BDA calls for ‘quality care’

The British Dental Association has called on the Department of Health to focus on quality of care when it looks at the recommendations of Professor Steele’s review of NHS dentistry.

The British Dental Association executive board chair, Dr Susie Sanderson, addressed the 2009 British Dental Conference and Exhibition at Glasgow’s Scottish Exhibition and Conference Centre, and said she was optimistic that the voices of dentists and patients, which seem so often to have been ignored since the new contract, will now have a chance to be heard.

Dr Sanderson welcomed the ‘ambitious, open and consultative nature’ of Professor Steele’s review, and urged the Department of Health to interpret the review’s recommendations ‘in a way that allows the ingrained professionalism that we learn in dental schools, and that is willingly expressed in our everyday practice, not to be abused under the guise of achieving value for the public purse.’

She also praised the Review team’s ‘apparent insistence on independence and determination to deliver a really worthwhile report that properly addresses the very obvious problems in dentistry in England’, but warned that ‘the extent to which the report’s findings are accepted and implemented by government will demonstrate its true commitment to the process.’

Professor Steele has been leading the independent review into NHS dentistry in England.

The review team, which was appointed in December 2008, has been investigating why there are variations in access to dentistry in England and how the NHS can deliver continuous improvements in the quality of care.

Members of the independent review team for NHS Dentistry are Professor Jimmy Steele, chair in Oral Health Services Research at the School of Dental Sciences in Newcastle, Eric Rooney, consultant in Dental Public Health at Cumbria PCT, Janet Clarke, clinical director of Salaried Dental Services, Heart of Birmingham Teaching PCT and Tom Wilson, director of contracts, Milton Keynes PCT.

The results of the study, ‘A Review of NHS Dentistry in England’ will be published this summer.

Simply the best

Denplan, the dental payment plan specialist, was named ‘Best of the Best’ at this year’s Best Places to Work in IT awards.

The awards are organised by Computer Weekly and are designed to recognise companies that show commitment and innovation in their efforts to provide stimulating, enjoyable and productive workplaces for their IT professionals.

Denplan won the Business and Professional Services category, as well as winning the Best of the Best award for companies with over 200 employees.

Phil Metcalfe, head of IT at Denplan said: ‘The team here at Denplan could not be more delighted with these awards. The Best Places to Work in IT award is especially important to us, as it uses employee surveys to determine the winners. Denplan were short-listed for the award in 2008, so to come back with two awards in 2009 is a real bonus for us and is a testament to all the hard work and commitment we put in.’

From left to right: Brian McKenzie, Editor of Computer Weekly; Phil Metcalfe, Head of IT at Denplan; and Paul Briggs, Group Publisher of Computer Weekly.

Simply the best

DENPLAN – THE BEST OF THE BEST

From left to right: Brian McKenzie, Editor of Computer Weekly; Phil Metcalfe, Head of IT at Denplan; and Paul Briggs, Group Publisher of Computer Weekly.

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Thousands of children in Doncaster have received a free oral health care pack in a bid to get them brushing their teeth twice a day.

More than 24,000 children aged between four and 11 have been given a free pack, which included a toothbrush, fluoride toothpaste, a reward chart and sticker and a timer to make sure they spend enough time cleaning their teeth.

The project is being funded by NHS Doncaster and is being rolled out in partnership with Doncaster Council.

Tony Baxter, director of public health at NHS Doncaster, said: ‘Oral health in Doncaster continues to give cause for concern with surveys showing that dental decay levels of children in the borough are higher than the national average. Also, those children living in areas of deprivation experience higher dental decay levels than those children living in more affluent areas.’

He added: ‘This public health campaign will reach all Doncaster children from reception classes to year six and encourage them and their parents to develop good dental health practices.

Our key message is brush twice daily with a fluoride toothpaste, cut down on how often you have sugary foods and drinks and visit the dentist regularly, as often as he or she recommends.’

Man escapes jail after ‘tooth rage’

A man who was said to have sworn and waved a chair above his head at staff after he was refused emergency dental treatment, has been given a community service order.

Martin Pearson, from Chorlton, Manchester, asked for treatment at Manchester Dental Hospital, last July.

