Robotic operation in UK
A minimally invasive treat-
ment of oropharynx cancer is
owned available at the Welling-
ton Hospital in London. The
one-hour technique known as
Transoral Robotic Surgery
allows a surgeon to remove
the cancer without splitting
the jaw or taking tissue from
other parts of the body. It in-
volves the use of the Da Vinci
robot to access the tonsils
through the mouth and unlike
a traditional surgery carried
out by two surgical teams, it
has less complications. Pa-
tients are in hospital for just
a week and do not need long-
term feeding tubes as they
are able to swallow normally
soon after the surgery.

Sleep deprivation
Three studies being present-
ed at SLEEP 2012 conclude
that obesity and depression are
the two main culprits making
us excessively sleepy while
awake. Researchers at Penn
State examined a random popu-
lation sample of 1,741 adults
and determined that obesity and emotional stress
are the main causes of the
current “epidemic” of sleepi-
ness and fatigue plaguing the
country. Insufficient sleep
and obstructive sleep apnoea also
play a role; both have been
linked to high blood pres-
sure, heart disease, stroke,
depression, diabetes, obesity
and accidents. In the Penn
state cohort study, 222 adults
reporting excessive daytime
sleepiness (EDS) were fol-
lowed up seven years later.
For those whose EDS per-
mitted, weight gain was the
strongest predicting factor.

The three abstracts are being
presented at SLEEP 2012, the
26th annual meeting of the
Associated Professional Sleep
Societies (APSS) in Boston.

Redheads and dentists
A new study by the Journal of
the American Dental Associa-
tion has suggested that red-
heads fear getting their teeth
checked out by a professional
more than the average Jane.
The study’s authors recruited
144 people for the study, 87 of
whom were natural redheads,
and 77 who were dark-haired.
The participants answered
survey questions about any
fears or anxieties related
to dental visits, and the re-
searchers took blood samples
that they later tested for spe-
cific gene variants common
in people with red hair. People
with one specific gene, MC1R,
were more than twice as like-
ly to report that they avoided
dental visits because of
fear and anxiety than peo-
ple without that gene.

Dame Jo Williams, Chair
of the Care Qual-
ity Commission (CQC) recently announced the ap-
pointment of David Behan as
the Commission’s new Chief
Executive.

David is currently Direc-
tor General for Social Care,
Local Government and Care
Partnerships at the Depart-
ment of Health, prior to which
he was Chief Inspector of the
Commission for Social Care
Inspection. He has served as
President of the Association
of Directors of Social Servic-
es and as Director of Social
Services for Greenwich, Mid-
lesborough and Cleveland
Councils.

David joined the Depart-
ment in 2006. For the last six
years, he has made a major
contribution to the work of the
Department as a member
of the Departmental Board and
the NHS Management Board.
He has led on work to reform
adult social care, and has
worked closely with local gov-
ernment to deliver the system
reforms set out in the Health
and Social Care Act 2011.

In his previous role, he was
the first Chief Inspector of the
Commission for Social Care
Inspection. Before that, David
held a number of leadership
and senior roles in the social
care and health sector, build-
oning on the frontline experi-
ence he gained at the start of
his career in 1978. His contri-
bution to social care was rec-
ognised in 2004 by a CBE for
services to social care.

He will replace Cynthia Bow-
er, who announced her resig-
nation in February.

Dame Jo said: “I am de-
lighted to confirm David as
our new Chief Executive. The
quality of applicants was ex-
ceptionally strong, but David’s
combination of frontline and
regulatory experience, cou-
pied with his commitment to
making a difference for people
who use services, made him
an outstanding candidate.

“His clarity of vision and
strong track record on de-

delivery will be crucial to driv-
ing high quality care, but that
services are fit to achieve qual-
ity and outcomes for people
who use services, made him
an outstanding candidate.

whilst providing assurance
that our health and care ser-

“David will take his wealth
of experience of health and
social care to a vital role –

making sure that not only are
patients and service users get-
ting high quality care, but that
their dignity and experience
is as important as their treat-
ment and care. I wish David
the best in his next role.”

