Mouth Cancer calls ‘you’ for action

Left to right: Derek Watson, Penny Palmer and Barry Coeckelbergh

A crème de la crème of the dental profession gathered together last week at the Houses of Parliament to back Mouth Cancer Action Week.

Kicking off the launch, president of the British Dental Health Foundation (BDHF), Dr Chris Potts thanked the sponsors and said: ‘We are announcing a name change today from Mouth Cancer Awareness week to Mouth Cancer Action week because it is time to take action, and it is absolutely fundamental that this event is supported from the top down.’

Supporting Dr Potts, British Dental Health Foundation’s chief executive, Dr Nigel Carter said: ‘With 25 per cent of people not recognising mouth cancer as a serious condition that will kill them, it is very important to promote awareness of the condition amongst the public.’

‘The campaign over the next week is about media awareness and we are encouraging you to support the blue badge kit as it raises awareness and we want to encourage that.’

Denzplan’s Sarah Bradbury said: ‘We feel it is extremely important that dentists spend the time with patients to check for mouth cancer but we feel confident that we are getting the awareness out there.’

Britain’s leading oral cancer specialist called on the government for backing to beat the disease. Explaining the mouth was among the top three organs most susceptible to cancer causing carcinogens, Dr Saman Warnakulasuriya said: ‘A lot needs to be done – and I am pleased we are here with politicians who have the will and the power to take this forward.

‘We have achieved a ban on public smoking, but we need to protect children from smoking, in terms of the way sales are restricted.

Guest speaker and award-shortlisted novelist Lia Mills moved guests to tears with her real life account of diagnosis, treatment and recovery from oral cancer. Backing the Foundation’s campaign motto ‘if in doubt, get checked out’, She said: ‘After my sister died of breast cancer I sailed in and out of breast cancer clinics getting checked out, oblivious of the fact that my mouth was eating me.’

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News in brief

Name change
A dental assistant is auctioning her name on eBay to raise money for Children in Need. The auction winner can change her name to one in a list of 50 names listed – including Marge Simpson and Pat Butcher from EastEnders. Eileen de Bont has already attracted 12 bids, the highest being £6,000 from the UK Deed Service to change her name to Paddington Bear. Ms de Bont has agreed to change her name by deed poll for one year. Half of the proceeds will go to Children in Need with the rest going to her children.

UDA increase
Figures from the Department of Health have revealed that 82.5m Units of Dental Activity (UDAs) were commissioned for the three months running up to the end of September. This shows an increase of 1.5m, compared to the last quarter running up to the end of June, when 80.1m UDAs were commissioned. It is also 3.8m higher than the same period last year, when 76.9m were commissioned.

Registration figures
A total of 36,108 dentists have registered with the General Dental Council, according to its latest figures. It also revealed that 42,191 dental nurses, 7,344 dental technicians and 5,355 dental hygienists have registered.

Complaints increase
The Dental Complaints Service received 1,268 complaints, over 31 per week. Of the DCS in May 2006 is now 139 complaints in September last year, when 78.7m were received. The Dental Complaints Service received 1,268 complaints, an increase of 13 per cent over the period last year, when 78.7m were commissioned.

The average number of complaints logged since the launch of the DCS in May 2006 is now 31 per week.

GDC conference
The General Dental Council recently held in its first one-day public conference. Dental check-up – your views on protecting dental patients. Over 100 members of the public attended the event in Birmingham which sought to gather a range of views on dentistry, dental professionals and professional regulation. The topics covered included what are dental professionals good at and what could they do better. It discussed the issue of dental professionals being registered for many years and looked at what they should have to do to remain registered.
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No training spells danger warns experts

Implant experts are calling for a gold standard qualification for dentists offering implants, and for implantology to be a specialism in its own right.

The General Dental Council (GDC) recently reminded all dentists who carry out dental implants without proper training that they are only under-take procedures they are properly trained in, after a number of dentists were found carrying out dental implants without proper training.

The GDC pointed to guidelines published by the Faculty of General Dental Practice (UK), Training Standards in Implant Dentistry.

These say: ‘It is essential that the dentist carrying out this work has received suitable training, and has been assessed as competent to do it.’

