CQC forced to defend dental registration

On the 28th June 2011, Care Quality Commission (CQC) Chair Dame Jo Williams DBE was forced to defend the organisation’s handling of the registration of dental providers.

After some intensive questioning by the House of Commons Health Select Committee, Conservative MP David Tredinnick (Bosworth) reminded the committee of the British Dental Association’s view that that registration had been “shambolic”; he also asked whether she thought that assessment was fair.

Dame Williams acknowledged that there had been difficulties with the application of CQC regulation to dentistry, and she explained that even though the organisation has a single process for registration, using it for dental practices had been cumbersome. Dental practices are being faced with constraints due to the regulations even though some of them apply less to dental practices than to hospitals.

Following sustained questioning by Labour MP Rosie Cooper on CQC’s failure to publish up-to-date information about its investigations on its website, the CQC Chair also faced a suggestion from Select Committee Chair Rt Hon Stephen Dorrell MP that the public should have been a higher priority than registering dentists. However there was no explanation behind why the registration of doctors has been delayed to 2014.

Throughout other areas of healthcare, confidence in the industry regulator is also slipping fast. Workers in the residential care home sector have recently signed a petition of no confidence in the CQC, saying they had no confidence the CQC could effectively “regulate” health and social care.

The issue was discussed after BBC Panorama alleged vulnerable adults at a unit near Bristol were being abused; however, the CQC said no regulator “could stop all unacceptable behaviour”.

In one report, delegates were quoted saying that “robust and effective regulation” of the industry was essential but they had “concluded that they have no confidence that the CQC is capable of delivering an effective system of regulation for health and social care”.

Smoking ban to be revised

A recent report has stated that three MPs have joined forces with campaigners to call for the smoking ban in UK pubs and clubs to be relaxed. The ban on smoking came into effect in 2007 to protect pub staff and non-smokers and according to Conservative Greg Knight, Lib Dem John Hemmings and Labour’s Roger Godsiff, the ban has had a devastating impact on the pub industry.

Over the past few years thousands of pubs across the country have closed and many believe that the ban has played a huge role; the Save Our Pubs and Clubs campaign says that after three years, Scotland had lost 467 pubs (71 per cent of the total estate), Wales 274 (75 per cent) and England 4,148 (76 per cent). According to certain campaign groups, working men’s clubs have been hit the hardest, with many closed and the remaining ones struggling to survive.

However, the three MPs are appealing for a change in the law, explaining that the current law is excessive and should be relaxed. If it goes ahead it will mean that landlords will have the choice of how they manage smoking on their premises, such as whether they want a smoking room.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter spoke out against any relaxation of the ban, saying: “The repercussions of a relaxation of the smoking ban would clearly have a detrimental effect on oral health and increase the risk of oral cancer.”

“The Foundation strongly suspects the reasons for the MP’s campaigns for such a move are driven by vested interests in the licensing trade. It is highly unlikely should this motion be brought to the House of Commons that it would be passed, as less than 12 months ago they voted on this issue and it was overwhelmingly defeated.”

“The reduction in levels of smoking since the ban was introduced and the health dividend that has already been seen would therefore represent a backward step in the oral health of millions.”

Mick McGlasham, general secretary of the Clubs and Inns Union, which represents more than 2,000 working-men’s clubs, said in a BBC report: “The ban was passed because politicians wanted to protect staff and non-smokers, but there is no reason why we cannot have a separate smoking room in what are private premises, especially with modern ventilation.”

Other supporters of the campaign include the think tanks Progressive Vision and the Adam Smith Institute, and the campaign group Forest, which fights for greater freedom for smokers.

Continuing with the smoking debate, Alex Cunningham, MP for Stockton North, recently proposed a smoking ban in private vehicles when there are children present.

According to one report, Stockton North ranks fifteenth in the UK according to British Lung Foundation research, meaning the children in Mr Cunningham’s constituency are at high risk from the dangers of passive smoking.

Mr Cunningham should be applauded for his concern on this serious health issue confronting children in Britain today. A study by Aberdeen University showed that smoking in a car exposes children to levels of smoke comparable to levels in a smoke filled pub, meaning that children can be exposed to seriously dangerous concentrations of passive smoke.

