The process to appoint a new Council member to the General Dental Council is underway.

The GDC is looking for a dental professional to join the Council which is made up of 12 lay and 12 registrant members. Candidates from all registrant groups can apply.

The recruitment will be carried out by the Appointments Commission which is independent of the GDC. The campaign opens the week commencing Monday 27 June and finishes at midday on Thursday 28 July. During this time, further information can be found on www.appointments.org.uk.

To be successful in this role, you will be committed to protecting patients and the public, able to demonstrate sound judgement, grasp complex information and be an effective communicator. You will also enjoy working as part of a team with the GDC executive in the achievement of high performance standards.

The GDC aims to confirm an appointment by September.

Could the deadline be extended for GPs?

After the CQC revealed that it was struggling due to a lack of resources, a consultation document has been published to set out plans to defer GP registration. Currently, the deadline for GP registration with the CQC is April 2012; however, the document proposes that the deadline be extended to April 2013. If the extension goes ahead it will mean that GP leaders will be able to raise the funding for the proposed £1,000 fee that practices will face.

However, for out-of-hours providers or providers of NHS walk-in centres, the 2012 deadline will remain the same.

CQC chief executive Cynthia Bower was also quoted as saying: “The aim of the delay is to try to improve the process for GPs, to give the Commission more opportunity to embed compliance monitoring in the sectors we already regulate, and to ensure registration is more closely aligned with accreditation schemes.”

GPC negotiator Dr Richard Vautrey welcomed the delay. “It will give practices breathing space,” he was quoted as saying.

Dr John Canning, chair-man of the GPC contracts and performance subcommittee, was quoted as saying that he believed the consultation could signal changes to the scope of registration.

However, as far as has been reported, the CQC have not revealed any plans to alter the scope of regulation.
Editorial comment

Dentistry seems to be a profession that loves challenges. Nothing ever seems to be easy, in fact it seems that often the profession goes out of its way to make life difficult for itself!

Take tooth whitening as an example. For a procedure that is so straightforward and so beneficial (especially when compared to the alternatives), the furore that surrounds it leaves even the brightest baffled!

What’s legal? Can we get supplies? Will Trading Standards (TS) knock my door down? Is this cosmetic or medical? Why is the hairdresser down the road not having these problems? For so many years it has been a minefield and so many times has it been thought that it was sorted, only for it to be confused once more.

Finally though it seems that there is white, sorry, light at the end of the tunnel with progress being made both ‘at home’ and in Europe. The letter sent to Dental Directory by TS Essex clarifying the position that they have no issue with chairside whitening products is a great step forward. It is hoped that TS offices across the country will take a consistent view.

Let us also throw our support behind the proposals by DH, the Department of Business innovation and Skills and the MHRA to make amendments to the regulations at EU level to make tooth whitening a properly regulated tool in the dental profession’s armoury.

‘Bad Nashers’ goes viral

A new viral video campaign has been developed by leading change agency ICE alongside NHS Coventry to help students look good on the dance floor by using their local NHS dentist.

The music-video ‘Bad Nashers’ is aimed at young people and students in an effort to encourage them to visit NHS dentists. It features the talents of ‘Lady Go’Diva’ – a cross between Coventry’s local heroine, Lady Godiva, and Lady Gaga and has been described as a tongue-in-cheek campaign.

The video for Bad Nashers follows Lady Go’Diva in her pursuit of perfect pearly whites across the social minefield of a night out in a student union bar. It’s being distributed via Facebook, Twitter, and email direct to 10,000 students – as part of the mission for the black-toothed pop diva to achieve web stardom.

Aaron Garside, Director of Social Change at ICE said: “It’s great to be harnessing the power of social media to help young people start thinking – and talking – about their dental health in a new way.

“We certainly had fun making the video, and so far, the people who’ve seen the teaser on Facebook have absolutely loved it – but the important thing is dispelling myths about NHS dentists, and helping more young people to realise that achieving that perfect smile doesn’t have to be expensive or painful!”

