Open Wider!

A bookshop has come up with a novel dental Christmas idea for any- one buying a present for the dentist, dental nurse or dental receptionist in their life.

Open Wide (compiled by John Trevers & Martin Orskey and available from Wychwood Books) is a finely-produced series of 18th and 19th century satirical dentistry illustrations depicting the history of dentistry in an informative and humorous fashion by great Victorian caricaturists such as Thomas Rowlandson, George Cruikshank and John Collier.

The prints, each of which is complemented with a detailed description, caricature the agony which toothache sufferers faced before the use of anaesthetics. In those days, the blacksmith in many rural communities doubled up as a tooth drawer, using practices such as hot coals, string, forceps, and pliers. One print even shows children being given a few shillings for ‘live teeth.’

Mark Pullford, dental commissioning lead for Heart of Birmingham Pri-
mary Care Trust, said: “Professor Jimmy Steele was given a copy of Open Wide at one of his evidence gathering meetings for his recent dental service review, in Birmingham. Those present at the meeting, including myself, signed the copy purchased as a memento.

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Pullford added: “Hopefully dental access programmes, Steele Review pilots and appro-
priate new contract platforms can maintain the progress we have seen since then.”

Phobics could pose medico-legal risk

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An article in the latest issue of its magazine, Sannox, states that some patients’ fear of visit-
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The MDDUS warns that practising dentists should be aware of these particular pa-
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Aubrey Craig, head of the dental division of the UK-wide MDDUS (pictured) said: “Phobic patients may claim that they have not consented to the treatment suggested.

“Our phobia could prevent them from rationally comprehending what is being explained and discussed with them. Therefore it is essential that the dentist takes additional time to obtain valid consent from them before treatment.”

He added: “As well as completing appropriate training, practices providing conscious sedation must consider having an automated external defibrillator available for use should the need arise.”

Win a copy of Open Wide! Answer the following question - ‘When did in reality Georgian England double up as a tooth drawer?’ and email your answers to info@wychwoodbooks.com with the subject heading ‘Open Wide’. The winner will be picked at random from all correct entries. The deadline for entries is 12pm Friday November 20th. To purchase a copy of Open Wide go to www.wychwoodbooks.com or call 01451 851 880.
Editorial comment
All roads lead to Birmingham...

This week sees the annual gathering of the profession and the trade – BDTA Dental Showcase. This exhibition gives everyone involved in dentistry a chance to get together and discuss burning issues, complex cases and generally gossip about each other!

It is of course also an opportunity for clinicians to indulge their not-so-secret passion for impulse purchases of new dental gadgets and products. Far be it from me to be seen to encourage this behaviour, but for a sneak preview of what’s going to be on offer at the event take a look at our preview pages 27-38, which begin with a look at two very different products making their debut at Showcase. See you in Birmingham!

Free start

Dental education company, Smile-on, treated all practices in the region to a free copy of DNSTART, in conjunction with the NHS West Midlands workforce deanery.

Designed as an interactive induction programme, DNSTART enables trainee dental nurses to work in the dental practice before taking up a place in an accredited institution.

Primarily aimed at new dental nurses, DNSTART can also be used as a refresher course for the entire team and offers 10 hours of verifiable CPD.

DNSTART explores the role of the dental nurse within the following areas, which include: health & safety, infection control, medical emergencies, radiographs, record-keeping, surgery routine and working within the dental team.

Market leader, Smile-on, a trusted name in healthcare education, is proud to support all dental professionals by offering flexible education and an accessible learning programme to help build fulfilling and successful dental careers for the whole team.

For more information on DNSTART call 020 7400 8989 or email info@smile-on.com.
Centre stage for call centre

Deplan is celebrating achieving second place in both, Call Centre Focus (CCF) magazine’s European Call Centre Awards and the, Top 50 Call Centres for Customer Service, awards.

The latter is the largest ever call centre benchmarking exercise, conducted by independent market research company GfK Mystery Shopping and commissioned by Call Centre Focus magazine. Deplan came second for the second year running, with a score of 94.78 per cent. First place went to F&C Investments with 94.95 per cent, with last year’s winners, First Direct, in third place, with 91.75 per cent.

The annual Call Centre Awards, which are in their 14th year, reward individuals and companies which have made the most impact over the previous 12 months. Staff at Deplan were thrilled to be commended in the, Best People Practice, category. The dental payment plan company was ranked as ‘highly commended’ at the awards and was pipped to the post only by Cable & Wireless.

