Manchester dental student wins award

A student from Manchester University’s School of Dentistry has won the 2010 BDA/Dentsply Student Clinician Programme competition.

Lisa Durning won an all expenses paid trip to the Annual Session of the American Dental Association in Florida in October and Dentsply’s guest of honour.

As part of the trip she will be invited to present her winning project, titled ‘Analysis of a novel embryonic stem cell line exhibiting de novo promoter methylation of the metastasis suppressor E-cadherin’.

Ms Durning said: “I am delighted to win this award. It has been fantastic to be involved in research as an undergraduate and I am looking forward to presenting again in Orlando.”

Mark Gidley of the University of Sheffield School of Dentistry, won second place, for his presentation ‘Identification and quantification of periodontal pathogens in diabetic patients. He received a cheque for five hundred pounds.

A third prize, recognising professionalism and presenting skills, was awarded to Malveen Mann, a student at the University of Birmingham’s School of Dentistry.

The awards were judged by Prof Nairn Wilson of King’s College London Dental Institute, Prof Robert McConnell of University College Dental School and Hospital Cork, and Dr Susan Hooper of Bristol Dental School.

All entries in the competition have to be previously unpublished or presented.

Prof Wilson praised the ‘very high calibre of the undergraduates at UK and Irish dental schools’ and said: “Congratulations go to all of the entrants, who excelled at their own institutions to earn the right to compete in the final, and particularly to the winner, Lisa Durning.

“The winning presentation reported a sophisticated analysis of a novel stem cell line, with the results indicating potential to control metastatic spread of cancer cells – exciting translational research of exceptional quality for an undergraduate student.”

Selection test favours private school boys

Boys from independent or grammar schools are more likely to get high scores in the aptitude test used to select students for dental schools, according to a new study.

The new aptitude test, was introduced in 2006 by 25 dental and medical schools and was intended to increase diversity and ensure fairness in the selection process.

However, it still has inherent gender and socioeconomic bias, although it is less subject to bias than A-level results alone, according to the study published online by the British Medical Journal.

The UK Clinical Aptitude Test (UKCAT) is an appraisal of skills such as verbal reasoning and decision analysis, and is designed to ensure that candidates have the most appropriate mental abilities, attitudes and professional behaviour for new dentists and doctors.

Prof David James, director of medical education at the University of Nottingham Medical School, who led the study, analysed data from the first group of applicants who sat the UKCAT in 2006 and who achieved at least three passes at A-level in their school leaving examinations.

They found a modest correlation between A-level and UKCAT scores, which confirms that the test can be used as a reasonable proxy for A-levels in the selection process.

However, the test had an inherent favourable bias to male applicants and those from a higher socioeconomic class or from independent or grammar schools.

“These findings lead us to be cautious about use of the UKCAT and the value of any one specific sub-test within an admissions policy. They also reinforce the need for further research to clarify the practical value of the UKCAT in a wider range of applicants and, importantly, its predictive role in performance at medical or dental school,” said the study.

In an editorial that accompanied the study, Prof David Powis from the University of Newcastle in Australia said: “Measuring cognitive ability is a step in the right direction, but it doesn’t tackle ‘widening participation’ - the admission of people from lower socioeconomic groups or those whose education has been compromised by attending poorer schools.”

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Here we are already into March and where has the time gone? At Dental Tribune we are making our plans for the next few months; Dentistry Show, BDA, B2A trip to Tanzania... and if you haven’t supported me yet turn to page nine where you can find out more!

The access figures for NHS dentistry makes for some interesting reading, with a sixth successive quarter rise. Of course the cynic will say it’s about time that the figures got back to where they were three and a half years ago, and maybe they are right. But we are seeing an interesting time in terms of NHS dentistry and it will be fascinating to see how the pilots of the Steele Review impact on the current contracts and how the PDS agreements fit in with the current and developing situation. As they say, only time will tell...

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

Editorial comment
In like a lion...

Asbestos warning

Dentists are often at a high risk of developing mesothelioma, the cancer caused by asbestos, according to a new report.

An online report at www.asbestos.net claims that overexposure to asbestos makes dentists more likely to develop mesothelioma. Asbestos has been used in the field of dentistry, as a lining material for casting rings, since 1930.

Continued exposure to asbestos fibres in confined examination rooms can mean that dentists inhale a greater amount of the harmful substance unless they take precautions against it, said the report. Mesothelioma is the result of inhaled asbestos becoming lodged in the soft tissue of the lungs.

