cheque for £265 made out to McGowan instead of the surgery after McGowan said she needed the money to pay for a trip to a wedding in England.

The other patient claimed she spent more than £2,000 on the dental work but was not given any receipts. She claimed she gave £1,100 in notes to McGowan who put the money into her handbag after claiming the surgery would only accept cash for treatment.

McGowan was cleared of dishonesty but found guilty of a series of allegations. Tribunal chair Margaret Gray criticised the dentist’s lack of planning, poor communication and practice.

McGowan who also worked at Ballynahinch Dental Care, Main Street, County Down, was cleared of dishonesty and of not entering payments received into the practice’s accounts.

Despite the findings she could still be struck off if the committee decides her fitness to practice is impaired. The hearing has been adjourned until a date to be fixed later this month.

Scottish Childsmile launch

Children at six schools in Inverness have had their teeth painted with a fluoride varnish as part of a new Scottish oral health improvement programme called Childsmile.

The programme is being rolled out in schools and nurseries across the full NHS Highland area by 2011.

Specially trained Childsmile nurses are visiting schools and nurseries and applying a fluoride varnish to the teeth of children whose parents have agreed to the procedure.

The youngsters involved are aged between two and six years old and the fluoride will leave their teeth orange for a couple of days, but the colour soon disappears.

Consent forms have been distributed to parents and they have been given the opportunity to ask any questions or raise concerns at a consent meeting.

Jennie Rawlins, who is oral health improvement co-ordinator for the North Highland Community Health Partnership (CHP), said: ’The Childsmile oral health support workers will arrange these sessions within the schools, attend consent meetings and provide further information, run the sessions on the day and ensure all the paperwork and administration is completed correctly.

Aftercare instructions are given to children to take home and for parents to pass to the child’s dentist to let them know this has been done.’

The CHP also employs oral health educators (OHE) who visit nurseries and school every term to oversee the toothbrushing programme and ensure staff training is up-to-date.

GDC hunts down members

The General Dental Council is looking for registrant members and lay members to join its new Council.

The General Dental Council (GDC) wants a wide variety of people to apply and is looking for candidates with experience of being involved in public life and sound judgement. People also need to be able to make sense of complex issues, think clearly and have the ability to be fair and see the bigger picture.

The new-look Council will be made up of 12 registrant members and 12 lay members.

These are exciting times to become involved in healthcare regulation, and this is a great opportunity to play a leading role. Don’t let this opportunity pass you by. Log onto our website to find out more,’ said GDC president Hew Mathewson.

The new Council is a good opportunity for everyone, both dental professionals and members of the public, to get involved in how the UK dental profession is regulated.

I would strongly urge those registrants and members of the public with the relevant skills to apply to serve on the new Council since this is a unique opportunity to shape the future of dental regulation which is only open once every four years,’ he added.

The Department of Health has recently extended the current Council’s term of office for a period of up to six months. This extension is a result of a delay in the legislation necessary for the appointment of the new Council.

The Appointments Commission is overseeing the recruitment process for the new Council who will be appointed against the criteria for the role.

All Council members must share a common objective – to protect patients.

When choosing the candidates, consideration will be given to the particular areas of expertise required, the fact that the GDC regulates dental professionals from each of the four UK countries and equality and diversity.

The decision to implement a new look, smaller, fully appointed Council follows the 2007 publication of the White Paper setting out the Government’s plans for healthcare regulation, including how the councils of healthcare regulatory bodies should be made up.

To apply for a place on the new Council, go to http://www.gdc-uk.org/