“This tongue in cheek approach aims to break down some of the myths around NHS dentists,” adds Kerrie Woods, Senior commissioning manager at NHS Coventry.

The video can be seen on Lady Go’Diva’s website www.coventry.nhs.uk/badnashers.

You can also find out more about Ladie Go’Diva at facebook.com/LadieGoDiva and twitter.com/Ladie_GoDiva.
Bill revisions tread sensible line, says BDA

The government’s response to the Future Forum report on the Health and Social Care Bill appears to tread a sensible line but requires more detailed analysis, the BDA has said. The response does not deviate from BDA-supported plans for dental commissioning, while appearing to address some of the areas of the Bill about which the BDA has expressed concerns.

The Government’s response restates its intention for the NHS Commissioning Board, the body that will take charge of commissioning dental care, to take on its full responsibilities from April 2015, as originally envisaged. The BDA supports this transfer of responsibility.

Amendments are, though, proposed in a number of areas in which the BDA has expressed anxieties or sought further details. The importance of professional input, something which the BDA’s lobbying activities have emphasised, is reflected in a proposed strengthening of the duty of commissioners to secure professional advice. The BDA’s call for effective local input into the planning of care is also reflected in the amendments.

The role of Monitor, and the lack of clarity about whether the organisation will license dental providers, has not been resolved by the amendments, although it has now been made clear that Monitor’s role is being refocused. A specific commitment has also been given that Monitor will not open up competition by requiring providers to access to its facilities in another part of the country, a measure the BDA has campaigned against because of its possible implications for practice ownership.

The BDA calls for clarity about the place and role of dental public health are also addressed by the amendments, which stress the importance of public health input and promise that Public Health England will be established as an executive agency of the Department of Health rather than within it. The BDA believes the body should be given NHS agency status.

Another key area of concern for the BDA, arrangements for dental education, is also addressed by today’s announcement, which guarantees a safe transition for the system during which deaneries will continue to oversee training of junior docs and dentists.

Dr Susie Sanderson, Chair of the BDA’s Executive Board, said: “While there’s more analysis to be done in order to understand properly the implications of today’s announcement, we are pleased to see that the central thrust of these reforms for dentistry, the move to national commissioning, has not been abandoned. The BDA supports this transition. We are also pleased to see that some of the areas about which we have expressed concern, for example, professional input, the place of dental public health, dental education and the role of Monitor, have been reconsidered. We will look carefully at these amended versions, seek clarity on their implications and continue to lobby to ensure that the revised Bill delivers new arrangements for dentistry that work for dentists and patients alike.”

JHA International awards honour Middle East launch of a London dental academy

Dr Abdul-Hamid was named International Dentist of the Year 2011 in recognition of his tireless work forging relationships with international universities and Saudi Department of Health to launch the Arab Academy for Oral health, which is planned to open in September.

The centre will be based at Eastman ICD, London, which is home to a host of well-reputed UK specialists. And also for setting up the Saudi British Medical Forum with the blessing of his Excellency the Saudi minister of health to promote the ties between healthcare organisations between the United Kingdom and the Kingdom of Saudi Arabia. Dr Abdul-hamid was honoured to spend 15 minutes with her majesty the Queen at the Buckingham palace garden party on 17th of July 2007 for his role in promoting British Dentistry in the Arab world.

Saudi Bin Majed Al-Duwaish, Chairman of Saudi Telecom Company was presented with a plaque in tribute to his personal and company’s support for the project and in fostering relations between the partners for this important Anglo-Arab initiative.

The awards were presented at the JHA Gala Dinner, held at The Royal Garden Hotel, Kensington on the eve of the 2011 Clinical Conference. For more information about James Hull practices contact 020 722 950 or visit www.jameshull.co.uk

Examining dental access

A symposium organised by the Faculty of General Dental Practice (UK), held on 31 May 2011 at The Royal College of Surgeons of England, an international panel of speakers addressed the issue of access to dental services.

