King’s College launches a Diploma in Periodontal Practice

King’s College have announced their Diploma in Periodontal Practice which commences on 6th January 2012.

The Diploma will be delivered over two years on alternate Fridays. This innovative course is designed for dentists, therapists and hygienists wishing to enhance their periodontal knowledge and clinical skills whilst continuing to work in clinical practice.

The programme is delivered through seminars, lectures, hands-on practical sessions in our brand new clinical skills lab as well as direct clinical supervision of patient treatment supervised by specialists.

The course is specifically designed for the dentists, therapists and hygienists who would like to improve and enhance their knowledge and clinical skills to the level appropriate to work as a Healthcare Professional with Special Interest in Periodontology. Accreditation has been sought with the Faculty of General Dental Practice.

Applicants should have at least two years post-qualification experience in clinical practice.

For a chance to meet the staff and view the teaching facilities there is an opening evening on 19th October from 6pm – 8pm. Please RSVP to sarah.taylor15@nhs.net if you would like to attend.

For more information about the course please contact the course Director, Mr Matthew Garrett Matthew.garrett@nhs.net or call 020 3299 5283.

To apply for the course please send a copy of your CV and two references to:
Miss Sarah Taylor
Course Manager
Department of Restorative Dentistry
Kings College Dental Hospital
Denmark Hill
London SE5 9RW

sarah.taylor15@nhs.net

Interview dates: 25th October 9.30 – 12.30 & 1st November 10.00 – 12.50

Course fees: GDPs £7,500 per year; DCPs £5,000 per year

University of Warwick gets funding for new chair

The University of Warwick has been given funding by The Dental Directory for a new Chair that will focus on primary care.

The donation from The Dental Directory has attracted matched funding which will fund the new post for a number of years and is a significant donation to Warwick’s 50Forward fundraising campaign, which aims to raise £50m by 2015 when the university will celebrate its 50th anniversary.

The Dental Directory’s Founder, Gordon Mills, said: “We wanted to give something back to dentistry and primary care is where the focus of our work has been for 40 years so it seems right to put resources into funding work in that area. The University of Warwick has an excellent reputation, is only a little older than we are and it is a perfect partnership.”

The new Chair will be appointed later this year and Edward Lynch, Head of Warwick Dentistry says the University of Warwick is delighted: “This will enhance the work Warwick Dentistry does with practicing dentists who want to continue their education and research but more importantly will set a high benchmark for standards of education and research in primary dental care and its impact on public health.

“It is a fantastic philanthropic gift and we are very grateful to The Dental Directory without whom this would never have happened.”

Waterpik® Have you ordered your free Patient Referral Leaflets?
Call 0844 335 6354 or visit www.waterpik.co.uk
The scariest thing that can happen to an MSc student whilst on holiday with their laptop with two deadlines looming two weeks apart is that they lose Endnote and all their references!! For those of you not so wrapped up in searching and quoting references, Endnote is a software which integrates with Word so that you can search for references online and ‘cite while you write’ (How cute!) It is brilliant and I am in awe BUT... According to the helpline guy, Endnote cannot uninstall itself. According to my laptop, it was gone. Along with my hard searched-for references. Of course there is an on-line back-up facility which had I properly done the start-up tutorial I might have used, but I'm more of a plug and play kind of girl so – I lost everything?? Luckily for me, I had brought some hard copies of the papers that were most relevant to the assignments I was working on – but I did spend a significant amount of holiday time indoors while my wonderful mother entertained the kids and I shouted 'I'll be there in a minute' at regular intervals.

The so-called Fisch treatment planning cases (anagram of Eddie Scher and Fiona Clarke) have dominated our lives for this unit. We had four altogether with two weeks between deadlines. The most frustrating thing was that we received the marks and feedback for Fisch 1, two days after we'd handed in Fisch 2 and have not received any other results. There have been many teething problems with this being the first year of the course – but this is one I genuinely hope Smile-on and Manchester can solve for subsequent years. The learning would be greatly enhanced by feedback on what the markers are expecting, so that you can improve and alter your technique for subsequent assignments. Otherwise, there is a feeling of sending your work into a black hole... Many of us struggled with this, and knowing when to stop with the justifications and the references. Hours upon hours have been spent on these cases - each one is worth 10 per cent of Unit 5 (Managing complex cases).

We are officially finished with our webinars now which is strange. Unit 5 was finished with two hrs from Paul Tipton on managing wear cases – very good although there seemed to be multiple technical problems. Eddie gave us more insights and a very informed session from his hygienist. Harris Sidelsky wrapped it all up and that's it. More deadlines looming with our End of Unit Assignment due in September having transformed itself from a short answer question to 'write an article for dental update' on a subject linked to Unit 5 – or a case study. We have four posterior cases to write up, and our complex case, and then the small matter of the dissertation...