Manchester Crown Court heard that when he asked to see a manager, a row broke out and he was thrown out by security and afterwards arrested.

The 38-year-old, admitted a charge of affray at Manchester Crown Court and was given a community service order, with supervision, for 12 months.

Pearson claimed he could not afford private treatment and said that ‘he was driven to the edge’ as every time he went to get NHS treatment he was turned away.

‘When I went to the dental hospital I was having a problem with an infected loose tooth. The infection had spread from one side of my mouth to the other and I had a big abscess over my eye.

‘I had terrible shooting pains in my gums and blisters on the roof of my mouth - but they wouldn’t treat me.

‘I got a manager out and she just stood there with her arms folded.’

He claimed it was the fifth time he had been turned down at the dental hospital.

Pearson then asked a friend to help who pulled the tooth out with pliers two days later.

The judge said that the offence had been committed in a temper, partly caused by Pearson suffering from toothache.

A spokesman from Manchester Dental Hospital said: ‘The Dental Casualty Department provides emergency treatment to prevent the patient’s oral health from deteriorating significantly until they can make an appointment with their dentist, but does not provide a routine dental health service. Non emergency patients are referred on to their own dentist.’

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Study to tackle tooth decay in children

A team of researchers is to carry out a £2.87m study looking at the most effective ways of treating tooth decay in children.

Dr Gail Topping, Dr Nicola Innes and Dr Jan Clarkson from the University of Dundee will lead a UK-wide research team working with researchers from universities in Cardiff, Dundee, Glasgow, Leeds, London, Newcastle and Sheffield assessing the benefits of three different methods for treating tooth decay in baby teeth with cavities.

The research, which has been commissioned by the National Institute for Health Research Health Technology Assessment (NIBR HTA) programme, will look at: conventional fillings (numbing with local anaesthetic injections then drilling away decay before placing a filling in the cavity); biological treatment of the decay (sealing the decay into teeth with filling materials or undercuts, generally without the need to use injections or dental drills); and using only preventive techniques recommended in national guidance (better toothbrushing, less sugar in the diet, application of high fluoride varnish and fissure sealants) to stop the decay.

They will also ask children what they think of the different types of treatments.

Dental decay is one of the most common childhood diseases, with over 40 per cent of children in the UK already experiencing obvious decay in their primary (baby) teeth by five years of age, and this statistic has remained largely unchanged for the past 20 years.

Only around 12 per cent of obviously decayed baby teeth in five-year-olds are treated with fillings, while the vast majority are left untreated, and dental extractions remain the most common reason for children in the UK to require out-patient general anaesthetic.

The £2.87milion study will involve children aged three to seven who already have decay in their baby teeth but have no toothache or abscesses.

Participating dentists will be from general dental practices throughout the UK where children, who attend for regular dental care, will be invited to take part.

In addition to the preventive treatment for all children in the trial, they will be randomly assigned to one of the three treatment groups.

The children will be asked to rate on a special scale, any discomfort they felt during each treatment, and asked about what they think of the different ways of treating their teeth.

All children in the trial will be seen by their dentist up to four times per year and checked for any problems which require care.

‘Treatment for decay in baby teeth varies widely across the UK and there is, as yet, no conclusive evidence for the most effective approach to its management,’ said Dr Topping.

‘This trial will enable a clear recommendation to be made regarding the important question of how decayed baby teeth should best be managed in primary dental care,’ she added.

The project is due to start in October.

For more details about this project visit www.hta.ac.uk/1731

BDTA appoints new president

The managing director of Atttenborough Direct has been appointed as the next president of the British Dental Trade Association.

Edward Attenborough will take over from the current British Dental Trade Association (BDTA) president, Simon Gambold, on 1 January 2010.

Karen Turner, managing director of Dentafix, has been put forward as the next vice-president. She will also take up the role from January 2010.

Karen Turner

DCPs must record CPD

This summer, the General Dental Council is asking thousands of dental care professionals to fill in returns for their Continuing Professional Development or CPD.

CPD is a good way of showing healthcare professionals to fill in returns as easy as possible.