A range of definitions of ‘access’ were presented to more than 60 key figures in dentistry, along with the challenges that arise from each. Benedict Rumhold of the Nuffield Trust argued that “equal access is about equal opportunity, not equal utilisation”, while Maria Goddard, Director of the Centre for Health Economics at York University contended that “utilisation is usually the proxy for access, but does it capture quality?” More access does not necessarily result in better access. Paul Batchelor, Honorary Senior Lecturer in Dental Public Health at the University of Manchester and Director of the FGD(UK)’s Diploma in Dental Health Services Leadership and Management, defined access as “the opportunity to use a service if the individual feels it appropriate”.

Evidence was presented of the progress made towards improving access to dentistry. Mike Warburton, formerly the National Director for GP Access at the Department of Health (DH), argued that work by the DH had greatly improved access. However, he stated concerns around the effective management of dental contracts by Primary Care Trusts (PCTs) in the past and described a number of DH initiatives to support PCTs in delivering dental access more effectively. He heralded achievements in improving access to the last minute Centre for Health Economics and quoted results from a recent GP survey showing that 96 per cent of patients who tried to get an NHS dental appointment in the last six months were able to do so.

Paul Batchelor asserted that new technologies have improved access and that the biggest barrier is cost, stating that “if you want to increase attendance, offer access as a free entitlement through lifelong registration.”
Good communication is integral to good care and a good working environment for the whole dental team.

For further information on this interactive learning programme please call 020 7400 8989 or email on info@smile-on.com.
Dental bibs pose cross contamination threat

In a recent report it has been highlighted that unsterilised bib chains that are used in dental practices can create a risk for cross contamination for patients.

A survey has been conducted on the various types of dental chains and clips by Noel Kelsch, a national infection control columnist, Registered Dental Hygienist and former President of the California Dental Hygienists’ Association. She directed the study after seeing debris falling from a chain she had planned to use to protect her uniform at lunch. What she found led her to write an article titled “Don’t Clip that Crud on Me” for RDH Magazine, a trade publication for dental hygienists.

When a bib chain comes into contact with hair or accumulates patients’ sweat, make-up and various oral substances from the mouth cross contamination can occur. For example, during a dental cleaning, saliva, plaque and even blood can come in contact with the bib and bib chain. For cross contamination to occur all it takes is for one of the dental team or a patient to come in contact with it.

“Studies have shown the more cracks, crevices and indentations on a bib chain, the higher the bacterial count. The problem with this when we use the same bib chain with patient, after patient, after patient, the accumulation creates a risk for cross-contamination.” Noel Kelsch said in one report.

According to a report, one specific study Kelsch conducted involved taking samples of bacteria found in a major U.S. airport bathroom and comparing them to the bacteria found on a used bib clip.

“What we were trying to do was put across to the public how bacteria-laden a bib clip can be, and what we discovered was, by looking at a bathroom floor at a busy airport, and looking at this bib chain, we got about the same level of bacteria in both of them. This is a risk that everyone needs to be aware of.”

What was also found was that disposable clips and holders that were freshly opened for each patient were free from contaminants and posed no cross-contamination threats.

“As an advocate for patient safety within the dental profession, one of the most important things I can do is keep patients out of harm’s way. By simply educating the public about this possible cross-contamination, we can make an impact and keep our patients out of harm’s way.” Noel Kelsch said.

Her findings echoed a study that had previously been conducted by the University of North Carolina at Chapel Hill’s School of Dentistry Oral Microbiology Lab; researchers there found that bib chains and clips are potential sources of contamination after sampling 50 bib clips from various hygiene and dental operations. The results concluded that one in five bib clips were contaminated.

APPG stops the rot

The All-Party Parliamentary Group for Dentistry held its Summer reception at Parliament, lending ministerial support to the issues surrounding oral health inequalities.

Under the banner of Can we stop the rot? Improving the oral health of children, the assembled crowd of politicians and members of the dental community took the opportunity to network and also hear from both the minister responsible for dentistry and NHS Manchester’s Consultant in public health.