I did receive an email asking me how much time I have devoted to this course. I guess the answer is it comes in waves and depends how organised you are and how busy the rest of your life is. And how much time you spend looking up references and reading papers which is the 'fun' distracting bit but can lose you hours of your life – and you still haven't answered the question. Right – focus...justifications for posterior direct composites here we come.

Elaine Halley discusses the scarier aspects of the MSc

The World’s First Online

MSc in Restorative & Aesthetic Dentistry

Master of Science in
Restorative & Aesthetic Dentistry

‘The Best of Everything’

Two of the UK’s most respected education and academic organisations have joined forces to provide an innovative, technology driven MSc in Restorative and Aesthetic Dentistry. Smile-on, the UK’s pre-eminent healthcare education provider and the University of Manchester, one of the top twenty-five universities in the world, have had the prescience to collaborate in providing students with the best of everything – lecturers, online technology, live sessions and support.

Convenience

The majority of the learning resources on this programme will be online.

Ownership

The masters will combine interactive distance learning, webinars, live learning and print.

Community

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.

Opportunity

This innovative programme establishes the creative and clinical parameters and standards for restorative and aesthetic dentistry. Students will leave with a world recognised MSc.
Nothing to fear but fear itself
Dr Fine explains the rationale for the Fear of Dentistry Programme

The Fear of Dentistry Programme was originally created by Dr Vivian Ward, a consultant in Periodontology, and then developed further by UCL Eastman. The reasoning was that we as dentists can be very poor at dealing with patients who have a real fear or phobia of dental treatments. I was drawn to this programme because I’ve been in practice for 56 years now, so I have a fair amount of experience, but very occasionally I have an intensely phobic patient and I’m not entirely sure of the best way to help them through their treatment and ease their fears. I really believe there’s a huge need for this type of course.

Estimations
It has been estimated that, around 50 per cent of the population don’t get regular check-ups - that’s 50 million people. Of course, a lot of people simply can’t afford to or don’t want to for some other reason. However, a large proportion doesn’t regularly attend the dentist for check-ups because they’re terrified to do so.

Psychology
The Fear of Dentistry Programme delves into the psychology of fear in incredible detail, looking at neurological, psychological and biological factors. All of the speakers are highly respected in their field and they are very enthusiastic about getting involved in this new programme.

The course takes place at UCL Eastman Dental Institute where practitioners will be required to attend one day a fortnight for about six months, a total of 11 days. Fear of Dentistry is aimed at dentists in general practice as well as those in community dentistry. The latter are faced with a lot of children and disabled patients, who are more likely to be in need of special care, which requires special skills.

Understanding fear
Course content provides the means of managing and providing treatment for this demanding group of patients. Initially, the programme focuses on understanding fear and the emotional aspect of going to the dentist, and moves on to psychological methods of reducing fear in the practice.

We also aim to teach practical methods of treating anxiety, including the use of hypnosis. Pain management by psychological means, patients who are facing treatment for this demanding group of patients.

UCL Eastman Dental Institute

INTERNATIONAL PROFESSIONAL DEVELOPMENT

Eastman CPD Programmes in Restorative Dental Practice

The Eastman invites all aspiring general dental practitioners to enrol on our Restorative Dental Practice Programmes. These are directed and co-ordinated by Chris Louca, Andrew Eder, Nick Frankel, Ken Harper and Rob Stone. Teaching is delivered by Eastman Faculty supported by highly respected visiting clinicians.

UCL Certificate in Restorative Dental Practice
This 28 day course runs at approximately fortnightly intervals (subject to timetabling) over 12 months and commences in January 2012. Delivered through seminars, lectures and practical sessions in state-of-the-art skills laboratories, it provides a highly supportive learning experience.

Topics covered include:
- Treatment planning
- Critical literature appraisal
- Plastic restorations and adhesive dentistry
- Current practice of periodontology
- Modern endodontic techniques
- Occlusion in relation to restorative dentistry
- Restoration of anterior and posterior teeth
- Replacement of missing teeth
- Participants’ nurses and hygienists courses

Programme is approved by the Faculty of General Dental Practice (UK) for accreditation towards its Career Pathway.

UCL Diploma in Restorative Dental Practice
Successful completion of the UCL Certificate Programme allows progression to a structured Diploma in Restorative Dental Practice. This is delivered over 24 days at approximately monthly intervals over 2 years. The Diploma comprises modules in advanced restorative dentistry and a clinical logbook. Topics covered include minimally invasive dentistry, temporomandibular dysfunction, tooth wear, advanced endodontics, full and partial dentures, periodontal surgery, restoration of dental implants and applied clinical dental materials.

