Pay down, hours up

New figures make for bad reading for dental professionals...

New figures show that the average pay for self-employed dentists who hold a primary care contract fell by £1,000 to £117,200 in 2010/11. The decrease is detailed in one of two new reports published by the Health and Social Care Information Centre (HSCIC). The other report, on dentists’ working hours to 2011/12, suggests their average weekly hours have gradually increased.

Dental Earnings and Expenses, England and Wales, 2010/11 reported that in 2010/11 taxable income (gross earnings minus average expenses) from NHS and private dentistry was:

- £117,200 for self-employed primary care dentists who hold a contract with their primary care trust (England) or local health board (Wales) – known as providing-performer dentists (who make up about 28 per cent of the primary care dental workforce). This is an 8.5 per cent decrease from £128,000 in 2009/10.
- £82,900 for self-employed primary care dentists who work in a practice but do not hold a contract – known as performer only dentists and who make up the majority (about 72 per cent) of the primary care dental workforce. This is a 4.2 per cent decrease from £85,600 in 2009/10.

The report also showed that when both groups were considered together:

- 59.8 per cent earned a taxable income of less than £75,000 in 2010/11 compared to 55.9 per cent in 2009/10.
- 1.1 per cent (240 dentists) earned a taxable income of at least £500,000 in 2010/11, compared to 1.0 per cent in 2009/10.
- 75 per cent of dentists worked between 37.5 and 50 hours a week in dentistry, of which 26.8 per cent (23.8 per cent in 2009/10) on non-clinical work.
- 20 per cent of dentists worked more than 50 hours a week in dentistry, compared to 18.6 per cent in 2009/10.

Dental Working Hours, England and Wales, 2010/11 and 2011/12, also published recently, is based on a survey sample of both full and part time providing-performer and performer only dentists carrying out NHS work in primary care. It provides context to the earnings figures and suggests:

- Between 2006/07 and 2011/12 there were gradual increases in average weekly hours. For providing-performer dentists hours increased from 59.6 to 41.9 hours (smaller increase for performer only dentists), the main factor being a gradual increase in the proportion of time spent on non-clinical work (25.8 per cent in 2011-12).
- In 2011/12, providing-performer and performer only dentists reported working an overall average of 57.5 hours per week in dentistry, of which 28.1 hours (47.8 per cent) were devoted to NHS dental services. The remainder, 29.2 per cent, was accounted for by private dentistry.

“This information will of course be of use to dentists but also other groups including the public and policy makers. Coupled with today’s other report that suggests a gradual increase in dental working hours, this information highlights changes taking place to the working lives of primary care dentists.”

Or tobacco decision

The British Dental Health Foundation has welcomed the decision by the Australian High Court to reject the tobacco plain packaging legislation. The new Australian law will require all cigarettes to be sold in olive green packs. Brand and product names will be in a standard font and style.

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Dentist walks the Two Moors in aid of Mouth Cancer Foundation

A dentist from Weymouth, Dorset and his partner Danielle Wootton, a university lecturer, are walking the Two Moors Way in Devon this September in aid of the Mouth Cancer Foundation. Paul Kelly said: “We decided to do something personal by way of consequences of mouth cancer and Danielle has had a relative die from this condition. Figures for mouth cancer are on the increase”. The Two Moors Way is just over 100 miles and goes over both Exmoor and Dartmoor to finish in Haybridge. Danielle said “neither of us are long-distance walkers but we have been training hard and we are hoping that the weather remains favourable, particularly for the Dartmoor stretch. Fortunately we are doing this over eight days. We are paying for our own accommodation and every penny we receive in support goes to the Mouth Cancer Foundation”.

They are also working on their navigation skills as part of the route is described as ‘unwaymarked’ open moorland. Fortunately Paul has done some navigation before, but he still feels the need to practice in the field with a compass and an ordnance survey map.

He said: “We have read blogs of others who have done this walk and had nothing but rain day after day. We hope that doesn’t happen to us”.

Paul said: “We are taking seriously the requirement to upgrade our fitness levels”. Paul used to be a keen footballer and badminton player but he said that it had been too easy to let these activities slip by the wayside as years passed. Danielle used to enjoy cycling and tennis and she says that she is really enjoying discovering a level of fitness that she thought she had lost. They have had support from a local radio station, set up for the period of the 2012 Olympic events in Weymouth and Portland, that has been playing recordings of an interview with Paul to raise awareness about mouth cancer.

