Food labelling consultation

Keeping track of what you eat and choosing healthier foods could be made easier thanks to a UK-wide consultation launched by Secretary Andrew Lansley. UK health ministers want to see all food manufacturers and retailers use the same system of front-of-pack labelling. But different retailers and manufacturers use different ways of labelling which can be confusing for consumers. If the biggest seven supermarkets used the same labelling for their own brand foods, it would cover around 50 per cent of the food sold in the UK and encourage others to adopt the scheme. Health Secretary Andrew Lansley said: "Being overweight and having an unhealthy diet can lead to serious illnesses such as cancer and type 2 diabetes. We have to do everything we can to help people make healthier choices. Offering a single nutrition labelling system makes common sense, it should help us all to make healthier choices and keep track of what we eat."

New Chair of CCDAS

Deborah White, associate professor and director of education at the School of Dentistry at Birmingham, has been elected as the new Chair of the British Dental Association’s Central Committee for Dental Academic Staff (CCDAS) for the 2012/14 triennium. She was Vice Chair of CCDAS in the last triennium. Deborah joined the University of Birmingham in 1998 as a part-time researcher and joined the staff full time in 1999. She completed her PhD in 2000 and, as head of dental public health, has research interests in dental epidemiology and health services. She undertakes clinical teaching and clinical work in the salaried services in Birmingham. Deborah has been a BDA accredited trade union representative, firstly for the salaried services and more recently for university staff. In her spare time she enjoys walking, gardening and swimming. The Chair of CCDAS will be supported by Jeff Wilson, the newly elected Vice Chair. Jeff is a senior clinical lecturer in restorative dentistry at Cardiff University Dental School.

The government has announced that under the current dental contract system an estimated £70m was wasted on dental fraud in a year.

Figures published by NHS Protect, the lead on tackling and identifying crime across the health service in England, show dental fraud may have cost the NHS £75.1 million in 2009-10.

The government has committed to introducing a new dental contract system that will focus on improving the quality of care patients receive, increase the availability of NHS dental care and promote good oral health. Part of this process will include reducing the risks of dental fraud before it becomes a problem and proactively analysing data on dental contract claims to spot irregular or suspect claim activity.

The government will work with NHS Protect to tackle the current problem of contract fraud by:

- changing how some dental treatments are recorded to prevent fraud
- undertaking a further analysis of dental fraud to help identify weaknesses in the system
- developing an awareness programme of dental fraud risks, including workshops with local anti-fraud staff to help spot dental fraud activity
- moving to a single way of working for managing all NHS dentistry services

Health Minister Lord Howe said: "This shows the current dental contract system is not fit for purpose and needs to change to ensure NHS funds are protected and used to benefit patients."

"It is totally unacceptable that some NHS dentists have abused the system for personal gain. Fraud of any kind will not be tolerated and any allegation of fraud is taken seriously."

"We believe dentists should get paid for the quality of care they provide rather than simply for the number of treatments. That is why we are currently piloting this approach with dental practices ahead of introducing a new dental contract to make sure we get things right and minimise the risks of fraud." Barry Cockercock, Chief Dental Officer said: "The vast majority of dentists behave ethically and provide high quality dental care to their patients. Action needs to be taken against the small minority who behave dishonestly and submit fraudulent claims. We are working closely with NHS Protect to raise awareness of fraud risks to help prevent and deter fraudulent activity."

"I would also urge colleagues in the profession and patients to report any suspicions of fraud or corruption to NHS Protect on their confidential dental fraud and corruption reporting line or to their PCT." reducing the risks of dental fraud and corruption.

Dental Tribune

PUBLISHED IN LONDON

May 21-27, 2012

Vol. 6 No. 13

Protected by EschmannCare FIVE year warranty protection now comes as standard with Little Sister products...

The World's Dental Newspaper United Kingdom Edition

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All smiles at National Smile Month launch

It was all smiles in the House of Commons on 15 May, when national charity the British Dental Health Foundation launched the UK’s largest annual oral health campaign.