UCL MSc in Restorative Dental Practice
The Eastman has also developed an additional practice-based dissertation module which will allow those who have successfully completed the Certificate and Diploma programmes to progress to a part-time MSc in Restorative Dental Practice.

Closing date: Applications are encouraged by 31 October 2011. Places are offered on a first-come-first-served basis and early application is advised.

For further information, please contact: Miss Nisha Gosai, Registry Officer UCL Eastman Dental Institute 256 Gray’s Inn Road London WC1X 8LD t: +44 (0)20 3456 1092 e: academic@eastman.ucl.ac.uk w: www.eastman.ucl.ac.uk

Achieving Excellence
medication can be very effective, such as offering a mild oral sedation prior to a dental visit, so that they’re calm and relaxed. Other forms of sedation could be nitrous oxide gas or intravenous sedation.

Managing children
Managing children is a big part of the course, and we also look at how different cultures respond to fear, as there may be cultural issues that come into play.

One aspect of the programme that I’m particularly keen on comes after graduates have got the basic knowledge and understanding of fear and phobia: I want them to come along and present their own cases. This will be carried out in an informal setting with their peers as the resources. This will take place near the end of the course by which time they will have discovered a lot, know their audience very well and will have gained some practical experience within their own practices. Presenting their own cases to their peers is recognised as a very good learning experience.

Strong basis
As the course develops I will be providing more input, whether it’s to make changes or add something to the content or delivery. When launching a new programme, you have a strong basis; however we need to be adaptable to amendments and updates to meet the needs of the graduates.

For this reason, I believe it’s very important to gain formative feedback from the first two or three groups that take part in any new course. Before the programme starts, and at the end of each section of the course, I will ask them to complete a questionnaire to enquire:

(i) what they hope to achieve by doing the course,
(ii) if their expectations have been met and
(iii) their views on course development.

At the end of the course they get a final survey to sum up their experiences and give us feedback on future course improvements. This information is vital to ensure a relevant and successful programme.

As the course develops and more people go through the system, we will be building up a group of experts in the field of fear control and patient management. This means that we will effectively have a database of practitioners who are ready, willing and able to manage those potential patients who at the moment avoid visiting the dentist due to fear.

Develop skills
Practitioners who decide to participate in the Fear of Dentistry Programme will learn and develop the skills and knowledge they need to help this kind of patient. I have no doubt that it will assist them to establish an excellent reputation with their local colleagues and build their practice. As time goes on it would be desirable to have an alumni group, who could meet regularly and exchange views, experiences and discuss new ideas.

For more information or to register please contact:

The Programme Administrator
UCL Eastman CDP
125 Gray’s Inn Road
London WC1X 8WD
t: +44 (0) 207 843 2222
e: info@londec.co.uk
w: www.londec.co.uk

About the author
Dr Peter Fine is a Senior Clinical Teaching Fellow at the UCL Eastman Dental Institute and Co-ordinator of its new Fear of Dentistry Programme, which launches in spring 2012. The course is the first of its kind for UCL Eastman, examining the phobia of fear and providing practical methods of treating patients who are acutely affected by it.
VT, as it was intended to be

Andy Lane details his vision for private vocational training

I t has long been recognised that the first 12 months in practice after graduation sets the pattern for the rest of your practising career. Bad habits learned at this stage can be difficult to break, so a small group of far-sighted individuals decided to start a scheme where new graduates could work in practices that met the highest standards, be overseen and mentored by experienced, ethical practitioners who could help shape their careers, passing on lessons that had been learned the hard way.

In recent years though, the NHS has taken over the running of the Vocational Training scheme completely and excluded dentists who have chosen to take their practices into the private sector from training. Sadly, this has meant the exclusion of many of the very people who have invested so heavily in their own postgraduate education and practices.

And this is where the concept of Private Vocational Training was born. The idea is that it removes a lot of the immense frustration felt by graduates who are currently compelled to enter NHS practices, forced to accept positions they may not be comfortable with and then, even where they are happy, often find that they cannot remain in that practice once their first 12 months are over.

And it answers concerns of many independent practitioners who are frustrated at the problems they have attracting new graduates into their practices without being able to offer structured FD1 training.

Importantly, it also provides NHS VT equivalence, so there will be no difficulties in obtaining an NHS performer number if required at a later date.

Private VT sets out to address three main concerns:

1 A shortage of FD1 training places. It is rumoured that the Department of Health is unlikely to be able to fund enough NHS VT places in August 2012 to satisfy demand from the number of dental graduates expected to qualify at that time.

2 Selection process. The newly introduced national recruitment process is inflexible. We believe that selection should remain a more personal process, with potential foundation dentists able to apply to the practice(s) of their choice, and mentors able to choose the foundation dentist they feel will best match the character of their practice, patients and staff.