Permanent Secretary Una
O’Brien said: “David has made
an outstanding contribution,
not only to the Department of
Health, but to the entire social
care sector. I wish him all the
best for the future.”

www.dental-tribune.co.uk
A recent story run by a national newspaper of images showing children coming round from anaesthetic after having their teeth pulled out has caused unrest in the dental world.

The before and after shots, which were taken in an effort to dispel patients’ fears of the dentist, show the faces of several children before and after they are put under general anaesthetic.

The images show the children at Sheffield’s Children Hospital looking cheerful, alert and happy before they undergo the procedure and then confused, scared and covered in blood in the photos after they have had their teeth pulled out.

According to the report, photographer Andy Brown decided to create the series to show the young patients’ bravery during what can be a singularly traumatic childhood experience.

However, the exhibition is seemingly having the opposite effect: The first picture is of a six-year-old boy, who reportedly told his mother he ‘wouldn’t be able to smile because his teeth hurt’; the second picture is of a little girl who looks scared and disorientated after having been unconscious for more than an hour; the third child looks dazed and confused, whilst the fourth child looks exhausted and worn down.

According to the report, after their first portraits were captured, the children were put under general anaesthetic for tooth extraction and remained unconscious until just before the second pictures were taken in the recovery room hours later.

Sheffield-based photographer Mr Brown said in the report: “In recovery, children were disorientated, woozy from the general anaesthetic and often upset. Their bravery in posing for a portrait despite this can be clearly seen.

“I chose to document the procedure in this manner to reflect the experience of the patient. They have no memory of the procedure; they are unconscious between the two time points recorded here.”

According to the report, the hospital opened its doors to three professional photographers last autumn, with the idea that they would capture the essence of daily life on the wards for a groundbreaking exhibition.

“The pictures, which have been described as ‘fascinating’ are part of the exhibition which is called You Are Not Alone; it aims to reassure children and parents who are intimidated by hospitals.

However, dentists across the country believe it is having the opposite effect: “I think it is a sad reflection on the state of UK dentistry when some people think children can be put at ease by showing them the blood smeared faces of post-GA patients” one disgusted dentist told Dental Tribune.

The hospital’s website reads: “We recognise that coming to hospital can be an anxious time and that this can come from an uncertainty of what to expect.

Mr Davies added: “I don’t even know why we need a new health centre; the one we have is fine. A million pounds could have been spending smartening the current one up.”

According to the report, many of the elderly patients of the practice have criticised the rent charge. One said: “I have been going to my dentist for 50 years and this is just not good enough. I can’t get to the new practice so I don’t know what I’m going to do.”

A spokesman for NHS Hull said: “The dentist has been invited to move into the new Bransholme Health Centre and, as the dental practice is an independent business, must decide whether or not this is a viable business option, based on financial and other reasoning.”

The NHS is assuring patients there will be alternative options within easy reach of the existing centre but accept they will lose the Mr Davies from the health centre.

**Dental Tribune United Kingdom Edition · June 18-24, 2012**

**Smile for the camera?**

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**‘Ridiculous’ rent forces dentist out**

A dentist is being forced out of his practice in Bransholme, Hull because of a ‘ridiculous’ rent charge at a new health centre.

According to a news report on the This is Hull & East Rid ing news site, Russell Davies has been located at the centre for 18 years. However, the current centre is making way for a new £14.7m build competed in August and the rent for rooms will shoot up to £80,000 a year.

Mr Davies said: “It’s increasing about seven times and I can’t afford that out of my pay packet. I am not happy about it at all. It is a ridiculous amount to rent empty rooms.

“I’m the only dentist at the centre so there will no longer be a practice when the new building goes up. We treat about 2,500 patients and they will all have to find somewhere else to go.

“I’m not going to have a practice any longer so, unfortunately, all I can offer now is house visits to my patients – I have no choice.”

Mr Davies added: “I don’t even know why we need a new health centre; the one we have is fine. A million pounds could have been spending smartening the current one up.”

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**Outreach prize winner for Cardiff**

This year the Cardiff University Outreach Prize for Dentistry was awarded to Kristian Davies. Each year a BDS undergraduate student from Cardiff is selected to receive this award in recognition of outstanding achievement in the final year of the course.

W&H supported the event again this year and kindly donated an engraved handpiece, which was presented to Kristian at the University’s newly opened Primary Dental Care Unit in Mountain Ash.