Paul stated that the aim of the walk was not only to raise funds but also to raise awareness in the population regarding mouth cancer. He will be emphasising the importance of early diagnosis, attention to risk factors, and the changing demographics, with more young people being affected.

For anyone who wishes to donate visit http://www.mycharitypage.com/paulkelly

Rise in young female dentists working for the NHS, says new report

A n increasing number of female dentists are working for the NHS, with the gap between male and female numbers narrowing, a new Health and Social Care Information Centre (HSCIC) report shows.

Of the almost 23,000 high street dentists who performed NHS activity in 2011/12, 44.5 percent were female. This is up from 45.5 per cent on the previous year and from 38.8 per cent in 2006/07.

There has been a gradual increase in the number of female dentists making up the under-55 age group; which is now 55.4 per cent compared to 55.2 per cent in the previous year and 51.8 per cent in 2006/07.

The report; NHS Dental Statistics for England: 2011/12 brings together information on different aspects of NHS dentistry in England, from the number of dentists working for the NHS and the amount of activity they perform, to the number of patients seen by an NHS dentist.

Key facts include:
• 20.9 million patients (56.0 per cent of the population, including children and adults) were seen by an NHS dentist in the 24 months to June 2012; a 0.4 million increase on the 24 months to June 2011 (55.8 per cent of the population) and a 1.4 million increase on the 24 months to March 2006, immediately prior to the introduction of the current dental contract when 55.8 per cent of the population were seen by an NHS dentist
• 7.8 million child patients, or 70.7 per cent of children, were seen by an NHS dentist in the 24 months to June 2012; 0.4 percent of the population (including children and adults) were seen by an NHS dentist in the 24 months to June 2011 when 70.4 per cent of children saw a dentist but the same number and percentage of children as in the 24 months to March 2006
• The number of courses of treatment performed on the NHS increased by 326,080 (0.8 per cent) in a year to reach 50.6 million in 2011/12. This number has been increasing each year since the courses of treatment measure was first introduced in 2006/07

HSCIC chief executive Tim Straughan said: “Today’s figures come hot on the heels of two more HSCIC reports that show dentists’ working hours have gradually increased. Primary care dentists have also seen a drop in their taxable income. Together, these dentistry reports offer a broad picture of what is happening within the dental profession and its patients.”

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September is Colgate Oral Health Month

T his September, The British Dental Association and Colgate are partnering to raise awareness of oral health as part of overall health. Colgate Oral Health Month, now in its 10th year, aims to inform and educate the general public on the importance of good oral health, and to encourage communications between dental professionals and patients. The theme for the 2012 campaign is “Oral Health as Part of Overall Health” with the following messages:
• Brush your teeth twice a day with fluoride toothpaste.
• Avoid sugary snacks and drinks between meals.
• Visit the dentist regularly.

To help raise awareness and engage with the entire population, Colgate is running a national radio advertising campaign, focusing on the three key messages above. Additionally Colgate is hosting a Q&A event on their Facebook page during the month of September, inviting the general public to have their oral care questions answered by a dentist.

Dental professional participation is key to the success of this campaign, Colgate will provide all registered practices with Colgate Oral Health Month practice packs containing educational materials to help your team create a practice display. Colgate Oral Health Month is an opportunity to reinforce the benefits of improving oral health as part of a national campaign, and your entire dental team can play a key role, as part of your on-going delivery of care.

A national Colgate Oral Health Month road show will provide oral health information to the general public throughout the month of September. Venues include Croydon, Cardiff, Kingston, Reading, Bath, Islington, Birmingham, Liverpool, Manchester, Sheffield, Leeds, Newcastle and Glasgow. Dental hygienists and therapists will provide oral care advice and raise awareness of oral health as part of overall health. If you’re interested in attending one of the road shows, full details of the venues can be found at www.colgateprofessional.co.uk.

Colgate will provide a verifiable CPD Programme for all dental professionals: Delivering Better Oral Health – Promoting Prevention in Adults. This will be available to download from 1st September at www.colgateprofessional.co.uk.

For further information please contact the Colgate Oral Health Month registration line on 0161 665 5881.
BDA welcomes Monitor licensing exemption proposal

The British Dental Association (BDA) has welcomed a proposal that providers of primary dental services in England will not be subject to licensing by Monitor. The proposal, which is outlined in a Department of Health consultation published today (15 August 2012), follows extensive lobbying by the BDA.