3 Extension of employment beyond FD1. It is very disruptive to practices, patients, mentors and foundation dentists themselves to have to look for a new job so soon after becoming established in a practice. Private VT FD1 dentists will be encouraged to stay on in their training practice, enter an FD2 scheme if they wish and work towards further postgraduate qualifications.

Private dentist, Chas Lister, who will be both a mentor and Regional Adviser in Private Vocational Training (South West), told us: “At last! Dentistry is starting to prove it can look after itself! Where better to start than a training pathway

Venues

<table>
<thead>
<tr>
<th>3 November 2011 – London</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novotel, St Pancras</td>
</tr>
<tr>
<td>10 November 2011 – Portsmouth</td>
</tr>
<tr>
<td>Marriott Hotel</td>
</tr>
<tr>
<td>17 November 2011 – Birmingham</td>
</tr>
<tr>
<td>National Motorcycle Museum</td>
</tr>
<tr>
<td>24 November 2011 – Exeter</td>
</tr>
<tr>
<td>Sandy Park Conference Centre</td>
</tr>
</tbody>
</table>

| 1 February 2012 – Leeds    |
| Queen’s Hotel              |
| 9 February 2012 – Cardiff   |
| Marriott Hotel             |
| 28 February 2012 – Bristol |
| Marriott Royal             |
| 12 March 2012 – Warrington |
| The Park Royal             |

Lectures

Professor Iain Chapple
Floss or Die? Eat Well or Die Young? Work out or Burn Out?

Professor Philip Preshaw
Inflammation, Obesity and Periodontal Disease

Q&A chaired by Dr Stephen Hancocks

Registration
Please e-mail your information to the Event Organiser, Julia Fish julia@ab-communications.com
You will receive a confirmation by e-mail within five working days. If you don’t please call Julia on 07585 508550

Every participant receives a gift to the value of £150

*Oral-B offer free CPD support to all. Other members of the dental team can gain three hours of free verifiable CPD by requesting a copy of ‘Dental Summary Review – Team Issue’. You can get these from your local representative. If you’re unsure who your representative is, please call 0870-2429850.
for the new graduate. As Government cuts inevitably wash off on the student end of the profession, there can be no better time for the profession to be able to offer an alternative pathway into General Dental Practice.

"After many years of discussion, the time is adjudged right by many to begin offering a form of accredited training in private practice. Andy Lane and Private VT Ltd are to be congratulated and encouraged in every way.

"The path of the new graduate is a very tough one to be on. For any new dentist who aspires even at that early stage to excellence in practice, independent of the restrictions of the whims of the Government, the way forward has been hard to map out for too long. The forthcoming expected over-supply of new graduates into GDP can only exacerbate the desperation felt by many heading for qualification.

"As the confidence and the value of private practice in the UK has risen to at least the same as the Government spend and beyond, it makes sound professional sense that a Private Vocational training pathway should be established which can then set in motion the lifelong journey of Continued Professional Development.

"Private VT has to be the most exciting grass roots development in dentistry for many a year."

So how do you become a mentor?

1 Fill in the application form via the website www.privatevt.com or call operations manager Anne Grogan on 01455 821800 to register your interest

2 Private VT will then contact you and explain the scheme in more detail, collect more information about both mentor and practice, and arrange for a visit to discuss the scheme.

3 Sign the contract and pay a deposit, ideally before the end of November to be included in the initial launch to final year students

4 Place mentors’ and practice profiles on the Private VT website and apply for a training place

Mentors may also advertise the position in other places, eg RGD

A maximum of 40 mentors will be selected for the 2012-2013 course, largely on a first come first served basis for those fulfilling the criteria for selection.

Competition for places in the carefully selected practices is expected to be tough, but those who are successful can expect:

- A gentle introduction into the real world of general dental practice with a full appreciation of the value of the services you can offer within a sustainable ethical framework, with an agreed salary to reduce the potential for additional stress caused by financial concerns.

- Support for you to develop the numerous skills, both clinical and non-clinical, that are required to make general dental practice enjoyable and rewarding in the long term.

Everything you need to pass the MJDF examination within your first year in practice, and encouragement to become involved in academic research, further examinations and a route towards specialisation in your chosen field.

How do graduates apply for a place?

Visit www.privatevt.com and either apply direct to the mentor practices listed or ask Private VT to pass your details on via the website. Mentor practices will be on the site from late November onwards. The aim is to have each graduate course finalised by April 2012, to start in practice in August 2012.

Private VT Ltd has been jointly developed by Dr Andy Lane and Chris Barrow. Andy told us where his vision began: "My own experience of being left to my own devices to fill in the gaps in my knowledge after leaving university, compared to what I was able to provide as a trainer and course organiser in the late 1980’s and early 1990’s, convinced me that Vocational Training is the most important contribution we can make to the quality of dentistry in the UK. The first year after qualifying can be lonely and traumatic, particularly without the appropriate support, or it can be an inspiring and fulfilling time where you have the freedom to develop, both as a person and as a valuable member of a profession."