Antimicrobial surgical masks gain clearance

According to a recent report, Filigent has received US Food and Drug Administration (FDA) marketing clearance for the BioFriend BioMask for sale in the US as a class II medical device.

The surgical facemask is both antimicrobial and antiviral and incorporates a hydrophilic plastic coating along with an antimicrobial inner layer; according to the company the coating and inner layer does not restrict airflow and is totally safe.

The white outer white shield is reportedly formulated from a mixture of food additives and the inner blue layer uses ingredients for biomedical use that are supported by the FDA.

The masks are reportedly effective against 18 strains of human, avian, and animal influenza. Filigent noted how they are also effective against tuberculosis, MRSA, Staphylococcus aureus (MRSA), and other dangerous diseases.
Editorial comment

I have a confession to make; when listening to Amanda Sherlock from the CQC speaking about how registration for dental practices had been difficult and that it had not been an easy relationship to get started, I only just managed to resist the urge to stand up and shout a certain well known phrase that would have fitted nicely with the speaker's surname!

To be fair, she was trying to put the current situation in context and she does have the greatest excuse in that she only began work at the regulator in April of this year, thereby exonerating her from any and all previous actions by the CQC.

Now, like any normal human being I want to think the best of people and take Ms Sherlock at her word that there will be a new era of dialogue and cooperation between the profession and the CQC. I would also like to think that the profession will welcome this opportunity to re-engage with the CQC to put right what is clearly wrong.

However, the cynical journo-type in me is wondering if it is really too good to be true. Let us put this to the test – send me your comments and queries and I will put them to the CQC and Ms Sherlock. Let’s be the change we all want to happen.

Grant awarded for first oral bacteria database

A team of researchers at King’s College London and the Forsyth Institute have been awarded a large grant by the US National Institute for Dental and Craniofacial Research (NIDCR) to continue their work on compiling the first comprehensive list of oral bacterial species, The Human Oral Microbiome Database provides descriptions of each species together with tools for analysis of their DNA.

Most bacteria living in the mouth are thought to be important for maintaining the health of teeth and gums, as well as for general human health. A smaller number are potentially disease causing. The database helps scientists studying the role of specific bacteria in human health and disease, and paves the way to constructing similar databases for other body sites such as the skin and the large intestine.

The NIDCR grant will enable the researchers to continue cataloging the Human Oral Microbiome and describing the 1,000 different bacterial species found in the human mouth. The information is available on the Human Oral Microbiome Database website (www.homd.org) and has been a valuable resource for the dental and medical research communities since 2008.

William Wade, Professor of Oral Microbiology at King’s College London, comments: ‘The new work will focus on extending the database to include newly described oral bacteria, many of which are being discovered at King’s and the Forsyth Institute.”

In addition, new methods developed at King’s to cultivate bacteria that have not been grown in the laboratory before will be used to obtain cultures of these organisms to deposit in culture collections for the benefit of other researchers. DNA purified from these cultures will be submitted to the National Institutes of Health Human Microbiome Project for genome sequencing.

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Queen's dentistry school could lose teaching status

It has been revealed that Queen's University in Belfast, is currently being inquired regarding concerns about the level of resources and teaching. The university, which is the only dental school in Northern Island, has not only found itself at risk of losing its teaching accreditation which it requires from the GDC, but also having to make £11m in efficiency savings and absorbing 200 job losses.

The Belfast Telegraph revealed the GDC's chief executive and registrar, Elynve Gilvarry, wrote to the vice chancellor at Queen's following concerns about the level of resources being dedicated to teaching dentistry. The letter was followed with an inspection and the report is due to be published.

Just three years ago Queen's University was named as having the top dental course in the UK by the Times Good University Guide. At the time, Profess Paddy Johnston, Dean of the School of Medicine and Dentistry at Queen's, was quoted as saying: “This is a wonderful achievement by my dental colleagues, especially as we drive towards the development of an international research-led dental school in the next few years.”

One report stated how Jim Wells, deputy chair of the Stormont health committee, was disappointed to learn about the inspection, and was quoted saying: “We don’t know what the findings of the inspection will be but it is extremely worrying that professionals felt the need to raise concerns in the first place.”

“This is a blow for the university and hopefully will not result in the closure of the dental school, which would be an absolute disaster.”