It adds: ‘This will normally involve that dentist taking a postgraduate training course in implant dentistry’.Dr Avik Danda-pat, one of the few dentists in the UK to hold the Diploma in Implantology from the Royal College of Surgeons, believes the guidance is rather vague and would like to see implantologists having to adhere to certain standards.

He said: ‘It’s fairly easy to do implants but very difficult to do them to the standard the Royal College demands. And, bluntly, these should be the standards that, if not mandatory, are those to which the profession aspires.’

He is concerned that there are ‘real dangers lying in wait for the dentist who has had insufficient training and/or does not invest in first class diagnostic equipment’.

Dr Dandaapat, who is principal at the Dental Implant Centre in Tivford, Berkshire, believes that at the moment implantology standards are not high enough and there is not sufficient regulation.

He would like to see a gold standard in terms of qualifications for implant dentists.

He said: ‘Official guidelines are needed, not simply to ensure that training for implantologists is comprehensive, but that surgery set up is correct and that there is a real understanding of how to interpret a CT scan.’

In an increasingly litigious society, there is a real need for caution, he warned.

The risk of getting facial cancer from a CT scan is very, very small (1 in 65,000), but the implantologist must be aware of this risk and keep exposure to the patient to the minimum.

Bupak Dey, marketing coor-dinator at the dental implant maker, Nobel Biocare, agrees with Dr Dandaapat, that ‘we are waiting for a mistake to happen before we improve implantology standards and protocol’.

He said: ‘It is not very regulated, the guidance is very vague and it needs tightening up. It would be good if there was some kind of certification and a mini-mum period of on the job training’.

Mr Dey warns that if this doesn’t happen, ‘we are soon going to see a huge court case hitting the headlines’.

‘We are going to see a situation where someone has been on a course, practised on a few dum- mies and when they come to practising on a patient, something will go wrong. The patient will realise they have had virtually no experience’, he said.

He added: ‘When you look at the medical sector, it is highly regulated. Even pharmaceutical representatives have to hold a li-cence. There is nothing like that in the dental sector’.

Chris Netherclift, general man-ager of the dental implant com-pany, Balfourtons, said: ‘It is impor-tant that the GDC guidelines are adhered to on implant dentistry’.

However he criticised the guidelines for not clarifying what is ‘appropriate training’ and said: ‘It is a bit of a loose area. At the moment training can be given by academic institutions and train-ing companies and the GDC needs to specify what are the pre-ferred training providers’.

He believes dentists need a certain level of experience before they start providing implants and would like to see it being manda-tory for them to work with mentors to get the experience they need.

At the moment Training Stan-dards in Implant Dentistry merely says dentists ‘should’ work with a mentor. It is not compulsory.

Mash Seriki, commercial di-rector at Smile-on, a company which provides training courses on how to carry out implants, is concerned that more and more dentists are being tempted to carry out the procedure without adequate training, because it is such a ‘lucrative treatment’.

According to Mr Seriki, one of the problems is that there are a lot of training courses out there but there is no way of knowing what is good and what is not.

‘This is quite an invasive treatment. This involves ripping the jaw out, drilling into the jawbone, putting a bit of titanium in, then the crown is added’, he said.

Yet dentists can go on a two-day course and carry out implants. ‘There is no register or formal cer-tificate saying this person has been trained to a certain level that has been agreed as the standard across the country’, he added.

Mr Seriki would like to see dentists having to gain a recogn-ised formal qualification before they can practise implant den-tistry.

He would also like to see be-ing given the same status as or-thodontics and recognised as a specialism in its own right.

However the British Dental Association (BDA) is content to stand by the training standards published this year by the Faculty of General Dental Practice (UK), claiming it provides an ‘authori-tative source for requirements in this area’.

A BDA spokesman said: The BDA supports the General Den-tal Council’s view that dentists providing implants must be properly trained and competent to do so.

The BDA is engaged in sup-porting members who wish to provide implants for their pa-tients in ensuring they have the skills required to do so.

He added: ‘Dentists should also ensure that they have appro-priate indemnity arrangements in place’.