The British Association of Dental Nurses (BADN) are lobbying HMRC for tax relief on CPD costs - following correspondence between BADN Chief Exec Pam Swain and Exchequer Secretary to the Treasury, David Gaulke MP, in which Mr Gaulke states that:

“HMRC do not accept that all training expenses incurred by the employee will now qualify for tax relief. ……….. expenses must be incurred exclusively as an intrinsic part of the performance of duties………. On the basis of the information provided (BADN briefing note to Mr Gaulke)…… the CPD training referred to does not have the characteristics mentioned above……. No deduction is due for the costs of continuing professional education. That is so even if participation in such activities is compulsory, and failure to do so may lead to the employee losing his or her professional qualifications, and/or their job.”

“Dentists, hygienists, therapists and technicians who are self-employed or business owners are allowed tax relief on their CPD costs. However, HMRC is refusing to acknowledge that CPD expenses for dental nurse employees are in fact ‘incurred exclusively as an intrinsic part of the performance of duties’” said BADN President Nicola Dochez.

BADN campaign for tax relief on CPD costs

The Department of Health’s Transition Risk Register from November 2010, which was a statement of potential risks of NHS changes, will not be published, following Cabinet agreement and a final decision made by the Secretary of State for Health.

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Transition risk register will not be published

The Coalition Government is committed to the Freedom of Information Act and has extended it to all academic schools through the Academies Act; and to the Association of Chief Police Officers, Financial Ombudsman Service, and the Universities and Colleges Admissions Service through secondary legislation. In addition, the Protection of Freedoms Act, which gained Royal Assent on 1 May, provides for the extension of the FOI Act to over 100 companies wholly owned by public authorities.

Risk Registers are a vital part of Government policy development. Ministers and officials should be able to deliberate sensitive policy formulation, in expectation that their views are not published at a time when it would prejudice opening up Government information, the Department of Health has published a document that sets out key information relating to the areas of risks in the original Risk Register. It also sets out the mitigating actions that have taken place since November 2010 and which are planned in the future. But it protects the language and form of the Risk Register.

To register for free ‘Smileys’, or for more information about the campaign, visit www.smilemonth.org.uk.
Editorial comment

Last week saw the launch of this year’s National Smile Month Campaign at the Houses of Parliament.

New award for young dentists

The Harley Street Centre for Endodontics is launching the Young Dentist Endodontic Award 2012. Marking the 10th Anniversary of the centre, the award is open to any young dentist who graduated in the last three years, whether they are in their Foundation Year or just starting out on their career. Applicants are invited to submit a case report of their best endodontic treatment so far. An application form can be downloaded from: www.roostreatment.org.uk.

Julian Webber, founder of the Harley Street Centre for Endodontics, said: “We hope this award will inspire and encourage young dentists to develop skills in one of the most complex areas of primary care procedures. While endodontics is taught at dental school and practised by new graduates during their Foundation training, acquiring the confidence to carry out the procedure as well as managing patients is challenging.”

In addition to national recognition, there are five outstanding prizes. First prize is the new WaveOne Endodontic Motor, handpiece and accessories kit, from Dentply UK and the second prize is a Morita Root ZX apex locator from Quality Endodontic Distributors (QED). Three further runners up will win a pair of endo-benders from SybronEndo.

The winner’s case report will be written up in a UK dental publication and all successful applicants will be offered the opportunity to spend a day at the Harley Street Centre for Endodontics.

The award will be presented at an event at the Royal Society of Medicine in October this year to celebrate the 10th Anniversary of the Harley Street Centre for Endodontics. The judging panel includes Dr Julian Webber and Dr Trevor Lamb, endodontists at the Centre, and Prof Andrew Eder of the UCL Eastman Dental Institute. Names will be on the case reports so the judging can be undertaken anonymously.

The application process is simple - dentists are asked to submit details of one endodontic case which showcases their ability. The deadline for applications is 2 September 2012.

### Colgate® Duraphat® Dental Suspension

Fluoride Varnish

**In surgery treatment for caries prevention**

- Clinically proven caries efficacy¹
  - 33% reduction in dmfs
  - 46% reduction in DMFT
- Quick and easy application
- Temporary light tint for visual control

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### Applying fluoride varnish containing 22,600ppm F is a recommended intervention in ‘Delivering Better Oral Health – An evidence-based toolkit for prevention’

DuraPhat® 50 mg/ml Dental Suspension, Active ingredients: mol of suspension contains 35mg Sodium Fluoride equivalent to 22.6mg of Fluoride (22,600ppm F)

Indications: Prevention of caries, desensitisation of hypersensitive teeth. Dosage and administration: Recommended dosage for single application for milk teeth up to 62.5mg (5.55mg Fluoride), for mixed dentition up to 0.48ml (15.94 Fluoride), for permanent dentition up to 0.75ml (16.95 Fluoride). For caries prophylaxis the application is usually repeated every 6 months but more frequent applications (every 3 months) may be made. For hypersensitivity, 2 or 3 applications should be made within a few days.