Earl Howe, Parliamentary Under-Secretary of State with responsibility for dentistry, gave the opening speech at the event and said it was an exciting time for the profession, with the launch of the pilots that will inform the new dental contract.

He highlighted the progress made over the last 20 years in dental health, with the level of tooth decay in children dropping dramatically, particularly for 12-15 year olds, but said there were still improvements to be made with younger children’s oral health, and especially the issue of tackling regional variations and health inequalities. He explained that the Government has given a strong commitment to improving children’s dental health, but that a broad cross-sector approach was needed to ensure young children and their families access dental care, maintain good oral hygiene and adopt healthy diets. “The profession should be proud of progress made so far, but there is still hard work to follow”, he said, calling on professionals to work together to ensure good oral health for both children and adults.

He also praised the work of schemes such as Manchester Smiles, the dental public health initiative being led by the final speaker at the event, NHS Manchester Consultant in Dental Public Health Colette Bridgman, and its success in engaging with children, families and a wide range of professionals and services to ensure those who do not normally access dental health services are reached.

Dr Bridgman gave an overview of the Manchester Smiles scheme, which focuses on ensuring dental health is integral to public health and promotes partnerships working across a range of professionals to address the health inequalities in the region. “In Manchester, 40 per cent of children are in poverty and poor oral health is a mirror of the context of their lives. So, this is not just a dental problem, it cuts across a range of services and should be the business of all”, she said.

The Manchester Smiles scheme identifies the ‘missing thousands’ – the children who fall through the net as they do not attend a dentist regularly, and are therefore more likely to suffer from dental decay that is preventable. The scheme links up with children’s dental practices, schools, schools, dental services, school nurses and safeguarding children teams to provide timely preventive intervention, dental care and advice. Part of the scheme is the ‘Buddy Practice’, an initiative that sees dental teams visit schools at ‘drop off’ and ‘pick up’ times to give children a brief examination and apply fluoride varnish. Parents get advice on how to protect their child’s teeth at home and children are given a toothbrush and toothpaste, to encourage a good brushing routine. Children are then followed up after two months with a second session in the school for those who have not attended a full check-up at the dental surgery after the first session.

Dr Bridgman concluded: “The outcomes of the scheme speak for themselves. A large number of children are captured and those who are in pain get treatment. This has a knock-on effect to improve school performance. Dentists have been very enthusiastic about the scheme and welcome the opportunity to get out of the surgery and gain a better understanding of who does what in the system. There is great potential to roll-out this scheme in other parts of the country which have an identified need.”

Proud of our 50 Years in Quality Imaging.

For 3D Imaging, please read on...

Let Velopex lead you into the Digital Future...

www.velopex.com

Call: 020 8965 2913
Email: enquiries@velopex.com
Last week the British Association of Dental Therapists held their Annual Scientific Meeting and AGM in Manchester. The main talking point of the event was direct access.

Dental therapists who attended the event focused their discussions on the issue of direct access by patients to the services therapists provide.

The theme for the event Embracing and Changing the Face of Dental Therapy provided a backdrop to the intensive pressure the BADT and other organisations are putting on the GDC to look at direct access in the Scope of Practice revisited.

We asked you what your thoughts were on the issue of direct access for dental hygienists and therapists. Here is a selection of the comments we received:

“The lectures were all very interesting and it was great to have Barry Cockcroft there too. I feel fired up about the role of therapists but then came home for an interview today, where they are very keen but the principal is worried about how pay, she says if it is her COT and she is claiming the UDA’s how can I do some of it and what are the legal repercussions in terms of indemnity.”

“It is a constant problem that we will come up against until we can get our own performance numbers. I hope that with the work that Baldeesh Chana is doing we are moving forward to direct access, but how speedily is anyone’s guess.”

“We are a highly trained motivated adaptable workforce who would like to be able to examine, treatment plan, provide treatments and refer onwards and upwards when necessary; none of us would do anything beyond our competency, but we all would relish the chance to provide excellent treatment without the need to have a dentist refer downwards as is the case now, this point was made by our outgoing conference coordinator Dave Martin in our most recent journal.”