As well as paper forms which you will be sent and can return to us, this year we are launching an alternative service to enable professionals to fill in their details quickly and accurately online. If you need advice about this, you will be able to use a special telephone helpline and email advice service.

Letters explaining the process in more detail are being sent out in the first week of August.

As well as the declaration to the GDC, professionals have to maintain their own records, with certificates to prove they have completed verifiable CPD activity.

The GDC carries out audits of this at the end of each five-year cycle.

DCG registration development manager Sarah Arnold said: ‘We’re frequently asked for advice about how best to complete continuing professional development.

It’s important to remember you don’t have to pay out for extra training. You can use team activities you organise yourself for example.

If you can’t find events near you, you can also explore online courses. Our website www.gdc-uk.org has lots of information about the kinds of activities which count towards CPD. It’s also got examples of a recording form and a verifiable activity certificate you can take a look at.

By law, dental care professionals must do and keep records of 150 hours of CPD over every five-year cycle. At least 50 of these hours must be verifiable CPD.

To be verifiable CPD, the activity must have concise educational aims and objectives; inclusion of evidence and quality controls (i.e. there must be an opportunity for you to give feedback on what you think of it) and registrants must obtain and keep documentary proof of attendance/participation from an appropriate third party.

For more information email gdcregistration@gdc-uk.org or call the GDC Customer Advice and Information Team on 0845 222 414.
Lava chairside scanner goes live

Dental product manufacturer, 3M ESPE, recently held a live demonstration of the organisation’s latest innovative product, the Lava chairside oral scanner, to an audience of laboratory owners. The day long event, which was attended by the company’s authorised Lava design centres, was a great success, according to a spokes-woman for 3M ESPE.

Jeff Lavers, vice president of 3M ESPE, led the event. He began with a short presentation on the future of digital dentistry and commented on the way in which 3M ESPE was aiming to deliver futuristic impression techniques to the dental profession by introducing advanced digital workflow methods - thus creating stronger working partnerships between dentists and laboratories.

David Claridge, area sales representative for 3M ESPE, followed the talk from Mr Lavers with a discussion about the way in which the digital workflow solution would benefit both lab and dentist and how the Lava chairside oral scanner (COS) product would revolutionise the way impressions are taken within the UK and Ireland.

The afternoon session kicked off with a two-part, live demonstration of the Lava COS from digital trainer, Barry Chidlow, who has extensive technical knowledge of the product, closely accompanied by Dr Rakesh Jivan from Euston Place Dental Practice in Leamington Spa, who carried out the scanning procedure on a phantom head.

In the first instance, Barry explained the wand's many technical features. With a total of three sensors, 22 lenses and no less than 192 LEDs, which can take a total of 30 frames per second live video recording whilst capturing a total of two million data points throughout the mouth, 3M ESPE's resident technical expert was able to illustrate the advanced technology and investment that 3M had carried out in producing the Lava COS.

The second stage of the demonstration was carried out by Dr Rakesh Jivan. Utilising help from audience members to coat the teeth on the phantom head in a light powder dusting, Dr Jivan went on to demonstrate the wand's practical use.

He guided it around the mouth of the head, from lower to upper arches, showing live, 3D, real-time on-screen footage of the teeth on a touch screen (similar to a desktop computer) for everybody to view.

In Dr Jivan’s opinion, the Lava COS will make a massive difference to communication between dentist and patient thanks to the instant feedback and touch-screen 3D views.

As the demonstration continued, laboratory owners were asked to wear the 3D glasses that had been supplied to witness the 3D effects of the on-screen image and view at first hand the accuracy of the scan.

According to Steve Nelson, 3M ESPE’s laboratory trainer, laboratories need at least two hours initial training followed by completing approximately 10 practice cases with a further five cases which are processed for restorations in order to check the digital output blends perfectly into the current production process.

For more information, contact 3MESPEUK@mmm.com or visit www.3mespe.co.uk/lavacos.
This year’s British Orthodontic Society’s conference features the keynote Northcroft Lecture, exploring how orthodontics has changed over the past decade.

The conference is being held on 15-16 September in Edinburgh with a pre-conference course on 12 September.