The prize winner is selected for the possession of a number of attributes in addition to displaying a high level of clinical skill. Kristian was a well-deserved winner of this year’s award, his kind and caring nature was greatly appreciated by all his patients.

A popular member of his year, his ‘upbeat’ manner, dedication and high standards made him the firm favourite for the award. Kristian served as year representative and achieved the 17th highest mark in last November’s national DFI interviews.

Known for being an extremely organised person with excellent social skills, Kristian was highly regarded and well liked by both the clinical and nursing staff.

He has chosen to take a DFI place near his home town in South Wales and he takes with him the best wishes of all the staff for his future career.
Grant for new device

A North East team who have developed a device which will help monitor gum disease has been awarded more than £1m in government funding.

Scientists at Newcastle University, working with technology companies OJ-Bio Ltd and Orla Protein Technologies, are developing a novel device which has great potential in rapidly detecting the early signs of gum disease and monitoring improvement as the condition is treated. The government-backed Technology Strategy Board and the Engineering and Physical Sciences Research Council (EPSRC) have awarded the grant funding to the £1.3m project to help the consortium develop the prototype into a commercial product.

The project will deliver a device that will enable patients and dentists to monitor gum disease accurately, simply and cost effectively, by identifying signs of the disease in saliva.

The funding allows OJ-Bio and Orla to work with scientists Dr John Taylor and Professor Philip Preshaw, from the Institute of Cellular Medicine (ICM) & Centre for Oral Health Research (COHR) at Newcastle University.

OJ-Bio was created to develop a new generation of hand-held, real-time diagnostic devices that combine biotechnology processes with electronics manufacturing.

OJ-Bio had already performed an initial study for the Technology Strategy Board, which demonstrated the feasibility of a nanobiosensor device for the detection of proteins called matrix metalloproteinases, which are involved in a variety of diseases.

The project brings together a multi-disciplinary effort of UK excellence in nanoscale science.

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

Applying fluoride varnish containing 22,600ppm F is a recommended intervention in ‘Delivering Better Oral Health – An evidence-based toolkit for prevention’²

Duraphat 50 mg/ml Dental Suspension. Active ingredients: 1ml of suspension contains 50mg Sodium Fluoride equivalent to 22.7mg 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 0.25ml (=5.65mg Fluoride), for mixed dentition: up to 0.40ml (=9.04 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: Hypersensitivities 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: Declerotation sickness 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. Legal classification: POM. Product licence number: PL 00049/0042. Product licence holder: Colgate-Palmolive (U.K.) Ltd, Guildford Business Park, Medland Road, Guildford, Surrey GU2 8JZ. Price: £22.70 excl VAT (10ml tube) £27.60 incl VAT. Date of revision of text: July 2008.

¹ Marinho et al. (2002); Cochrane Database Syst. Rev. no3.

New lighter tint

Duraphat® Dental Suspension Fluoride Varnish

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Getting in the Zone

Dental Tribune looks at the newest collaboration in the field of dental nurse education

As I mentioned, we have full capability of helping the students to meet the standards needed for the qualifications and have had an excellent success rate in delivering both primary Dental Nursing qualifications in a classroom based manner. As an example, we have just received our first results for the brand new National Diploma for Dental Nurses written exam that was sat last month. Fifty-three of the 56 students have passed the written exam. This is a pass rate of 95 per cent! Together with Smile-on’s online expertise we can bring our highly successful and quality assured Dental Nurse training programmes online to every Dental Nurse across the UK.”

Kirstie added: “Innovation is one of our guiding principles and using integrated technology solutions creatively to provide qualifications that are now woven into the long term interests of dentistry is at our core.”

Smile-on are leaders in the field of blended learning for dental professionals; in 2010 the company launched in partnership with the University of Manchester the first two-year online MSc in Restorative and Aesthetic Dentistry. Now in its third year, the course accommodates between 60-70 students in each cohort from around the world. Kirstie said: “We are entering into a new age of integrating new technology based learning into the educational sector. Learners and employers want the ability to fit educational needs around commercial commitments, whilst also minimising the financial and time impacts traditional methods sometimes dictate.”

