The end for "drill and fill"!

Scientists at the University of Sydney have worked on laser tests to identify weak dental enamel. Named the Raman spectroscopy, the laser has the ability to see beneath the skin and detect disease, without exposing patients to X-rays. The laser technology could also result in blood tests being completed without the patients having blood taken from them. With regards to dentists and the dental phobia that has been hitting the news lately, the Raman spectroscopy could mark the end for the traditional "drill and fill" routine that dentists carry out for tooth decay treatments.

Stem Cell Development

A new approach to anchor teeth back in the jaw using stem cells has been developed and successfully tested in the laboratory for the first time by researchers at the University of Illinois at Chicago. The strategy represents a potential definitive advance in the battle against gum disease, a serious infection that eventually leads to tooth loss. Researchers in UIC’s Brodie Laboratory for Craniofacial Genetics used stem cells obtained from the periodontal ligament of mature rats, which were expanded them in an incubator, and then seeded them on hard rat molars. The stem cells treated molars were reinserted into the tooth sockets of rats; they aligned and formed new fibrous attachments between the tooth and bone, firmly attaching the replanted tooth into the animal’s mouth. Tissue sections showed that the replanted tooth was surrounded by newly formed periodontal ligament fibres and new cementum, the essential ingredients of a healthy tooth attachment.

FDA Warning to Manufacturers

The FDA (Food and Drug Administration) have warned mouthwash companies Johnson & Johnson, CYS Corporation and Walgreen Company to immediately stop making claims that their products are capable of preventing gum disease. The FDA is stressing that consumers of mouthwash products by these companies must be aware that these products may help protect against cavities, but there is no evidence demonstrating protection from gum disease. The three companies have been told to take “appropriate action” within 15 days. If they don’t, they may face civil or criminal penalties, as well as having their product seized.

News in Brief

CQC chair confirmed
Dame Jo takes her seat

Smiles all round
Bridge2Aid share their education experience with Smile-on

Home Sweet Home
Practice for the future

A breath of fresh air
Dental Tribune tests the Cleaner purification device

Anger over 2011 ARF increase

Increase in Fitness to Practise cases blamed for 51 per cent rise in dentists’ retention fee; DCPs hit by 25 per cent rise

The decision by General Dental Council (GDC) to increase the annual retention fee (ARF) paid by registrants has sparked outrage throughout the dental profession.

The ARF has been raised due to a number of challenges; a 40 per cent rise in fitness to practise cases, an increase in hearings and a cost of more than £5m on legal fees, not forgetting the plans for a Government-led revalidation, are the main reasons behind the increase.

The ARF for dentists has been increased by 51 per cent and now stands at £576 (due by 51 December 2010); there has also been a 25 per cent ARF increase for DCPs, which now stands at £120 (due by 51 July 2011) and the Specialist Lists fee will now be £72.

GDC Chair Alison Lockyer said: “We have looked very carefully at what it costs us to regulate dentistry.

“We check the quality of education so that new registrants are fit to practise. We make sure only appropriately qualified dental professionals join our registers.

“As a dentist, I recognise that there are dental professionals who will be unhappy with this decision about the ARF.” She added.

Many have contacted Dental Tribune with regards to this issue. One clustered practice manager commented: “I think it is absolutely disgraceful that the GDC have put the ARF up for DCPs. Why should dental nurses, most of whom earn nothing compared to the likes of dental hygienists and therapists, have to pay the same ARF?”

Dentists have been suggesting that the increases “reveal an alarming ‘out of touch’ mentality at the offices of the GDC” whilst others say it is a “disgrace that the GDC are helping themselves to a 51 per cent pay increase.”

BADN President Sue Bruckel JP said on the ARF increase: “I am appalled that the GDC could be so insensitive to the position of dental nurses. The BADN survey – of which the GDC are aware – showed that the majority of dental nurses in the UK earn £15,000 or less a year; to expect them to pay £120 merely to have the right to practice their profession is unreasonable and unacceptable.

One clinical specialist commented that she felt that such demands were discriminat- ing against women as many women reduce their working hours to care for their families. Having worked part-time in Community Dental Services, she couldn’t understand why she should pay the same retention fee as a GDP working full time in a private practice, whose salary would be almost six times more than her income.

Many have called for the GDC to introduce a way to pay by instalments. Dental Tribune contacted the GDC on the topic of instalments, who responded: “We have looked at this option on several occasions. We believe it would only be fair to introduce instalments if all registrants were able to pay this way. So far we have not found a solution to allow us to do this in a cost-effi- cient way. There are a number of issues relating to offering pay- ments by instalments We cannot offer this to all registrants with- out changing the law (specifically the Dentists Act) through a section 60 order which would take time and money.”

“GDC-run payment system would need to be designed, de- veloped and tested in order to make sure it worked properly. Our research shows this would be a lengthy and costly process. It is likely extra GDC staff would then be needed to maintain and update the information on it.”

They added: “If we looked at the option of using an external service, the kind of com- panies we could employ to collect payments in instalments are generally not keen on collecting amounts under £400 due to the amount of work involved for the return they receive.”