Julia Dawson, director of customer services at Deplan, said: “Both of these customer service accolades are testament to the hard work and dedication by the customer advisor and customer services teams here at Deplan. Everyone here really values the great service we offer and to have all our hard work recognised is just wonderful, especially given the quality of the competition.”

Simon Thorpe, programme director of the, Top 50 Call Centres for Customer Service, awards, added: “Customer service is becoming more important than ever, as consumers are more careful about where and how they spend their money. Companies are realising that in order to retain customers during difficult financial periods, customer service has to be first class. We would like to congratulat Deplan for its excellent performance. We hope this initiative will inspire other call centres to improve their levels of customer service to reach the standards set by our Top 50 members.”

Dental nurses support RCN stance on Safeguarding Authority scheme

The British Association of Dental Nurses (BADN) has expressed its support of the Royal College of Nursing’s (RCN) stance on the Government’s Independent Safeguarding Authority (ISA) scheme.

The ISA requires anyone working with children or vulnerable adults in England, Wales and Northern Ireland to pay ISA registration fee to join the vetting and barring scheme. This fee must be paid on top of professional regulation fees to - in the case of dental professionals - the General Dental Council. While recognising the importance of the protection of children and vulnerable people, the RCN is concerned about the scheme’s cost and the lack of right to appeal unless there is a mistake in the law. The ISA has been described as a “tax on employment” which gives too much power to the ISA and not enough responsibility to the individual.

RCN chief executive Dr Peter Carter said that public protection needed to be carried out in a fair, effective and efficient way. He said the RCN was particularly concerned that the ISA barring process might be unfair, without adequate safeguards against ill-founded allegations, therefore leaving nursing staff with no effective right of appeal.

BADN president Angie McBain said the association fully endorsed the RCN position. She said: “Whilst BADN recognises the importance of protecting children and vulnerable adults, expecting dental nurses to pay yet another registration fee is unreasonable and unrealistic. Dental nurses - many of whom are working part time and on minimum wage - already have to pay £96 to the GDC, as well as for CPD and indemnity. Many are having to leave the profession as they can no longer afford to work as dental nurses. Having to pay an additional £64 will be the last straw for many dental nurses.

“BADN also share the RCN’s concerns about the duplication of regulation and the potential unfairness of the barring process and appeal procedures.”

The first phase of the scheme - which commenced on October 12 - defines it as a criminal offence for individuals barred by the ISA to work or apply to work with children or vulnerable adults. Employers also face criminal sanctions for knowingly employing such individuals. BADN are calling upon the GDC, as the regulatory body for dentistry, to support dental professionals and to work with other regulatory bodies and professional associations in the healthcare sector to resolve the matter.

Following the Soham murders in 2002, the Home Secretary commissioned Sir Michael Richard to lead an independent inquiry into child protection measures, record-keeping, vetting and information sharing. In 2004, the inquiry’s recommendations led to the Safeguarding Vulnerable Groups Act 2006, which recognised the need for a single agency to vet all individuals who want to work or volunteer with vulnerable people. The Independent Safeguarding Authority (ISA) was created to fulfil this role.

New employees do not need to start applying for ISA registration until July 2010 and ISA registration does not become mandatory for these workers until November 2010. All other staff will be phased into the scheme from 2011.
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**NHS access awareness**

A campaign has been launched to raise awareness of those dental surgeries offering NHS treatment and to challenge the misconception it is hard to find an NHS dentist in Leicester.

Staff from NHS Leicester City’s Patient Advice and Liaison Service (PALS) will be signposting people to those dentists accepting new patients via a dedicated dental line, 0116 205 7017.

Toby Sanders, NHS Leicester City’s Director of Primary and Community Care, said: “There is a belief it’s difficult to find an NHS dentist and this is no longer true.

“We’ve invested in dental services to make it easier than ever before for people to get an appointment. There are dozens of dentists across the city waiting to see NHS patients and we want people to take advantage of this.

Dentist Philip Martin is chair of Leicestershire and Rutland Local Dental Committee and has a dental practice in Leicester. He said: “There are many high quality NHS dentists available to people in Leicester and as local dentists we are all keen to support good oral health. We are sure this campaign will encourage people to make an appointment now and to continue to see a dentist regularly in the future.”

**Dental Centre Purifies Water**

A dental education centre has installed a state-of-the-art water purification system for its infection control and decontamination training suite.