“There is so much more choice now in how we access and deliver content, the question is not ‘why’ we should be doing it, but ‘what’ is the best way to deliver a particular component to meet the needs of the recipients. Whether it is through webinars, e-Learning, podcasts or webcasts.”

“There is a need to be able to offer different methods of learning to students at a time that is convenient in the workplace.”

Over the next six months Tempdent & Smile-on will also be starting delivery of online Dental Nurse Post Registration Qualifications – Oral Health Education, Dental Radiography & Dental Nurse Sedation, as well as Dental Receptionist & Practice Management qualifications, all of which Tempdent have been successfully delivering for a number of years & have achieved outstanding success rates. A number of the qualifications that will be delivered by the Dental Nursing Education Zone are either fully government funded or heavily government subsidised.
Smile-on and Tempdent understand the need for flexible learning to fit around the busy lifestyles of dental nurses and practices.

This blended learning website provides everything you need from the start of your dental career through to your postgraduate qualifications and even helps you find the right job:

- Primary Qualifications
- Online Registration for the National Diploma in Dental Nursing
- Postgraduate Qualifications
- eRecord of Experience
- Online Extended Duties
- Specialist Career Advice & Job Search
- CPD
- Latest News & Information

One simple place...

Contact us for more details on 020 7400 8989 or email info@smile-on.com
DDC ARF reminder

Dental care professionals (DCPs) are being reminded to pay their annual re-registration fee (ARF) to the General Dental Council (GDC) by 51 July 2012. Payment must be received on or before that date if they want to remain on the GDC’s register and eligible to work. No payments can be processed after the deadline.

All dental care professionals must be registered with the GDC to work in the UK. The ARF is £120 for dental nurses, dental technicians, dental therapists, dental hygienists, clinical dental technicians and orthodontic therapists.

Registrants can use one of the following options to pay their fee:

Option 1 – online

- The ARF Payment facility is open from 1 June - 51 July 2012
- If registrants do not have an eGDC account, it’s not too late to set one up now. The online registration process is simple and fast.

Option 2 – by post

- Pay the ARF - complete the “cheque and postal order” form which was enclosed with the ARF reminder letter

• Please be advised that the GDC will not be able to accept any payments received after 51 July 2012

Option 3 – payment by phone

- Between 1 June and 31 July 2012. Make a payment by credit or debit card over the phone 24 hours a day, seven days a week by calling 0800 197 4610 (+44 207 000 5690 from overseas) up to and including 51 July 2012.

- Registration number and ID verification codes, which can be found at the top of the ARF notices, so please make sure you have this to hand.

Any DCPs who fail to make the payment on or before the 51 July 2012 will be removed from the GDC’s register. A list of those people who have missed the payment deadline will be forwarded to Primary Care Trusts, Health Boards and indemnity providers to enable them to keep their records up to date.

Those registrants removed for non-payment will also incur further costs if they apply to restore their name to the register.

If you have any questions, contact the Customer Advice and Information Team on 0845 222 4414 or by email information@gdc-uk.org.

Getting greener employees who turned off their computer monitors the evening before.

Business Services Manager, Kevin Muldoon, said: “Denplan takes its environmental management very seriously and although the Green Action Day was a great deal of fun, it also had a serious message behind it. Everyone really got into the spirit of things and we not only raised awareness of green issues, but hopefully made people think about where they can reduce their impact on the environment at home and at work. Even something small, like turning off monitors every night, can save you money, reduce your energy usage and ultimately your carbon footprint – it’s these small things that will make a huge difference if everyone does their bit.”

For more information about Denplan, visit www.denplan.co.uk or call 0800 401 402.

Implant nerve damage warning

Experts from King’s College London have warned that cases of permanent nerve damage caused by dental implants could rise further if steps are not taken to address risks and prevent injury.

Researchers from the King’s College London Dental Institute carried out a case review of 50 dental implant patients who were referred to a specialist nerve injury clinic at King’s College Hospital, part of King’s Health Partners Academic Health Sciences Centre. The findings, published today in the British Dental Journal, reveal that patient consent and information, pre-operative planning and appropriate post-operative referral were inadequate in this patient group. The team has used these findings to make recommendations for clinicians to improve practice.