“As a dentist I feel this is ridiculous. Why did we spend five holiday free years at dental school? The main skill a dentist has is as a diagnostician. I seriously don’t feel dep’s have the right skills to take on this role. But I feel this is all backed by a government strategy to reduce the cost of dentistry. It is so obvious from the change of name from peds to dep’s to the current proposal. Ultimately patients will suffer. I am sure the corporates will find this opportunity of hierarchical leverage to be an easy business model to take advantage of.”

“As an Australian dental therapist – direct access is a must. The OHTIFs and DTs in the UK should be trained in diagnosis and treatment planning – to be similar to those of us who trained in Australia and New Zealand. With this training, there should be no barrier to direct access, as we have in Australia and New Zealand.”

**Direct access – your views**

According to the NASDA goodwill survey for the quarter ending April 50th, the average goodwill value of a dental practice increased by roughly 10 per cent in the first few months of 2011. The deals struck between January and April of this year show that the average sale value has gone up from 84 per cent to 97 per cent of turnover.

This good news is not spread equally across the board, however, as NHS and mixed practices are faring better. The average NHS practice reached more than 105 per cent of turnover while private practices fetched just over 90 per cent. (NASDA define a private practice as one with an income of 80 per cent or more from private fees). Meanwhile, the sale values are still generally above valuations for goodwill.

Alan Suggett, a partner in unw LLP in Newcastle who carries out the NASDA goodwill survey, commented: “NHS practice values appear to be holding up in value, and so do mixed practices, but private practices are having a tougher time.”

Alan added: “I am still concerned that the market value of private practices is clouded by those practices which are “sticking”. If practitioners are holding out for an unrealistically high sale price then the proportion of low value deals will be less, and the “average” could therefore be misleadingly high.”

Russell Abrahams, a lawyer member of NASDA, said a private practice valued at more than £500,000 was, unless it was exceptional, virtually unsaleable. “Although the economy generally appears to be recovering, private practices are seeing bigger gaps in their appointment books and this is reflected in goodwill values.”

Meanwhile, Russell said, banks were becoming ever more reluctant to lend to dentists. One senior bank manager recently employed a traffic light analogy to illustrate the dramatic change in policy at his bank, saying that while property generally had gone from amber to green, dental lending had gone the other way, from green to amber.

**DNA testing to prevent gum disease**

A new study that will attempt to use DNA to detect and predict the risk of gum disease has been commissioned in the USA.

The University of Michigan, School of Dentistry has partnered up with Interleukin Genetics Inc. in order to conduct the breakthrough study, and will take place over the course of one year, collecting genetic information from around 4,000 people.

Should positive results arise from the test, they could prove very important for the preventative care in fighting serious oral health complications.

In the past, several researches pointed out that genetics is closely linked to gum disease; it has also been proven that factors such as low birth weight or heart disease complications are an indicator of developing periodontal gum disease later in life.

The issue of DNA testing has proved controversial in the UK in recent years. Tests now exist that can detect common disorders such as diabetes and heart disease, but many people fear discrimination by insurance companies. People in the USA are already protected by The Genetic Information Nondiscrimination Act of 2008, which prohibits discrimination on the basis of genetic information with respect to health insurance and employment.

The results of the initial genetic test will be then combined with the two leading factors of diabetes and smoking. Researchers will also examine rates of tooth survival against what kind of dental treatment plans people have. All these results will give the researchers enough precious data in order to see how they correlate.

To view the source of the article visit http://worlddental.org/dental-news/genetic-testing-prevent-gum-disease-compliations/4652

**£200K funding available for primary care research**

Applications for funding for research projects in two areas are being sought by the Shirley Glasstone Hughes Trust Fund this year. Bids for the 2011 competition are invited for research projects that explore one of two questions:

1. Does dentists’ fear have an adverse effect on clinical decision making?
2. Which dental liners under amalgam restorations have greater patient benefit?