Premier dental training facility, the London Dental Education Centre (LonDEC) chose compact, cost-effective and user-friendly water purifier, the BIOPURE7/15 from ELGA Process Water.

The BIOPURE system, which is specifically designed for the dental industry, supplies up to 15 l/hr of purified water to LonDEC’s washer disinfector, two autoclaves and ultrasonic bath – all from one mains water feed.

Bill Sharpling, director of LonDEC (left) and Gerard Murray, healthcare sales manager, ELGA Process Water (right).
OH statistics highlight child caries prevention needs

Oral health charity, the British Dental Health Foundation (BDHF) has responded to statistics from the National Dental Epidemiology Programme (NHS DEP) for England on the oral health of five-year-olds, released in October.

They reveal that one third of five-year-olds have decayed, filled or extracted teeth (DMFT). The survey, during the 2007/08 school year of nearly 140,000 five-year-olds, covered 147 out of 152 PCTs. It revealed 51 per cent showed obvious signs of tooth decay - three in every 10 children of that age.

The charity concluded that the dental health of five-year-olds could be greatly improved and is urging the Government to focus more on prevention of oral health problems. It is also calling for a system to reward dental practices which carry out preventative measures, in line with the Steele recommendations, as well as an extended water fluoridation scheme.

BDHF chief executive, Dr Nigel Carter, said the whole problem of tooth decay could be avoided: He explained: “Water fluoridation schemes targeting areas of high decay across the UK could reduce decay at a single stroke. A nationwide Prevention in Practice award scheme, recognised by PCTs, could also make the difference and help level decay experience across the UK.

“We hope a future Government of whichever party will retain this focus on better oral health for the nation’s children.”

Huge improvement
Dr Barry Cockcroft, chief dental officer for England, said the comparison of the mean DMFT average showed that 69 per cent of five-year-olds were caries-free, compared to 61 per cent in 2005/06, a positive increase of eight per cent.

He said: “This is a huge improvement with an overall dmft average of 1.11 per child.”

But he accepted there was a need to do more about the 50 per cent of five-year-olds with three to four decayed teeth.

He added: “This problem must be tackled through social and educational methods; it is not enough just opening more practices.”

Dr Cockcroft stressed the focus of reforms was to move from a system which only rewarded giving necessary treatment but also encouraged disease prevention.

He said: “We published Delivering Better Oral Health in 2007 and have already sent second editions to all dentists in primary care. So this should now be an integral part of PCT commissioning. Jimmy Steele quite correctly confirmed our wish to focus on prevention which will form an integral part of Steele pilots as they evolve. Use of the toolkit is already included as one of the key performance indicators in the new dental access programme template contract, which some PCTs will be using as they establish new services under the improving access programme.”

Innovative
He said innovative schemes around the country were distributing fluoride varnish and free fluoride toothpaste for disadvantaged children. The Brushing for Life scheme was expanding and children’s toothpaste was more effective in tooth decay reduction.

Susie Sanderson, chair of the BDA’s Executive Board, said: “This research highlights the significant gap between five-year-olds in England with the best and worst oral health. It shows that, among the almost 40 per cent of children who are not free of dental disease, the average number of decayed, missing and filled teeth is 3.45. That is very disappointing.

“It’s clear that preventative approaches to oral health care, including measures such as water fluoridation and targeted prevention programmes, have the potential to address the inequality these statistics illustrate. It’s important that dentists are supported as they continue to work hard to improve the nation’s oral health and eradicate this inequality.”

Parents were asked to give permission for their children’s teeth to be examined for the oral health study, which could have resulted in those with the worst dental health not choosing to come forward.

About 2.5 percent of five-year-olds overall showed signs of sepsis, which varied widely in different areas. For example, 5.4 per cent in London, compared to 1.6 per cent in the southeast coast and West Midlands SHAs.

The survey showed that tooth decay varied from less than a quarter of children in the south-east coastal region to 40 per cent of five-year-olds in the north-east. On a national level more children were free from obvious dental decay – 69.1 per cent – than with decay - 30.9 per cent.

In Middlesborough, more than half of five-year-olds – 55.4 per cent - were shown to suffer dental decay in at least one tooth, compared to just one in five – 17.7 per cent - in East Riding, Yorkshire.

The survey showed that nearly 50 per cent of Plymouth’s five-year-olds have suffered tooth decay. Members of Plymouth’s oral health team are handing out free toothbrushes and toothpaste in schools with higher rates of decay.