A spokesman from Queen's said: “We can confirm that the GDC undertook an inspection as is normal every four or five years. We are awaiting the report.”

However, a GDC spokeswomand said: “From time to time the GDC is contacted by dental professionals who are concerned that a school is not up to standard with regard to its compliance with the Dental Act 1999. This is part of their general inspection of the university to the education provider in question for further information and a response.”

“The GDC’s chief executive and registrar, Elynve Gilvarry, has written to the vice chancellor at Queen’s University Belfast following concerns about the level of resources being dedicated to teaching dentistry. An inspection was carried out earlier this month and a report from the inspectors will be available in due course.”

Could vitamin D lower susceptibility to gum disease

Recent research in the United States has revealed that vitamin D could lower susceptibility to gum disease and other oral infections.

The research – instigated by Gill Diamond, of the New Jersey Dental School in Newark – shows that Vitamin D can help prevent gingivitis, which affects more than a quarter of adults.

Diamond’s earlier research has shown that Vitamin D – absorbed by the body through exposure to sunlight and foods such as fish and egg – stimulates lung cells to produce natural antibiotics that kill bacteria. The latest research has highlighted that specific genes – previously thought not to be in part of the Vitamin D pathway – are now also likely to play a vital role in fighting infections and killing bacteria. This discovery is likely to lead to new Vitamin D treatments, which will help those suffering from gingivitis and other medical illnesses, possibly cystic fibrosis.

The study has also suggested that cells within the body – such as lung cells and the epithelial cells in the gums – can activate in active forms of Vitamin D. Upon discovering this, Diamond stated “this means that we may even be able to use vitamin D therapy topically, if that proves true.”

The Food and Nutrition Board in the United States has established guidelines, recommending that children and adults need 700 International Units (IU) of Vitamin D, with the elderly recommended a high 800 IU. However, other experts have recommended a much high intake is needed, with 5,000 IU being recommended for adults and teenagers. Those with health issues may be recommended a high Vitamin D intake.

Vitamin D has been a research area of interest recently; recent studies suggest that Vitamin D can also help protect us some forms of cancer and autoimmune diseases, as well as targeting infections and gingivitis.

First graduates to help fill North West dental gap

It’s smiles all round for the first 50 dental students who have completed their studies at the University of Central Lancashire’s (UCLan) £5.25million School of Dentistry.

During their training the students have seen over 5,000 patients, undertaken nearly 9,500 fillings and providing treatment ranging from preventative advice up to quite advanced procedures. The students are the first to complete their course in an entirely new model of dental education based on training in community.

UCLan’s School of Dentistry came about as a result of a close cooperation between the University and the NHS who were keen to support the training of dentists in the local area. Not only would the students provide dental treatment during their training; but it was envisaged that many of them would stay and work in the locality after qualification.

21 of the 50 graduates have secured their mandatory training places in the North West and hope to remain in the region to enhance local NHS dental services. When it opened its doors in September 2007, it was one of two new schools to be created in England for over 100 years.

To help mark their achievements the graduates were joined recently by Barry Cockcroft, Chief Dental Officer from the Department of Health, at a celebration dinner, held at UCLan’s Westleigh Conference Centre.

Professor Lawrence Mair, Head of the School of Dentistry at UCLan, said the University’s new school has been a huge success: “Clinical experience has been at the root of our approach because dentistry is a skill and skills develop through practice.”

We have, of course, also had the backing of the ADEA, which is the American Dental Association, and their president has been with us every step of the way.

In the future I plan to continue my studies and may look for a postgraduate course in implants or root canal treatment.”

Artificial nose smells out oral cancer

Scientists at the Israel Institute of Technology have created an artificial nose that hold the key in detecting head-and-neck cancer (HNC).

The artificial nose, which was built by Professor Hossam Haick and his team, can detect molecules in human breath that are linked to oral, head and neck cancers, meaning it will become a critical tool in identifying hard-to-detect cancers in their early stages.

According to one report, the Nanoscale Artificial Nose (NA-NOSE) has shown that it can distinguish between not only head-and-neck cancer patients, but also lung cancer patients; it can also distinguish those who are free of oral cancer simply by sampling a breath test.