Incidence of injury of the inferior alveolar nerve (IAN) has increased as a result of a rise in dental implant surgery over recent years. There are approximately 10,000 mandibular (lower jaw) dental implant procedures carried out each year in the UK, and an estimated 100 reported chronic nerve injuries resulting from these procedures per year.

This type of injury can cause severe pain and altered sensation in the face, affecting everyday activities such as speaking, eating, kissing, shaving and brushing teeth. These injuries can have a significant effect on a patient’s quality of life, and can lead to depression and other mental health problems.

In 1997, approximately 10 per cent of all nerve injuries caused by dental work were associated with implants and this increased to 30 per cent in 2007. Several hundred complaints about dental implants were made to the General Dental Council last year.

Researchers reviewed 50 patients whose nerve injuries were caused by dental implants. A detailed history was taken, along with a clinical examination and assessment of pain levels. They found that:

- Only 11 of the 50 patients were aware of signing consent forms for the implant surgery and of those eight felt they were not explicitly warned about nerve injury.
- Sixty-four per cent of patients did not recall providing written consent.
- No radiographic evidence or post-operatively was provided by the referring practitioner in 15 per cent of cases.
- Seventy per cent of the 50 patients referred to the specialist nerve injury clinic more than six months after surgery.

Researchers suggested that professionals fitting dental implants must ensure all implant patients are given adequate consent and are made aware of the risk of nerve damage; the researchers also gave several recommendations such as using of shorter implants and that clinicians should recommend a patient undertakes a ‘home check’ for 12 hours after surgery. They also recommend that the prompt removal of implants should be carried out within 50 hours if required.

Clinicians are reminded of the requirements to notify the Care Quality Commission of injuries to the nervous system.

Barriers to cleft care

When a child is born with an orofacial cleft, a family may face medical, financial, and cultural trials. Knowing how parents perceive their ability to access needed care for a child born with birth defects can help formulate solutions. A survey of North Carolina mothers examined barriers to support and services.

Cleft Palate–Craniofacial Journal reports findings from this survey in the May issue. Mothers responded to questions about barriers to care, including an open-ended question to offer further insight. This study is a qualitative analysis of this population, based on a state-wide birth defects registry.

Almost 250 mothers of children born from birth to six years of age with orofacial clefts responded to the survey. Almost 40 per cent of the mothers reported problems accessing primary craniofacial care. Geographical factors, lack of referrals, experiences with stigmatisation, and concerns about confidentiality are some of the barriers that these mothers perceived.

The themes that emerged in this study were financial, structural, and personal barriers to care. Lack of health insurance or low Medicaid reimbursement rates can create financial obstacles to care. The structure of the health care system or psychosocial problems can be defined as structural and personal barriers.

To address these issues and help parents to achieve a positive view of their experiences, the authors recommend well-coordinated care and communication between service providers and families. Training and continuing education for healthcare professionals could help them understand parents’ views and specific needs. Health insurance companies, health departments, craniofacial and cleft teams and centres, and birth defect registries can collaborate with families and existing health care systems to offer identification and referral services to children to the services that can best meet their needs.

As part of its commitment to lessening its impact on the environment, Denplan held a special Green Action Day on 25th May 2012.

In support of its ISO14001 environmental management accreditation, Denplan’s Green Action Day included lots of ‘green’ activities and prizes. Not only did staff wear green clothing for the day, but many avoided using their cars in favour of walking, running and cycling into work. There was a ‘trash fashion’ competition, quizzes, a themed cake sale and a raffle in aid of Denplan’s chosen charity, Macmillan Cancer Support. The ‘Monitor Monitor’ was also on patrol, giving out seeds and plant pots to all
A growing number of people are cutting back on their oral healthcare as household budgets continue to be squeezed.

The UK’s current economic problems are proving bad news for the nation’s teeth as many people are looking for ways to save money. The British Dental Health Foundation is warning that any cut-backs to spending on oral health is a false economy and will cost more in the long run – physically and financially.

More than a third of adults are more likely to delay any dental treatment needed due to cost for the nation’s teeth as many are cutting back on their oral healthcare as household budgets continue to be squeezed.

The UK’s current economic problems are proving bad news for the nation’s teeth as many people are looking for ways to save money. The British Dental Health Foundation is warning that any cut-backs to spending on oral health is a false economy and will cost more in the long run – physically and financially.