The keynote Northcroft Lecture will be presented by Professor Birte Melsen, who will pose the question ‘How has the spectrum of orthodontics changed over the past decade?’

Professor Melsen is professor and head at the department of Orthodontics at the school of dentistry, University of Aarhus. She also works in private practice in Lübeck, Germany, where she focuses on adult orthodontics.

In 2000, she received the Knighted of Dannebrog 1st degree.

Professor Melsen has written more than 500 publications in the fields of growth and development on human autopsy material, bone biology and clinical studies on implant methodologies.

In recent years, her special interests lie in the fields of skeletal anchorage; virtual imaging, adult orthodontics and stem cells.

She lectures internationally, and particularly in South America where she is actively involved in fundraising for street children.

In her Northcroft Lecture for the BOS Conference, she will explore how three aspects have a significant impact on orthodontics; the distribution of patients, particularly in South America, and the ability to generate custom made appliances with predictable force systems to enable well defined, patient-specific important aspects of treatment.

Brackets and wires are being presented as the solution to all problems with advertisements dominated by metaphysical terms such as ‘intelligent design’ ‘working brackets’ and ‘intelligent wires’, so reducing interest in evidence-based treatment approaches.

In addition, skeletal anchorage has a potential to widen the spectrum of orthodontics enabling treatments which could not be achieved with conventional appliances. However biomechanical knowledge is mandatory if the system is not to be abused. Professor Melsen will attempt to summarise the importance of these three factors on orthodontics during her lecture.

The conference programme line up will also include Dr Mitthraa Goonewardene who will be talking about the ‘Interdisciplinary management of complex dental problems taking in orthodontics and periodontics’, Dr Clarke Colville will provide a ‘Scientific evaluation of Invisalign and discuss some of its clinical applications’ and the double act of Kevin O’Brien and Jonathan Sander will tackle ‘Self Ligation’.

Adrian Becker will talk about the ‘Accurate positional diagnosis of impacted teeth’ and then double up with Stella Chausha to talk about ‘The anatomy of failure’.

A pre-conference Damon course will take place with Alan Bagden as the keynote speaker and he returns to the main conference stage to present ‘A comparative study of canine distalisation using interactive edge-wise twin brackets and conventional single brackets’ after which Philip Benson will talk about his ‘Experience of treating Class I, Division II malocclusions using two different methods’.

Stella Chausha will return to present her findings on ‘Impacted maxillary canines with lingual appliances’.

Daljit Gill’s talk on ‘Smile aesthetics’ will be followed by two presentations by Bjorn Ludvig: the first on ‘Mini Implants, state of the art, current developments and perspectives’, the second on ‘Adult treatment – the future of orthodontics – treatment for grown ups’.

The clinical lecture programme will be supplemented by a political session to be addressed by a number of politicians as well as Sue Gregory, the deputy chief dental officer.

There will also be a day aimed at primary care trusts and secondary health authorities on orthodontic commissioning.

This will explore the justification and scope of orthodontics; the background and principles of the PDS contract; orthodontic monitoring and BSA reports; handling practice sales and retirements; referral management; the benefits of local managed clinical networks and dealing with orthodontic tenders and re-commissioning.

For the first time there will also be two day-long programmes for orthodontic nurses and technicians run in parallel to the main conference.

Orthodontists, dentists with a special interest in orthodontics, nurses and technicians can register early to ensure their places by visiting www.bos.org.uk.

BOS conference explores a decade of change

Dental Tribune UK would like to apologise to Breathe Business for publishing the incorrect contact details. Breathe Business is a unique leading coaching and consultancy company which specialises in working with dental principals and their teams in order to develop and grow their practices. Founding partner Dr Simon Hocken BDS, UAE, has a wealth of experience as a successful private dentist, practice owner and business coach. The company helps clients recognise developing trends, increase turnover as well as find the perfect balance between their personal and professional lives. Among an innovative portfolio of services, Breathe Business runs a business planning retreat for principals and their partners designed to help them get clear about what they want in both their business and their life.

For more information contact Breathe Business 0845 299 7209 info@nowbreathe.co.uk

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