Contraindications: Hypersensitivity to colophony and/or any other constituents. Ulcerative gingivitis, stomatitis, Bronchial asthma. Special warnings and special precautions for use: if the whole dentition is being treated the application should not be carried out on an empty stomach. On the day of application, other high fluoride preparations such as a fluoride gel should be avoided. Fluoride supplements should be suspended for several days after applying Duraphat®. Interactions with other medicines: The presence of alcohol in the Duraphat formula should be considered. Undesirable effects: Oedematous swelling has been observed in subjects with tendency to allergic reactions. The dental suspension layer can easily be removed from the mouth by brushing and rinsing. In rare cases, asthma attacks may occur in patients who have bronchial asthma.


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If you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page? Get in touch with us! lisa@dentaltribuneuk.com

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**Energy drinks responsible for irreversible damage to teeth**

A recent study published in the May/June 2012 issue of *General Dentistry*, the peer-reviewed clinical journal of the Academy of General Dentistry, found that energy drinks cause irreversible damage to teeth more rapidly than soda.

Researchers examined the acidity levels in 15 sports drinks and nine energy drinks. They found that the acidity levels can vary between brands of beverages and flavours of the same brand. To test the effect of the acidity levels, the researchers immersed samples of human tooth enamel in each beverage for 15 minutes, followed by immersion in artificial saliva for two hours. This cycle was repeated four times a day for five days, and the samples were stored in fresh artificial saliva at all other times.

"This type of testing simulates the same exposure that a large proportion of American teens and young adults are subjecting their teeth to on a regular basis when they drink one of these beverages every few hours," said Dr. Jain.

Researchers found that damage to enamel was evident after only five days of exposure to sports or energy drinks, although energy drinks showed a significantly greater potential to damage teeth than sports drinks. In fact, the authors found that energy drinks cause twice as much damage to teeth as sports drinks.

One of the researchers, Dr. Bone, recommends that her patients minimize their intake of sports and energy drinks. She also advises them to chew sugar-free gum or rinse the mouth with water following consumption of the drinks. "Both tactics increase saliva flow, which naturally helps to return the acidity levels in the mouth to normal," she said.

Also, patients should wait at least an hour to brush their teeth after consuming sports and energy drinks. Otherwise, says Dr. Bone, they will be spreading acid onto the tooth surfaces, increasing the erosive action.

*Source: www.aagd.org*

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**Dentists raise money for children’s cancer ward**

In December 2003, 15-year-old Robbie Anderson set up a Trust to improve the quality of life for young people suffering long periods of time on the children’s cancer ward, where he too was a patient.

As explained in The Robbie Anderson Cancer Trust website: "Robbie knew his cancer was terminal, but even that knowledge didn’t deter him from wanting to make a difference. During his last Christmas in hospital, he set about fundraising for a large plasma TV screen for his ward. He wanted the children on the oncology ward to be able to do what everyone else was doing - playing games and watching Christmas films with their families, something many of us can take for granted.

On December 24th it was fixed to the wall in the Day Room. Sadly, 10 weeks later, Robbie passed away."

Cancer is a battle that must be fought on all fronts - the psychological fight is in many ways as important as the physical and Robbie’s time in hospital was made so much worse by the lack of any facilities for his age group.

"The focus was on much younger children, down to infant-sized tables and chairs in the day room and not much else but Disney DVDs to watch. While his life hung in the balance he was placed in either a room with Mr Men mobiles hanging from the ceiling or in a crowded six bedded ward decorated with cartoon characters. The old fashioned TV’s on tables battled for space with life-saving blood products and chemotherapy machinery. There was no privacy for parents or their children; this, coupled with the sense of being in a nursing situation, Robbie found hard to bear."

It was then that Robbie decided to set up a trust to improve the quality of life for young people fighting cancer.