The fibres damage the tissue’s DNA because they begin to replicate and divide. This cannot be controlled and tumours are then created. The tumour can be relatively symptomless and in some cases it can take 20 to 50 years for any sort of symptom to develop.

This means that when the mesothelioma is eventually diagnosed, it is already very advanced.

In most cases these tumours are then inoperable and are relatively unresponsive to chemo or radiation therapies. Most patients die just a few months after being diagnosed. Annually, 20,000 people die of mesothelioma around the world.

Dentists who believe they may have been exposed to asbestos should monitor their health and get themselves checked by a doctor.

Last month, an inquest found that a dental technician from Eastbourne, East Sussex, died from the cancer caused by exposure to asbestos.

He was diagnosed with mesothelioma in 2008.

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Scotland to go ahead with lifelong registration

Scotland is to go ahead with lifelong registration. From the beginning of April, the Scottish government will proceed with regulatory changes to introduce continuous registration.

The British Dental Association (BDA) has expressed its ‘disappointment’ at the decision, which it said could harm patient care as it does not encourage a pattern of regular attendance and is therefore not conducive to maintaining oral health.

Dr Robert Kinloch, chair of the BDA’s Scottish Dental Practice Committee, criticised the move and said: ‘Continuous registration sends all the wrong signals about the value of patients visiting their dentist regularly. It encourages neglect of personal oral health, undermines modern, preventive approaches to care and devalues the relationship between clinician and patient.

It also removes the responsibility of patients to comply with recall intervals advised by their dentist. Scotland already faces unenviable rates of oral cancers. The fear among dentists is that more cases will now go undetected.’

He called for the government to ‘work very hard to promote regular attendance to patients and ensure that the efforts of the profession in encouraging patients to visit them regularly are not undone’.

He added: ‘In the short-term, dentists must be provided with the information they need about individuals who have not been seen in practice for the last three years to allow them to make a decision about whether the continued registration of those patients will affect the ability of the practice to care for its regularly-attending patients.’

Last year, the BDA carried out a survey of general dental practitioners from across Scotland, and found that 87 per cent were opposed to the introduction of continuous registration.

Dentists expressed concern that the scheme would undermine the importance of regular check-ups, fail to promote a strong dentist-patient relationship, and increase the chances of serious conditions such as mouth cancer going undetected.

Concerns were also expressed about the strain on NHS services that would be caused by patients who chose to attend less regularly as irregular attendance often results in more complex and time-consuming treatment being required. Catering for a greater number of emergency appointments would also increase waiting times for patients attending regular appointments.

The Scottish Government Health Directorates (SGHD) intention to introduce continuous registration stems from the Dental Action Plan developed by the previous administration.

The Scottish government’s policy approach is that there should be no automatic ending of registration after a given period of time and believes that continuous registration will help develop a more stable relationship between a dentist and a patient. SGHD cites that this fits with the need to plan care on a long-term basis and to monitor oral health over time.

With the new arrangements imminent, the BDA has called on SGHD to ensure that practitioners are provided with detailed information as a matter of urgency, so that practices can plan now for the change in registration arrangements.

This information should include a list of all patients for whom the continuing care and capitation fees are due to drop to 20 per cent on 1 April, due to the fact that they have not attended in three years.

Winter Olympic screening

Dentists are screening a fifth of all athletes taking part in the Winter Olympics for oral cancer.

The decision to screen 20 per cent of all athletes in the Games has been taken by the International Olympic Committee (IOC).

Around 800 athletes will sit in the dentist’s chair during the competition, with more than 70 dentists and their assistants on hand not only to fix their teeth and mouths, but also to practice preventative dentistry.

Dr Jack Taunton, co-chief medical officer of the Games, claims that athletes are so nomadic they tend to put off having dental treatment.

He said: ‘Year-round, the alpine athletes follow winter around the world to train, and they are at higher risk of lip and mouth cancers because of the altitude and sun exposure. The skin on the lips is thin and poorly protected. The damage is cumulative and you have to consider they are exposed to these intense ultraviolet rays for up to 50 years, through their training and post-competitive coaching years in many cases.’

The damaging radiation largely occurs when the sun reflects off the surface of the ice and snow.

The British Dental Health Foundation has welcomed the increased oral screening campaign that will also educate athletes on the importance of applying sun-cream to help prevent mouth cancers.

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