A breathing space

This week's announcement that 2012-13 entrants will see their year five fees fully covered by the bursary is a good short-term solution that provides breathing space for a longer-term solution to be agreed. The British Dental Association (BDA), has been lobbying for what looks like a huge gap in student finance that could have seen nearly 20% of the 4,500 students applying for courses this year without knowing the size of the financial commitment they were making. Other representative bodies have been lobbying for a resolution of the situation which appeared to run against the Government's own policy of ensuring free access to the professions for young people. But it is clear that the solution is a stopgap measure for a single year's cohort of entrants to dental and medical degrees, leaving a longer-term solution still to be negotiated.

Sex doll inspired robot

Researchers in Japan have developed a dental training robot that can sneeze, shake its head, cough, gag, and even close its mouth when feeling a jaw ache. The robot was created by researchers at Japan's Showa University, with help from the country's top sex doll manufacturer Orient Industry to make it as life like as possible. The Showa Hanako robot was first developed 10 years ago, but this revised second version is more realistic.

COC: “Let’s start talking again”

Care Quality Commission Director makes commitment to re-engage with the dental profession

At a recent debate on dentistry, the ‘new’ new contract and regulation within the dental sector, Care Quality Commission (CQC) director of operations Amanesh Sherlock announced her commitment to re-open dialogue with the dental profession to ‘move regulation to a place where it is proportionate and workable’.

Acknowledging the difficult start to the profession’s relationship with the CQC, Ms Sherlock was very frank and honest about the problems that the regulator has had in getting to grips with registering more than 9,000 dental practices across England, and how there is a high level of mistrust and a low level of confidence within the profession for the CQC.

Calling on all members of the profession to engage with the CQC, Ms Sherlock said: “What I want to do is start a conversation.

“The CQC needs to engage with the profession so that we can develop our services to a place where we want to be. There needs to be a meaningful relationship between ourselves as the regulator and the dental profession as the regulated.”

Discussing the expectations that all stakeholders in the process have, she discussed the current situation from three viewpoints: the regulator; the customer (meaning patient), and his other patients, especially when she’s sitting having moulds done. In the interview she said: “My dentist plays the guitar for me when I have moulds in my mouth. It’s odd but it’s the truth... And you can’t get out of the chair so you’re sort of stuck listening to it. Not that it’s not good or anything by the way.”

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