His Trust, which continues to support the Children’s Oncology Ward at Leicester Royal Infirmary, aims to work towards providing a facility where all children are treated in age-appropriate surroundings, with a particular focus on teenagers. The proposed unit will cost £1.4 million to build, but will be a centre of excellence with clearly defined spaces for each age group.

And this is where you, the reader, come in. In July, Rob- bie’s parents and members of the dental profession will be setting off on an epic journey to the exotic principalities of Monte Carlo to raise funds and awareness of the needs of children and young adults suffering with cancer. The trip, however, will also be carrying out one of Robbie’s wishes, which was to go to Monte Carlo and place a bet on the number eight on a roulette table! All the participants are self-funding the drive and all money raised will go towards funding the age appropriate cancer facility at Leicester Royal Infirmary.

Donations and sponsorship are desperately needed for the facility to become a reality. The Robbie Anderson Cancer Trust is proud to be supporting University Hospitals Leicester in their campaign to provide a unit in Leicester that will make a significant difference to the lives of all young people fighting cancer.

For those of you wishing to make a donation to this worthwhile fund or to find out more information visit www.robbieanderson.org.uk/index.php/donations-contact-us or www.robbieanderson.org.uk/index.php.

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**Leaflet and poster on NHS dental services and charges now available**

Details of NHS dental services and new charges are outlined in a new leaflet and poster. The leaflet describes how NHS dental services in England work, including how to find an NHS dentist, what treatment to expect and how much it will cost. The poster shows the charges to pay from April 2012 depending on the treatment needed.

The NHS dental charges from 1 April 2012 (640k) leaflet includes information on:

- Free NHS dental treatment or help with health costs
- Charges for complete course of treatment
- Charges for referral for a course of treatment
- Treatments that are free
- Where to find information on free dental treatment or help with health costs

The NHS dental services in England (540k) leaflet includes information on:

- How to find an NHS dentist
- How often to visit the dentist
- Dental appliances
- Urgent NHS dental treatment and care out of hours

The NHS dental leaflet from 1 April 2012 (640k) poster includes details of:

- Charges for each complete course of treatment
- Charges for referral for a course of treatment
- Treatments that are free
- Where to find information on free dental treatment or help with health costs

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**iNSkills – a pathway to a brighter future**

A s unemployment of the under 25s surpasses the 1m mark, Neil Sikka, of Barbi- can Dental Care, has created an initiative that will provide training and real job prospects.

Working in conjunction with Tower Hamlets, the local col- lege and other practices in the City and Canary Wharf, Neil’s iNSkills initiative will provide dis- affected youth of Tower Hamlets the local college in Canary Wharf have both agreed to involved in the inaugural launch. Each practice will take on a minimum of two trainees. Both agreed to involved in the inaugural launch. Each practice will take on a minimum of two trainees, which will provide a ‘earn as you learn’ element, where students will be paid for their working and college time.

In the pilot scheme, launched in January 2012, trainees will be recruited from the borough of Tower Hamlets. Depending on the success of the initiative, it could go national.

Tower Hamlet’s Council’s Skillsmatch – the outreach team with established links in the community – will be responsible for sourcing, screening and mentor- ing the trainees throughout the duration of the course. Tower Hamlets College will provide the training on a day-release basis and students will gain work experience and valuation on-the-job training in selected for the other four days. Students will benefit from a mentor- ing scheme to ensure their performance is maintained.

Neil has been responsible for recruiting other practices to the scheme. The Dental Surgery in the Corn Exchange and Smile Im- plant and care out of hours

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The regime that shows plaque bacteria no mercy

Adding LISTERINE® Total Care to your patients’ daily prevention routine finishes the job started by mechanical cleaning

Communicating the value of a three-step daily prevention process – brush, floss and rinse – to patients in an effective manner will help to keep the message resonating between appointments, improving their commitment to better oral health.

Following mechanical cleaning with a mouthwash that will lower the bacterial burden in the mouth is an extremely important part of achieving the ultimate in oral care at home, and something that patients need to understand is their responsibility. You can help patients do this by promoting a partnership approach that clearly and concisely presents the benefits of combining daily prevention with regular hygiene appointments.