"Vocational training is where the habits of a lifetime can be established and honed, and, just like when you have passed your driving test, it’s when the learning really starts. In my own case the first two years I spent in a busy NHS practice were nearly my last; I hated my job so much I was on the verge of re-training for another profession."

"Luckily I switched to a new practice, found a couple of amazing mentors and started attending some very valuable courses that completely changed my perspective and mapped out what has been a very enjoyable and successful career. It was this experience that originally made me keen to become involved in VT back then, but in 1991, with the then ‘new contract’, many of our training practices, my own amongst them, left the NHS in order to be able to offer a more ethical, sustainable pace and to a higher standard, albeit for a smaller number of patients. Sadly though, those most valuable trainers were lost to the VT schemes because they didn’t fulfil the criteria laid down by the government. Vocational Training began to lose its independence with an inexorable move to something that was more directed and more controlled centrally by the Department of Health. It was at this point, nearly 20 years ago, that many of us voiced the opinion that we should organise a Private VT Scheme in order to compensate for this loss of choice for new graduates.

"The aim of Private Vocational Training is to reclaim Vocational Training for the profession, returning the scheme to the original concept of providing new dental graduates with the ideal start to their careers, working in some of the UK’s most prestigious practices, under the direct mentorship and guidance of some of the UK’s most inspiring general practitioners with excellent support and training from the world’s top lecturers and trainers in a wide variety of subjects, both clinical and non-clinical."

Chris Barrow was recently voted the 2nd most influential person in UK dentistry and runs the Dental Business School.

For more details go to www.privatevt.com or email andy@privatevt.com.
A College of our own
Lester Elman discusses the importance of uniting the profession and not dividing it

For a number of years now the dental profession has been fragmented. We have split, exclusive lists, sections, and, in part, have remained distant from one another. The tendency to separate has been strengthened as the tendency to remain distant from one another. The tendency to split ourselves into sections, and, often, tried to mingle with general dental public health - who have sometimes seen as a fifth column by the dental profession. We have strong working relationships with the Royal Colleges but we can never be anything other than an appendage, subservient to our medical colleagues. Our postgraduate deans are subservient to the medical postgraduate deans.

The animated interaction and chatter witnessed during the meal breaks at most courses is a demonstration of the starvations of shared information and mutual support which many colleagues feel. In some cases, sadly, professional loneliness can have disastrous results, with some turning to life-threatening behaviour as a way of managing their desolation. The growth of magazine and web-based CPD undertaken in one’s own home, while of immense benefit to the busy practitioner, has exacerbated the isolation. In earlier years the dentist seeking further knowledge had to go out to hear the lecture or attend the ‘hands-on’ training. This led most of us to mix with colleagues, sharing experiences which made us aware that the events which were shaping our lives were similar to the happenings in others’ lives.

We knew we were not alone

Our hospital, academic and community colleagues usually had regular meetings with their peers which allowed experiences to be shared and when problems arose they could call on others for advice and support. The camaraderie amongst these groups has always been much greater than amongst groups belonging to different specialty sections alone. In fairly recent times another group has emerged into our profession which has been much greater than amongst groups belonging to different specialty sections alone.

Information about adverse event reporting can be found at www.yellowcard.gov.uk Adverse events should also be reported to: Blackwell Supplies, Medicare House, Gillingham, Kent ME8 0ES or by telephone: 01634 877725

Dentomycin abridged prescribing information. Please refer to the Summary of Product Characteristics before using Dentomycin 2w/w Periodontal Gel minocycline as hydrochloride dihydrate. Presentation: a light yellow coloured gel containing minocycline as hydrochloride dihydrate equivalent to minocycline 2% w/w. Each disposable application contains minocycline HCl equivalent to 10mg minocycline in each 0.5g of gel. Use: Moderate to severe chronic periodontitis as an adjunct to scaling and root planing in pockets of 6mm depth or greater. Dosage: – Following scaling and root planing to pockets of at least 6mm depth. Gel should fill each pocket to overflow. Applications should be every 14 days for 3-4 applications (e.g. 0,2,4 and 6 weeks). This should not normally be repeated within 6 months of initial therapy. Use only one applicator per patient per visit which should be used with 70% ethyl alcohol between applications to each tooth. Avoid tooth brushing, flossing, mouth washing, eating or drinking for 2 hours after treatment. Elderly – As adults, caution in hepatic dysfunction or severe renal impairment. Children – contraindicated in children <12 years.