It stated that 28.5 per cent of the children surveyed in Plymouth had at least one tooth decayed, missing or filled. However, this is still a slightly lower percentage of five-year-old children with tooth decay than the national average, which is 30.9 per cent. It is also a lot better than the south west’s worst area, Bristol, which has 38 per cent of five-year-olds with tooth decay.

The report revealed that Bristol has the highest percentage of children with dental abscesses or sepsis in the south west, at 5.1 per cent - more than double the national average of 2.5 per cent.

However, five-year-olds in South Gloucestershire demonstrate relatively low levels of dental decay, with just fewer than 21 per cent of youngsters suffering from it, with an average of less than one dmft. Although child tooth decay figures for the district were the best in the south west, they also revealed a relatively high proportion of filled teeth.

More emphasis
Specialist practitioner, Jeremy Kaufmann, who runs the private children’s practice Mr Dentist in North London, said it was disappointing there was still so much tooth decay. He said: “Children still eat too much sugar and the NHS contract does not put enough emphasis on prevention, although toothpaste is much better. Water fluoridation would help. But even though tooth decay is still high, the overall trend is going down, which is good news.”
November 9-15, 2009

GDC Director of Operations, Edward Bannatyne, said: “If you haven’t set up an account on eGDC yet, go to www.eGDC-uk.org. We have improved the account creation process since last year’s ARF collection, so making your payment online will be much easier. Registering on the site can now be done instantly, meaning there’s no wait for a letter containing a password, providing you have an ID verification code. If you don’t have your code you can request one on the site, by SMS or by letter. Remember if you ignore the deadline and don’t pay, you will lose your place on the register and will have to go through our restoration process and pay an additional fee in order to be able to practise legally.”

ARF call from GDC

The annual retention fee (ARF) payment period for the UK’s 36,000 registered dentists has kicked off in the run up to the 31 December deadline.

The General Dental Council (GDC) has taken the decision not to increase the fee this year. It remains at £438.

The GDC hopes dentists will take advantage of the opportunity to set up a Direct Debit to pay their fee. Last year almost 60 per cent of dentists did. It not only takes a financial commitment off their mind, but also reduces administration costs for the GDC, as it endeavours to use the fee as sensibly as possible. Direct Debits need to be set up by 13 November; payments will be taken on 3 December.

Professionals can download a form from the GDC website at www.gdc-uk.org/Current+registrant/Annual+retention+fees/Direct+debit.htm. They can even set up a multiple Direct Debit mandate which enables them to pay the fees of several registrants from one bank or building society account.

Until 31 December, dentists can also join the growing numbers who are choosing to pay by credit or debit card online at the eGDC portal or over the phone. Letters with payment instructions and telephone numbers have been sent out to dentists, although these may be delayed because of the postal strike. More information will also be available on the GDC website at: www.gdc-uk.org/Current+registrant/Annual+retention+fees/Annual+retention+fees+-+frequently+asked+questions.htm.

‘Growing chasm’ claim in oral health inequalities

A “unacceptable and growing chasm” exists in the UK between those with good and poor oral health, according to the British Dental Association’s (BDA’s) Oral Health Inequalities Policy which is published today. The policy highlights the close association between low socio-economic status and poor oral health, calling for more focus on preventive care. It also says there should be a more integrated approach to oral health from health and social care providers. Furthermore, the paper argues greater priority should be given to particular patient groups, including those with disabilities, older people and the prison population.

The contributions of alcohol and tobacco to oral health inequalities are stressed by the paper, particularly as risk factors for oral cancer. It calls for resources to enable dental professionals to take a more preventive approach, including counselling patients on the dangers associated with alcohol and tobacco products, referring patients to smoking cessation schemes and the extension of the ability to prescribe Nicotine Replacement Therapy (NRT) to a wider group of health professionals.

Professor Damien Walmsley, Scientific Adviser to the BDA, said: “There has been a significant improvement in the nation’s overall oral health over the last 30 years, but despite that we still see a huge disparity that is all-too-often related to social deprivation. It is completely unacceptable that in Britain, in 2009, such a wide gap should exist.

“Much good work to address this problem has begun, and this report commends a number of schemes such as Brushing for Life and Sure Start that are starting to make a difference. However, a great deal of work remains to be done and it is vital dentists are supported in doing it.”

The Oral Health Inequalities Policy is available at: www.bda.org/inequalities.