The government has announced an extra £11m of funding for dental hospi-
tals in England to fund new IT systems to support the training of
dental students.

The funding is part of a joint
initiative by the Department of
Health, NHS Connecting for
Health and the Dental IT pro-
gramme board.

Deputy Chief Dental Offi-
cer, Tony Jenner said: ‘This ex-
tra funding reinforces the gov-
ernment’s commitment to sup-
porting dental hospitals and
expanding the dental work-
force.

The NHS now has over 4,000
more dentists than it did in 1997
and we have increased the num-
ber of undergraduate training
places by 25 per cent to ensure we
have more dentists in the areas of
the country that need them the
most.’

The £11m will be divided be-
tween each of the 10 trusts that
applied for funding.

The trusts will have responsi-
ibility for using the money to train
dental students in the use of clin-
ical computer programmes that
they will use in practice.

This includes core applica-
tions under the National Pro-
gramme for Technology, such as
Patient Administration Sys-
tems, N3, Choose and Book, Pic-
turisation Systems and access to
the NHS Care Record Service,
clinical dental systems, re-
source management and sup-
port for the teaching of stu-
dents. As well as training fu-
ture dental care professionals,
NHS dental hospitals and asso-
ociated dental schools research
ways to improve oral and den-
tal health and provide special-
ist clinical services for pa-
tients.

The 10 trusts receiving allo-
cations include South Barming-
ham PCT, University College-
London Hospitals NHS Founda-
tion Trust, Guy’s & St Thomas’s
Hospital NHS Foundation Trust,
Sheffield Teaching Hospitals
NHS Foundation Trust and the
Newcastle Upon Tyne Hospitals
NHS Foundation Trust.

Infant Oral Mutilation campaign

The oral health charity, Dentaid, has launched a
campaign to stop the prac-
tice of Infant Oral Mutilation car-
rried out in countries such as
Uganda, where baby teeth are
gouged out with knives, bicycle
spokes and finger nails.

The teeth are removed be-
cause the people believe the soft
white buds of the new teeth are ac-
tually worms in the mouth of the
infant. These ‘mouth worms’ are
believed to be parasitic and fever
causing so if the child has an ill-
ness, the baby teeth are blamed.

A spokeswoman for Dentaid
said: ‘A primitive technique is
usually employed to gouge out
the baby teeth involving un-ster-
ile knives, bicycle spokes, finger
nails or other bizarre and inap-
propriate instruments.

The practice is often carried
out by village healers for a fee. It
is also performed by parents,
community elders and even mid-
wives.’

The consequences of this In-
fant Oral Mutilation (IOM) can be
severe pain, serious oral health
complications and, not infre-
quently, death.

Infants often suffer from fu-
ture facial disfigurement, dam-
age to the gums and the perma-
nent teeth following the removal
of their health deciduous teeth.

In one region of Uganda, in-
fant deaths due to septicaemia
and other infectious diseases,
following IOM, are reported to be
second only to malaria as a cause
of infant mortality, according to
Dentaid.

Another problem is that when
‘mouth worms’ are diagnosed,
often the real illness is leftundi-
agnosed and untreated.

Dentaid wants to make the
public more aware of what is go-
ing on and has created an IOM ac-
tion group to focus on imple-
menting and strategy to combat this
practice.

Dentaid has devised a trial
community based approach to
educate people about the prac-
tice of IOM in the countries in
which it takes place.

A group of volunteers in asso-
ciation with Christian Relief
Uganda, went out to Uganda in
September 2008.

They carried out dental
screenings, basic treatments and
training. They also conducted in-
terviews with health workers,
community leaders and parents

The purpose of this cam-
paign is to gather anecdotal evi-
dence of how IOM is perceived in Uganda.
This information will assist in the
strategic development of the
Dentaid project to combat IOM.

If you are interested in getting
involved with this campaign
please contact Nicky Trionce
on 01794 125146 or email
nicky@dentaid.org. Detailed
information can also be found
at www.dentaid.org.

More preventative work for Sheffield

NHS dentists in Sheffield
will be asked to sign a new
contract next year that en-
courages them to carry out more
preventative work.

The change, when the cur-
rent three-year contract comes
to an end next March, is part of
NHS Sheffield’s Dental Health
Commissioning Strategy.

The Primary Care Trust
wants to reduce the proportion of
the contract that focuses on the
delivery of EBAs (Unit of Denial
Activity) and develop a frame-
work aimed at encouraging a
preventative approach to prac-
tice whilst improving access to
high quality dental services, ac-
cording to the strategy.

The director of dental public
health for Sheffield, John Green,
said the current dental contract
was very ‘activity focused’. He
added: ‘There would still be rec-
ognition for carrying out treat-
ment such as extractions and fill-
ings, but dentists would also get
rewarded for preventive work.’

Preventive work will there-
fore focus on deprived areas in
Sheffield as statistics have shown
this is where children are more
likely to develop dental prob-
loms. This will include increas-
ing access to dental care, impro-
ing children’s diet and targeting
oral health promotion at young
children.

Fluoride is currently added
to children’s milk in 42 primary
schools in the city and this will
continue under the new strat-
In

Dentists wanted for revalidation views

The General Dental Council
is asking dental profes-
sionals for their views on
its proposals for the revalidation
of dentists.

Hew Mathewson, president
of the GDC said: ‘Revalidation is
about ensuring dentists con-
tinue to meet the standards ex-
pected of them throughout their
careers. Patients can have even more con-
fidence that their dentist is per-
forming to a high standard and
that those standards are being set
and overseen by a regulatory au-
thority – the GDC.’

We want revalidation to be
as simple and flexible as possible,
so we are committed to using ex-
isting and future quality assur-
adence systems and locally gath-
ered evidence. The first cycle of
revalidation for dentists is not ex-
pected to start until 2011. By that
time we should have thoroughly
tested the system that is finally
introduced.’

Under the proposals, dentists
will need to provide evidence in
four key areas – professionalism,
clinical, management and lead-
ership, and communications. Evi-
dence might include clinical au-
dit, significant event analysis, pa-
tient surveys, and personal and
practice development plans.

Once revalidation is up and
running for dentists, the GDC
will look at introducing a system
for other groups of dental profes-
sionals on its registers.

For more information and to
download the current propos-
is, please visit:
www.gdc-uk.org/revalidation.
The GDC website will be up-
dated as revalidation is devel-
oped.