Some common adverse events reported were:

1. Stomatitis (2.8% vs placebo 1.8%)
2. Discolouration of teeth
3. Sensitivity and pain
4. Vermilion border erythema
5. Allergic reactions

Dentomycin offers:

- 42% reduction in pocket depth after 12 weeks
- Broader spectrum of antibacterial action with greater round activity than metronidazole or tetracycline
- Conditioning of the root surface and enhanced connective tissue attachment
- Improved healing through inhibition of degradative collagenases
- Effective treatment of chronic periodontitis which has been associated with cardiovascular diseases

References:


Dentomycin 2w/w Periodontal Gel Minocycline (as hydrochloride dihydrate) Periodontal Disease How do you measure success?

Dentomycin offers:

- 42% reduction in pocket depth after 12 weeks
- Broader spectrum of antibacterial action with greater round activity than metronidazole or tetracycline
- Conditioning of the root surface and enhanced connective tissue attachment
- Improved healing through inhibition of degradative collagenases
- Effective treatment of chronic periodontitis which has been associated with cardiovascular diseases

How painful, that members of our specialty groups belong to a Faculty of Surgeons. There are three in the United Kingdom: Glasgow, Edinburgh and London. We have strong working relationships with the Royal Colleges but we can never be anything other than an appendage, subservient to our medical colleagues. Our postgraduate deans are subservient to the medical postgraduate deans.

Information about adverse event reporting can be found at www.yellowcard.gov.uk Adverse events should also be reported to: Blackwell Supplies, Medicare House, Gillingham, Kent ME8 0ES or by telephone: 01634 877725

Dentomycin abridged prescribing information. Please refer to the Summary of Product Characteristics before using Dentomycin 2w/w Periodontal Gel minocycline as hydrochloride dihydrate. Presentation: a light yellow coloured gel containing minocycline as hydrochloride dihydrate equivalent to minocycline 2% w/w. Each disposable application contains minocycline HCl equivalent to 10mg minocycline in each 0.5g of gel. Use: Moderate to severe chronic periodontitis as an adjunct to scaling and root planing in pockets of 6mm depth or greater. Dosage: – Following scaling and root planing to pockets of at least 6mm depth. Gel should fill each pocket to overflow. Applications should be every 14 days for 3-4 applications (e.g. 0,2,4 and 6 weeks). This should not normally be repeated within 6 months of initial therapy. Use only one applicator per patient per visit which should be used with 70% ethyl alcohol between applications to each tooth. Avoid tooth brushing, flossing, mouth washing, eating or drinking for 2 hours after treatment. Elderly – As adults, caution in hepatic dysfunction or severe renal impairment. Children – contraindicated in children <12 years.


Dental Tribune United Kingdom Edition September 19-25, 2011

Education Tribune
which is a continuation of the traditional position.

Dentistry, now a learned profession in its own right, has always been tagged onto the coat-tails of medicine: stuck on like the tail on the donkey. But we have developed skills and expertise, both practical and academic, which make us deserve of greater respect than we receive.

We have developed skills and enhanced. They have achieved a lot in the time they have existed but, they have not achieved universal appeal. However, they too are tied to the Royal College of Surgeons and can never be anything other than another adjunct.

I am aware that some folk feel that there is a certain degree of ku-
dos being associated with the Roy-
al College but it is not dissimilar to the vicarious pride we feel when the England football team achieves success. (Not had that for a while!) We didn’t actually do more than watch and shout – it was the men on the field who achieved the vic-
tory. The ideal answer is to create a ‘College of Dentistry’ to which all branches of the profession belong.

Being inclusive not exclusive. Each section/faculty would main-
tain its own autonomy but as part of a collegiate structure.

There can be Faculties for each Specialty, orthodontics, oral surgery and others, as exist at present and the Faculty of General Dental Prac-
tice would be an integral part of the College. The lectures which each Faculty provides would be available to any other College member so that there would be an ability to broaden one’s knowledge in a way which is easier than it is today.

The College would be ‘Our College’. Owned and run by us for the dental profession.

Working in level partnership with the other colleges, in medi-
cine, nursing, and other professions, we can encourage our younger graduates to aspire to col-
lege membership by ensuring that the college is a profession which is easy to make worthwhile and many sen-
or colleagues will be attracted by the status and the incentives. The re-accreditation process which is coming via GDC will not present any problems to a College Mem-
ber who demonstrably keeps their post-graduate education up to date and there could even be a reduc-
tion in the costs of Professional Indemnity as it would be recognised that members of the college are less likely to infringe the basis of practice behaviour.

The college can be based almost anywhere because it would simply rent premises as now, but with the use of computer tech-
ology, much of the college can be ‘virtual’. Live streaming of lec-
tures to post grad centres such as MANDEC, LONDEC and oth-
ers will mean that any important lecture being given in any part of the UK could be enjoyed by colleagues joining together as if the lecture were taking place in that room. Of course, some physical of-
fice and lecture facilities would be necessary and there would still be the need for the annual study days and dinners but premises for these occasions can be acquired, as now, by renting appropriate premises.