The Nanoscale Artificial Nose (NA-NOSE) consists of five gold nanoparticle sensors, which are linked to software. The software is capable of detecting patterns of molecules that are found in the breath of people with head, neck or lung cancer.

Although NA-NOSE produced remarkable results, the device needs to be cleared for use in doctor’s offices.
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The programme is designed to encourage the student to take responsibility for his/her own learning. The emphasis is on a self-directed learning approach.

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Students will be able to communicate with a diverse multi-ethnic global community of peers, with who they will also share residential get-togethers in fantastic settings around the world.

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Lingual Accreditation launch by BLOS

An accreditation scheme has been launched by the British Lingual Orthodontic Society (BLOS), as a demonstration of an orthodontist’s skill and ability and their commitment to specialist post-graduate education. BLOS members can now apply to become BLOS accredited.

The UK is one of the countries where lingual practice is most advanced and the aim of BLOS and its dedicated membership is to achieve equivalence with other leading lingual organisations. Both the World and European Societies of Lingual Orthodontics already run accreditation schemes. The standard of BLOS accreditation is designed to be as high, in order to celebrate the achievements of its members.

In order to apply for accreditation, the orthodontist must be a member of BLOS. Three cases are required for the examination, with a treatment need of IOTN 4 or 5. At least one must be an extraction case, to demonstrate complex, sliding mechanics and arch-form control. Cases will be submitted electronically using atemplate designed in conjunction with the European and World Lingual Orthodontic Societies.

There will be two independent judges and a Chief Examiner, all internationally recognised lingual orthodontists. The examination documents and models will be presented for viewing at the BLOS annual meeting. The deadline for application is October 14th 2011 and cases will be on display at the BLOS study group meeting on November 5th. The Chief Examiner for 2011 will be Dr Dirk Wiechmann.

Several orthodontists have already expressed an interest in applying for accredited status. Paul Ward, BLOS chairman, said: “We are designing the accreditation process so that it is an achievable and worthy challenge, a clear demonstration of the clinician’s commitment to excellence in lingual orthodontics.

The case submission templates have been designed in conjunction with the other International Societies of Lingual Orthodontics and the examination standards are of an equally high level to ensure parity between the groups.”

Small increase in clinical academic staffing numbers

Data published by the Dental Schools Council revealed a 4 per cent increase in the number of clinical professors, senior lecturers and teachers in dentistry during the 2009-10 academic year, to a total of 590 Full Time Equivalents (FTE), and a 20 per cent increase in the number of senior clinical teachers and clinical teachers to a total of 155 FTE.

Whilst dental schools are positive about the increase in total number of clinical academic staff for the fourth consecutive year, the number of research-active clinical academic dentists (Professors, Senior Lecturers, Readers and Lecturers) remain 28 per cent lower than in 2000. Since 2005, with the smallest number of dental clinical academics (435 FTE) in the decade, there has been a 25 per cent expansion in student numbers and the creation of three new dental schools (Peninsula, Aberdeen, UCLan); the number of clinical academics has increased by 21 per cent in this time, but the number of research-active clinical academic dentists has shrunk by a further 10 per cent (to 590 FTE).

The recent survey of Oral Health in England, Wales and Northern Ireland (Health & Social Care Information Centre 2011) highlighted the importance of oral health to the health of the population. Although oral health has improved overall, dental care is becoming much more complex as older populations retain teeth, whilst severe periodontal (gum) disease has increased slightly in the last decade. Dental schools and the dental clinical academic staff therein are responsible for training and preparing future generations of dentists to provide care in this changing and increasingly complicated world. They are also responsible for most of the research, innovation and technological development that will help improve health and reduce costs in the long term.

The survey can be accessed online at www.dentalschools-council.ac.uk/clinical_academic_staffing_survey.htm

Three hours of verifiable CPD in the official Showcase Show Guide

Following the success of the initiative since 2009, members of the dental team will be able to gain verifiable CPD hours for reading the Show Guide which accompanies BDTA Dental Showcase.

There will be a total of five articles featuring in a special CPD section of the Guide covering clinical and business topics.

This initiative is exclusive to Showcase visitors, only those who attend the event will be able to participate. Dentists and DCPs will be able to claim a maximum of three hours of verifiable CPD by reading the articles and answering a series of multiple choice questions, of which three out of the five articles of their choice.

