More than 600 dental hygienists, dental hygienist-therapists and those interested in all things health and hygiene related flocked to the BSDHT’s annual Oral Health Conference and Exhibition in Liverpool on November 9 and 10 for what proved to be one of the best yet.

A plethora of fascinating speakers shared their knowledge with delegates in a packed programme of lectures and parallel workshops on subjects ranging from direct access and its associated risks, rights and responsibilities, bite mark analysis and protocol for cases of suspected child physical abuse, an update on HTM 01-05 – and so much more.

DHCE & organisas listened to feedback from last year’s delegates and provided, for the first time, a choice between attending the key main sessions or one of numerous parallel sessions and workshops. The new venue, Liverpool’s Arena and Convention Centre, was an ideal choice for this new format, as it houses a main auditorium, alongside more intimate yet amply sized rooms for smaller presentations.

Outgoing President, Sally Simpson, kicked off the two-day conference with a welcome address thanking the many generous sponsors, including A to E Training, Blackwell Supplies, Colgate, Dentistry, DDU, GSK, Optident, Philips, Whitley’s, Johnson & Johnson, Swallow/DOT and Proctor & Gamble, who helped fund the speakers, and Waterpik who sponsored the poster competition. Judges selected the poster submitted by Jennifer Cowlam as the winning entry and awarded highly commended to Umaima Begum et al.

Sally also praised incoming President, Julie Russe, and the executive team for putting together such a fabulous programme and announced that BSDHT was celebrating 50 years of printing its journal, the highly regarded and well-respected publication Dental Health, DH Contact and the new Annual Clinical Journal of Dental Health, which launched in 2011, have since joined the titles.

The first speaker was James Godnik whose presentation ‘Communication – see no evil, speak no evil’, was well attended and widely appreciated. James’s easy and humorous speaking style is always a hit and delegates were treated to some useful, highly informative tips for creating a successful hygiene brand.

Of vital importance, he says, is changing the public’s perception of dental hygiene & therapy and one way to do this is by surveying existing patients about why they come and how they feel before and after treatment. For example, are they anxious or apprehensive? And if so, why?

The use of patient testimonials as a way of highlighting and communicating the benefits of dental hygiene therapy to patients was also discussed, as were his ‘nine steps to building your own brand’, which are:

1. Lead
2. Be remarkable
3. Involve the whole team – everyone’s opinion matters
4. Innovation
5. Empower ambassadors – get your patients to spread the message by word of mouth
6. Personalise everything at every appointment
7. Survey why patients visit you
8. Measure what works
9. Evolve – if something doesn’t work, change it

Alongside changing the public’s perception of hygiene therapy, is changing how they feel about dentistry as a whole. Some 50 per cent of the population do not visit the dentist, something James explained as multi-factorial, including placing low importance on mouth health, fear, cost, concern about being told off, fear of the unknown and the expectation that the experience would be unpleasant.

Delegates were invited to visit a new charitable website ‘James has helped launch, called heartwiresmile.co.uk’, which communicates and celebrates the dental profession and provides tools for engaging local communities.

By the end of the session, it was not difficult to see why James has been voted the most influential person in dentistry for the last two years running.

Direct access is the most topical subject in the dental hygiene and therapy world right now so it was no surprise that Leo Bridge’s parallel session was packed to the rafters. Leo is a dento-lega specialist with DDI and a practising periodontist. His presentation aimed to identify the likely dento-legal consequences of direct access and discussed the risks that dental hygienists and therapists may face if direct access is granted.

Independent practice already exists for dental hygienists and therapists who understand that they do not always need to have a dentist on the premises – one notable exception is tooth whitening, when a dentist must be on the premises at the time of treatment. Currently, whitening can be carried out by dental hygienists and therapists under a treatment plan formulated by a dentist, although it does not have to be that same dentist who is on the premises at the time of first treatment. This could change with direct access, he said, but could take years to come into effect.

Currently, a dentist sees a patient first to carry out a full mouth assessment and diagnosis and formulate a treatment plan that might include a referral to a dental hygienist/therapist for care. Should direct access be granted, this situation would be subject to change with the possibility of a dental hygienist/therapist seeing a patient without the need of a referral for treatment within their skills and competencies.

Leo suggested that should this happen, further training should be taken to gain a deeper understanding of our responsibilities to a patient in this situation.

Having overall responsibility for patients will mean that hygienists and therapists:

- Must carry out soft tissue examinations
- Need to be able to recognise oral abnormalities
- Can refer directly to other healthcare professionals
- Are at risk of increased
claims
• Must ensure careful and thorough record keeping (essential for patient care and when dealing with claims) and make certain they record any advice given to patients, as well as any treatment provided, at each visit.

In avoiding the pitfalls of direct access, Leo said that the key was communication. He said it was essential to explain exactly what the profession is and is not able to do – making sure that patients and dental teams are fully aware. GDC guidance will be changing next year and this is something that should be kept abreast of.

This lecture sparked good-humoured debate among delegates with questions centring mainly on successful diagnosis of oral cancer – something one delegate said dentists themselves fail at achieving. As always, the advice was, if you are concerned, refer the patient appropriately. If there are dento-legal issues, contact your defence organisation, sooner rather than later.

From the serious, to the fun – this year also saw another first, The President’s Reception.

About this and the conference as a whole, new President, Julie Rosse, said: “The President’s Reception was a fabulous chance for speakers, delegates and exhibitors alike to let their hair down and the Mersey Beatles tribute band were a brilliant addition to the proceedings!”

“We had some excellent speakers in a wonderful venue, and the topics that were covered in both the main auditorium and in the parallel sessions generated a real buzz and some lively conversation.”

*It was a truly special occasion for me, to become the President of the organisation that I so greatly admire, and an emotional one with both my husband and Mum in the audience.

I was also very privileged to be able to pay homage to Margaret Ross, this year’s Dr Leatherman Award recipient, Margaret is a true ambassador and inspiration to the profession.”

Breakthrough was nominated as BSDH's charity some years ago and continues to be so. Over £20k has been raised regionally and locally, and a raffle held at this year’s conference boosted the charity’s coffers by around £750.

The 2015 conference will be held in Birmingham on 15 and 16 November at the centrally located International Conference Centre.