There would be little need for additional finance as the present business models should serve well and, in fact, the union of the Faculties into one college should produce cost efficiencies as the secretarial and other functions can be shared without the loss of indi-
vidual autonomy.

With the erosion of self regu-
lation the profession is at a very low point regarding its self es-
tee. We feel we are being treated as second class citizens but we should be respected for the skills and knowledge we de-
vote to our patients. We are wor-
thy of that prestige and respect. Most patients trust us to behave in a professional manner – and most of us do. Our self esteem has been eroded by successive assaults by the NHS which has demeaned our status trying to imply that we are merely functionaries of the NHS. We need a collegiate structure which is coming via GDC which will help to restore self es-

tee of that prestige and respect. We are wor-
thy of that prestige and respect. Most patients trust us to behave in a professional manner – and most of us do. Our self esteem has been eroded by successive assaults by the NHS which has demeaned our status trying to imply that we are merely functionaries of the NHS. We need a collegiate structure which is coming via GDC which will help to restore self es-
tee of that prestige and respect. We are wor-
thy of that prestige and respect. Most patients trust us to behave in a professional manner – and most of us do. Our self esteem has been eroded by successive assaults by the NHS which has demeaned our status trying to imply that we are merely functionaries of the NHS. We need a collegiate structure which is coming via GDC which will help to restore self es-
tee of that prestige and respect. We are wor-
thy of that prestige and respect. Most patients trust us to behave in a professional manner – and most of us do. Our self esteem has been eroded by successive assaults by the NHS which has demeaned our status trying to imply that we are merely functionaries of the NHS. We need a collegiate structure which is coming via GDC which will help to restore self es-
tee of that prestige and respect. We are wor-
thy of that prestige and respect. Most patients trust us to behave in a professional manner – and most of us do. Our self esteem has been eroded by successive assaults by the NHS which has demeaned our status trying to imply that we are merely functionaries of the NHS. We need a collegiate structure which is coming via GDC which will help to restore self es-

About the author

Lester Ellman qualified in Glasgow and has been a GDP since then. He was former Dental Advisor to Manchester PCT for 14 years and former member of GDC’s Executive Committee and past Chair GSDP. He is a member of BDA’s Executive Board and member of BDA’s Audit Committee.
In the modern age of greater professionalism and accountability dental hygienists and therapists are now required to maintain standards and identify their learning and educational needs. As new graduates, they are also challenged to adapt rapidly as autonomous practitioners into a new and unknown team and clinical environment where expectations from the employer and patient have to be met.

To help them immediately after graduating Philips is launching the first Transitional Support Programme for newly registered Hygiene Therapists at a seminar during the BDTA Showcase at the NEC on 20 October 2011.

“After graduating I worked on a British military base in Germany and was expected to continue a successful schools dental health programme with the “on base” infant and middle schools. Upon reflection I was unprepared, felt isolated and guided only by the limited experience I gained from my training and previous role as a dental nurse. Having a professional guide in my first year would have made the transition from qualified dental hygiene student to professional practitioner more effective,” commented Mark James RDH, one of the three mentors who has set up the Transitional Support Programme.

‘Preceptorship’, an initiated period of guided instruction, was introduced in the NHS following the implementation of Project 2000 and is now embedded in a range of regulatory and employment guidelines and as a result healthcare professionals receive on-going instruction post qualification.

The aim of the Transitional Support Programme is to empower novice Dental Hygiene Therapists providing guidance and development in their learning journey to becoming consolidated, independent, autonomous practitioners. This innovative pilot programme is being launched this summer, based upon the guidelines of the General Dental Councils Standards for Dental Professionals, preceptorship policies of the Nursing and Midwifery Council and the Health Professional Council, Care Quality Commission requirements (Support leading to First Transitional Support Programme for newly qualified hygiene therapists Mentoring and support for the newly qualified from Philips)

Tempdent Dental Recruitment and Training are celebrating their 15th anniversary this year. Tempdent is the UK’s leading specialist dental recruitment agency and training provider. They successfully provide locum and permanent dentists, hygienists/therapists, dental nurses, dental office staff and a variety of dental courses/qualifications to the dental profession across the UK.

Tempdent training is an accredited and Ofsted inspected (grade 2) training centre who offer high quality qualifications and training courses to the dental profession.

We have training centres based in North and South London, Cambridge and Manchester City Centre. We can deliver all of our courses in house at your dental practice.