The questions have been selected after a review of 12 topics suggested by users of the Primary Care Dentistry Research Forum, an online community that helps general dental practitioners to shape the research agenda. A maximum of £200,000 of funding is available to the successful applicant(s).

The successful projects are expected to begin in January 2012 and should be no more than three years’ duration. Bids are welcomed from UK-based candidates only and will be judged on criteria including their originality, relevance and quality enhancement in primary dental care and the involvement of dental practitioners in the research.

Full details of the award and how to apply are available at: www.bda.org/dentists/policy-research/research-overview/shirley-glasstone.aspx.

The deadline for applications is 19 September. The trustees of the fund are expected to announce which bids have been successful by the end of November.

Dental practitioners are also encouraged to submit topics for consideration for the 2012 shortlist. They can do so by logging on to the Primary Care Dentistry Research Forum at: www.dentistryresearch.org.
Don’t lose your smile factor

The British Dental Health Foundation (BDHF) is urging people to change their attitudes towards their teeth and dentists, or risk losing their ‘Smile Factor’ forever.

The British Dental Health Foundation has been promoting good oral health as part of its National Smile Month campaign. The Foundation believes the nation is not making oral health a priority and people need to adopt a different attitude to their teeth and oral care if they are to keep their ‘Smile Factor’ – the theme of this year’s campaign.

The Foundation has developed a checklist, challenging the public to change their views towards their oral health. This includes advice to develop knowledge in order to become a healthier patient, be proud of their natural teeth – you don’t have to be perfect to have the ‘Smile Factor’ – and keep a good diet, staying away from sugary foods and drink to help maintain good oral health.

Other steps encourage to give up smoking, to prevent staining teeth and to pamper our teeth as much as we do our skin and hair, both of which will boost our ‘Smile Factor’. There is also advice to visit dentists regularly in order to prevent oral health from deteriorating.

The BDHF has found that nearly half of the population admitted to regularly skipping brushing their teeth. They discourage this completely, recommending a routine of brushing for two minutes, twice a day, using a fluoride toothpaste.

The tips also encourage to “count our smiles”; smiling, they say, is infectious, and makes a huge difference to our mood and relationships. The Foundation states that receiving and sharing 25 smiles a day will boost your confidence and ‘Smile Factor’.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: “Following these tips will not only give you good all-round oral health, they will give you a renewed energy and the confidence to portray your smile on a daily basis.”

Information is available from the British Dental Health Foundation’s website at www.dentalhealth.org. Confidential advice is also available by phoning the Foundation’s Dental Helpline on 0845 065 1188.

Dentist faces jail for parking Ferrari

A millionaire dentist who used a deceased gentleman’s disabled badge to park his Ferrari for free faces being struck off the dental register.

Dr Chirag Patel, 33, admitted two charges of misusing the permit on December 8 and 9, 2009 and a judge has ruled that he must now stand trial for fraud.

However, Patel denies the more serious count of fraud, which carries a sentence of up to five years imprisonment. If he is convicted it could mean that he will be taken off the GDC register.

According to one report, Dr Patel, who lives in a £2m house in Coombe Lane West, Kingston, tried to get the charge thrown out at South Western Magistrates’ Court; according to his lawyers the charge was “irrational and oppressive”.

However, district Judge Barbara Barnes ruled Wandsworth Council acted properly by pursuing the case and the case will return to trial on September 9.

Chocolate makes us smile the most

The British Dental Health Foundation has asked hundreds of people what makes them smile the most. In a close fought competition a simple bar of chocolate has topped the poll, followed by ‘seeing a loved one’.

Food and ‘relationships’ were common inclusions in a bewildering array of things mentioned in the poll, which spontaneously gave people the ‘Smile Factor’ – the theme of this year’s National Smile Month campaign run by the BDHF.

Around half of respondents featured chocolate on their list of items, with 60 per cent of women making it their favourite choice. Men preferred a Sunday roast to chocolate, but both scored highly.

The contagious nature of smiling was also highlighted by around a third of people saying they smiled when they ‘saw someone else smile’.