The warnings have been prompted by a new survey commissioned by the Foundation which suggests that more than a third of adults (36 per cent) are more likely to delay any dental treatment needed due to cost and over a quarter (27 per cent) are buying cheaper oral care products including toothpaste, mouthwash and toothbrushes.

The Foundation is particularly concerned that one in four people believe visiting the dentist is becoming less of a priority. Government data shows that the number of people with tooth decay is more than 40 per cent lower amongst people who visit their dentist at least once a year. Regular visits can also help the crucial early diagnosis of life-threatening diseases such as mouth cancer.

Not surprisingly, people on lower incomes are most at risk of deteriorating oral health in the current economic climate. One in four people (24 per cent) on lower incomes are likely to refuse dental treatment and approaching four out of every ten people are more likely to delay treatment.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, is hoping to remind anyone thinking of over-looking their oral health, to think again.

Dr Carter said: “Our findings show that oral health is not recession-proof and that too many people are willing to gamble with their oral health. Unfortunately, they are running the risk of storing up a wide range of health problems and even bigger costs in the future. Many people are entitled to free dental treatment on the NHS and it’s always worth checking, especially if your circumstances change.

The findings have been published as part of National Smile Month, which runs from 20 May to 20 June and is the UK’s biggest annual reminder to look after their oral health. The campaign encourages everyone to brush their teeth for two minutes twice a day with a fluoride toothpaste, cut down on how often they have sugary foods and drinks and to visit their dentist regularly, as often as they recommend.

Professor confirmed as Chair of the HRA

Professor Jonathan Montgomery has been confirmed as Chair of the Health Research Authority (HRA).

Professor Montgomery is currently Professor of Health Care Law at the University of Southampton, Chair of the Nuffield Council on Bioethics and Chair of Hampshire Primary Care Trust. He will head up the Health Research Authority, the new organisation that will protect and promote the interests of patients and the public in health research, building confidence while simplifying regulatory practice. Professor Montgomery plans to withdraw from his role as Chair of Hampshire Primary Care Trust as soon as hand over arrangements have been agreed.

Health Secretary Andrew Lansley said: “I am very pleased to announce Professor Jonathan Montgomery’s appointment as the Chair of the Health Research Authority.”

Professor Dame Sally C. Davies, Chief Medical Officer and Chief Scientific Advisor, Department of Health said: “I am delighted that Professor Montgomery has been appointed as the Chair of the Health Research Authority to take this exciting phase of development forward. I wish him every success and hope that colleagues throughout health research will take this opportunity to support him and the Health Research Authority.”

Professor Montgomery said: “I feel privileged to be appointed to chair the Health Research Authority. My first public service role was on a local research ethics committee and I know how important they are to safeguard the interests of participants. We can be proud of our country’s contribution to health research. Even so, some of our NHS approval processes delay high quality projects, especially those involving a number of different centres.

“We will continue to work to ensure that it is easy to carry out ethical research so that we make our contribution to ensuring that the highest levels of human knowledge and skill can be brought to bear to save lives and improve health as the NHS Constitution promises.”

Caring around the world

Henry Schein UK has announced that it has donated 50 oral health care travel packs to International Health Partners (IHP), for distribution to health care professionals in developing countries around the world.

The travel packs consist of a pre-packed assortment of 55 lines of essential dental supplies that oral health care professionals can use to treat those in need. This initiative is part of Henry Schein Cares, the Company’s global social responsibility program, which expands access to health care for underserved and at-risk populations around the world.

The donation was made through the generous support of a number of Henry Schein’s suppliers and partners: GC Europe, Schülke, and Septodont.

Of the 50 oral health travel packs donated through Henry Schein Cares, 16 were distributed to meet disaster response initiatives in Pakistan and Haiti; 24 were distributed to clinics and dental schools in South America, Africa, the Middle East, and South East Asia with on-going programs; and 10 were distributed to dental students and dentists undertaking overseas missions.

In addition, Henry Schein - UK donated more than 20 pallets of medical supplies representing more than 500 product lines to IHP for distribution to dental schools, trust entities, relief organisations, clinics and existing programs for those in need.