We deliver the following courses
- CPD courses for the whole dental team – A range of GDC verifiable CPD which include;
  - Cross Infection and decontamination in accordance with HTM01-05
  - Dental Radiography
- Health & Safety
- Safeguarding
- Oral Health Trends
- CPR
- Manual Handling
- Appointed person First Aid course
- Complaints handling
- Patient and staff management
- National Certificate for Dental Nurses
- Oral Healthcare NVQ level 3
- Oral Health Education Certificate
- The Dental Radiography Certificate
- ESOL qualifications (June 2011 and December 2011)
- Dental Receptionist & Manager qualification

We have a team of dentoaly qualified & highly experienced Recruitment Consultants who work within our agency & place locum and permanent staff all over the UK.

We place the following dental staff;
- Dentists
- Hygienists/ Therapists
- Dental Nurses
- Treatment co-ordinators
- Practice/ Area Managers
- Dental Receptionists

Permanent and Temporary positions available London /Greater London and Nationwide.
- Weekend Rates
- Immediate Start
- Regular Work
- Top Rates

TEMPDENT CONTACTS
Telephone: 020 8371 6700
Email: info@tempdent.co.uk
Website: www.tempdent.co.uk
care and treatment delivery to service users safely and to appropriate standards) and the need for mentoring as part of continuing professional development and eventual revalidation.

“The period of time following registration as a Healthcare Professional can be a challenging time” - Dame Christine Beasley, DBE Chief Nursing Officer (England), Preceptorship Framework for newly Registered Nurses, Midwives and Allied Health Professionals, 2009.

After initial registration there is little provision for guided preceptorship or mentoring support for newly graduating Hygienist Therapists within that crucial first year of clinical practice. Consequently they begin the challenging task of autonomous practice largely unguided in stark contrast to the support given to nursing and midwifery graduates who are preceptored and then mentored within and beyond the first year.

The Transitional Support programme will comprise four main elements; supporting learning in practice; professional guidance; developing an events programme and professional role modelling for students, enabling newly registered practitioners to take responsibility for their own professional and career development.

Commenting on the inception of the Transitional Support Programme, Mentor Tim Ives stated:

“I have been in dentistry since 1982, in a variety of roles and locations worldwide and I can honestly say that this is the most exciting project that I’ve been involved with, not only because it’s an opportunity to give something back to the profession and ultimately the patients, but also because we’re pioneering something new and innovative.”

Philips has co-opted three highly experienced clinically based Dental Hygienists to pilot the Transitional Support Programme and will be approaching universities and academies to encourage them to engage with the scheme. The
three; Tim Ives, Mark James and Joanne Dickinson, will undertake accredited training from a course specialising in clinical mentorship and establish pre graduate contacts and links with the aim of promoting the benefits and validity of the Philips’ Transitional Support Programme.

In the first year after graduation participants will have access to their mentors in a number of ways; via a professionally moderated forum, email or telephone. Access to the online facility will be via a portal on a Philips’ professional website which can only be accessed after they have registered on the programme.

Another of the Mentors, Jo Dickinson stated: “This innovative programme will be for the newly qualified Hygienist/Therapist to enhance clinical skills and self-confidence in a structured transition. It acknowledges the new DCP as a safe, competent practitioner who aims for best practice at the outset of his or her career”.

There will be three Philips’ supported national meetings each year where invited guest speakers will provide educational and developmental support in subjects relevant to the newly qualified Dental Hygienist/Therapist. In addition a Professional practice link is being established where participants can access the clinical environment of the preceptor. The preceptor will encourage the opportunity to reflect upon, apply, receive feedback on and develop knowledge, skills and values they have already learned.

For those taking on the guiding roles the benefits of the Programme will be skill-enhancing as they will be embracing the responsibility to develop others professionally, give feedback on individual practice and share knowledge and experience, in addition to acting as a role model through the process. They will develop appraisal, supervisory, mentorship and supportive skills which will help those they are guiding to a lifelong appreciation of professional development and high career aspirations.

“This will help give our health professionals the best start possible. Through preceptors we must strive to NURTURE and DEVELOP our new registrants to develop life long careers.” Ann Keen MP Parliamentary former Under Secretary for Health, said in November 2009.

Patricia Rawsthorne, Professional Relations Manager of Philips Oral Healthcare responsible for the development of the Transitional Support Programme concluded: “For the profession as a whole, and the public too, the benefits of this Programme include the attainment of a high standard of practice with care as the ultimate priority at all times (in accordance with CQC and GDC professional standards). It will also bring about a cohort of skilled, empowered practitioners who act with integrity and uphold the reputation and image of the profession. Philips is delighted to be able to support Professionals in practice in this innovative new way.”

For more information about the Transitional Support Programme visit the new dedicated website set up by Philips for the programme www.philips.co.uk/dp. There you will also be able to view interviews with the three mentors who will tell you more about the programme. You can also email catherine.domanski@positivecomm.com to register to attend the launch seminar about the programme at the BDTA on 20 October 2011.