Brushing and flossing/interdental cleaning are pivotal to oral hygiene. They displace and dislodge plaque bacteria that can cause gingivitis and periodontal disease from the tooth surface. But bacteria from other areas of the mouth can recolonize on teeth quickly.¹

Using LISTERINE® after mechanical cleaning destroys bacteria effectively, killing up to 97% of them in vivo.²

This lowers the bacterial burden in the mouth and in plaque that reforms.³ And when used for six months, LISTERINE® can reduce plaque levels by up to 52% more than brushing and flossing alone.⁴

The LISTERINE® Total Care range

The LISTERINE® Total Care range ensures that there is an effective adjunct to help reduce plaque bacteria and manage biofilm in every patient. Plaque biofilm is the main cause of gum disease, and plaque formation begins immediately after brushing. LISTERINE® has broad antibacterial effects against a wide range of species of germs, killing them by destroying their cell walls and inhibiting their ability to multiply.

In addition to containing the LISTERINE® four essential oils – menthol, thymol, methyl salicylate and eucalyptol – which have antibacterial properties and kill plaque bacteria, LISTERINE® Total Care products offer various levels of fluoride and other benefits to suit patients’ needs.

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References:
2. Data on file, FCLGBP0023+28, McNeil PPC.

Recommended LISTERINE® as the final step in your patient’s daily regime, to finish the job started by mechanical cleaning

The essential oils in LISTERINE® destroy the bacteria cell wall.

For more information about the LISTERINE® Total Care range of mouthwashes, or for free samples, please contact Johnson & Johnson Ltd on 0800 328 0750.

As long as stocks last. Free samples can only be sent to dental practice addresses (no home addresses).

Finish the job. Finish off with Listerine.
King’s hosts first conjoint in Orthodontics under the Royal College of Surgeons of Edinburgh

A P McCoy OBE joins Bridge2Aid as new patron

Donated materials save teeth in rural Uganda

CEO of DPA takes legal action over unfair dismissal

Patients in rural Uganda have potentially avoided extractions and kept more of their own teeth thanks to DENTSPLY glass ionomer materials. The company donated materials to the Teeth for Life project organised by DENTTAID and Christian Relief Uganda.

DENTTAID and Christian Relief Uganda.

Project leader Barbara Koffman, who has been visiting Uganda since 1996 to run free dental pain relief clinics, says donations make a big difference to people with little or no access to dental care.

“When I first went to Uganda, I found a government clinic with very little in it, just two or three forceps and a mouth mirror without a handle,” says Barbara.

She developed a mobile clinical, staffed by volunteer dentists, hygienists and nurses to give hygiene instruction alongside clinical care.

On the most recent trip, in February and March, a small drill and the DENTSPLY GI material made a big difference. “Rather than take painful teeth out, we were able to restore them,” says Barbara. “We are very grateful for any help we are given.”

The next visits to Uganda will be leaving on 1st June and 6th September. Any qualified staff wishing to volunteer to help – with partners attending as helpers – can find out more at www.dentalaid.org.

CEO of DPA takes legal action over unfair dismissal

Leeds-based solicitors Cohen Cramer has been instructed by Derek Watson, former CEO of the Dental Professionals Association (DPA), in his unfair dismissal claim following the proposed transfer of DPA assets.

After taking independent legal advice on behalf of the members, Derek Watson advised the DPA’s Council that the transfer was unlawful, requiring a majority vote of DPA members. The proposed transfer went ahead and shortly afterwards, Derek was suspended for gross misconduct and subsequently dismissed despite having an exemplary employment record.

Derek Watson said: “I am devastated, having worked for the DPA and its members for seven years, by Council’s decision to instantly dismiss me following my advice on their legal obligations regarding the transfer of DPA assets. I am still hoping for, and working towards, a positive solution for the Association and its members.”

Cohen Cramer, specialist lawyers to the dental profession, have submitted a claim to the Employment Tribunal. “No employee should have to tolerate the kind of treatment described by Mr Watson. We are pursuing a number of claims with both the DPA and CODE to address this situation”, says Sarah Leyland, Head of Dental Employment Law.

Derek Watson

Shaenna Loughman, Bridge2Aids UK Manager said: “We are really pleased that A.P has agreed to become a patron. He has been a supporter of our work for many years now, showing an interest in the work that we do and helping raise much needed funds for Bridge2Aid.”

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“I really do feel that together we can make a real difference to people’s lives in one of the poorer parts of the world and urge you to support them in whatever way you can”.

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