The answers will need to be submitted online after the event.

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BDTA Dental Showcase 2011 takes place between 20-22 October 2011 at the NEC, Birmingham. To secure your free of charge entry to the show, register for your ticket at www.dentalshowcase.com, call the registration hotline on +44 (0) 1494 729559 or text your name, address, occupation and GDC number to 07868 206 276. Advance registration closes on 17 October 2011. On-the-day registration: £10 per person.

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Oral diseases may be reclassified

Oral diseases may be classified into the list of noncommunicable diseases (NCDs) after the FDI World Dental Federation called for the change within the United Nations and World Health Organisation (WHO).

During a hearing at the UN headquarters in New York in June this year, Jean-Luc Eiselé, FDI Executive Director, suggested that the current list should be extended. At present the list comprises of cancer, diabetes and respiratory and cardiovascular diseases.

Alongside the four major NCDs, including unhealthy diet (particularly high sugar consumption), tobacco, and harmful alcohol use, it has been reported that all oral conditions share common risk factors and it has been stated that oral health professionals play a vital role in the prevention, early diagnosis and treatment of the disease.

During a proposal on behalf of the World Health Professions Alliance (WHPA) campaign on NCDs, Dr Eiselé made a warning call of the global epidemic of NCDs, which were later echoed by Dr Habib Benzian, Director of the NGO ‘Fit for School International’, who stated how: “the most common disease worldwide is dental caries, tooth decay. It has large impact on societies, on children, on each and every one of us ... don’t forget oral diseases in the context of NCDs.”

Dr Eiselé also stressed the vital role of health professionals, and explained how they play a key part in reducing the global NCD burden through health promotion, disease prevention, patient care and reha bilitation.

Protecting patient confidentiality

A new software which monitors who is accessing a patient’s medical records is being piloted in West Wales as part of a wider information security initiative.

The pilots, which are planned to run for six months, are being run by the NHS Wales central information governance team and the Hywel Dda Health Board.

The software, called the Fair Warning privacy monitoring software, will be used to ensure that only the right health staff are seeing patient information.

It will also monitor who they are treating and check that information is not be accessed when it shouldn’t be.

According to a report, the NHS Wales Information Service pilot will evaluate whether this kind of software could be successfully used to ensure that the Individual Health Record, Welsh Clinical Portal and other initiatives are securely and safely used.

Brush baby founder named Entrepreneur of the Year

Child oral health company Brush-Baby is celebrating success after its founder Dominique Tillen was awarded an Entrepreneur of the Year award for her pioneering and innovative work launching Brush-Baby.

The recognition demonstrates the company’s fantastic commercial success and unrivalled product offering. Indeed, Brush-Baby products can be already be found in Waitrose, John Lewis, Mothercare, Sainsbury’s, baby shops, pharmacists and dentists nationwide, and also has a growing presence in Europe, the Middle East and Australia.

Brush-Baby’s concept of an ‘oral care pathway for babies and young children’, is built around a highly original, contemporary product range whose ultimate aim is to ‘improve the oral health of young children’. The company’s first product, the Brush-Baby Chewable Toothbrush launched in 2009.

The first of its kind worldwide, it is a combined versatile chewable toothbrush and teether that toddlers can use themselves, satisfying their natural urge to chew. As they do so, it helps to clean teeth, massage gums and soothe tender teething gums.

Commenting on her award win, Brush-Baby founder Dominique Tillen said: “I am really pleased to have won this award and my thanks to the retailers and parents who have put their trust in our products and come on this journey with us. Brush-Baby products fill the gap in the market for appropriate child centred products and are becoming increasingly relevant today as young children’s oral health becomes a real cause for concern with parents, the dental profession and policy makers alike.”

Brush-Baby unveiled its oral care pathway at The Dentistry Show in March 2011 and is now available to order. The complete range includes DentalWipes™, innovative toothbrushes and Xylitol / Fluoride toothpastes for babies and children aged from birth to six years.

Eye-catching packaging is backed by stand-out POS graphics and engaging pack photography, and offers significant cross-selling opportunities to further energise consumer demand.

To discuss retail opportunities, please contact Brush-Baby on 0845 520 2229 or email domique.tillen@brushbaby.co.uk.

For more information, visit www.brushbaby.co.uk.

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