The BDA has made the case against the need for Monitor to license dentistry since the possibility was raised by the publication of the Health and Social Care Bill in 2010. BDA campaigning has stressed to politicians and the Department of Health the extensive regulatory regime to which primary care dentistry is already subject, and has seen BDA officers regularly pressing for confirmation that Monitor’s regime would not be applied to the sector.

Dr John Milne, Chair of the BDA’s General Dental Practice Committee, said: “Dentistry is already subject to extensive regulation. Adding another, unnecessary layer to the many that already sit across our practices would serve only to tie dentistry up in even more red tape. That’s why the BDA has lobbied hard against the possibility of Monitor licensing dental practice.

“We are pleased to see that our campaigning appears to have borne fruit and welcome today’s proposal that primary care dentistry will not be subject to Monitor’s regime. This is a sensible recommendation and good news for dental practice.”

The consultation document, Protecting and promoting patients’ interests – licensing providers of NHS services, considers who will be licensed by Monitor, how licensing will operate and the financial penalties that Monitor will be able to impose for breaches of its licensing conditions. The BDA will be reinforcing its view that what has been recommended is appropriate in a formal response to the consultation.

BDA welcomes Monitor licensing exemption proposal

This week sees the start of Colgate Oral Health Month (COHM) - a dental public health campaign now in its tenth year.

Aiming to inform and educate the general public on the importance of good oral health, and to encourage communication between dental professionals and patients, COHM is a partnership between the BDA and Colgate with activities such as roadshows and a social media campaign to get the message across to the public that oral health is a fundamental part of overall health. Get involved with the campaign - contact the Colgate Oral Health Month registration line on 0161 665 5881 for a registration pack and more information about the campaign’s events.

As I write, the Paralympics are now in full swing so please join me in wishing all competitors (but especially Team GB) the best of luck!

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don’t hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

Or email: lisa@dentaltribuneuk.com
The oral health of elite athletes at The London 2012 Olympics

UCL Eastman Dental Institute has been leading an innovative research study at the London 2012 Olympic Games to investigate the oral health of elite athletes and the impact of oral health on training and performance.

The study is led by Professor Ian Needleman with Dr Paul Ashley, Dr Ivica Petrie, Professor Stephen Porter and Professor Nikolaos Donos, working with the London 2012 Polyclin- ic Dental team led by Professor Farida Fortune from Barts and The London School of Medicine and Dentistry.

To date, more than 500 athletes have been recruited to take part, making it one of the most comprehensive investigations of oral health in elite athletes ever undertaken.

Professor Needleman explains the purpose of the study: “There are many po- tential threats to oral health in athletes including exercise-induced immunosuppression, difficulty in taking time away from training in order to eat, and drinks high in sugars. De- spite this, oral health does not usually appear on the radar for many athletes and little is known about such impacts on their performance.

“Several athletes during the Olympic Games so far have told us how big an effect it has had on them and we will look for- ward to analysing the data over the next few months.”

UCL Eastman Dental Institute would like to acknow- ledge the fantastic enthusiasm of the volunteer dental clinical staff who worked hard to con- duct the screenings. The re- search continues the Institute’s focus on investigating the re- lationship between oral health and general health and well- being.

For more details about the UCL Eastman Dental Institute, please visit http://www.ucl. ac.uk/eastman or telephone 020 3456 1038

Major review into cosmetic procedures launched

E xpert panel to look at the best way to protect patients having cosmetic interven- tions

The cosmetic surgery industry is under scrutiny and could find itself operating under tighter restrictions following a major re- view into cosmetic surgery and procedures launched today by the Department of Health.

The review, requested by Health Secretary Andrew Lansley and led by the NHS Medical Di- rector, Professor Sir Bruce Keogh, in is response to concerns raised about the industry following prob- lems with PIP breast implants.

It will look at many issues in- cluding whether the right amount of regulation is in place, if people have the right amount of informa- tion being given through with surgery and how to make sure pa- tients get the right aftercare.

People are being asked to give their views on, and share their experiences of, the cosmetic sur- gery industry and cosmetic pro- cedures. The call for evidence, issued today, which can be found at www.dh.gov.uk/publichealth, is asking for people’s views on:

• the regulation and safety of products used in cosmetic inter- ventions
• how best to ensure that the people who carry out procedures have the necessary skills and qualifications
• how to ensure that organisations have the systems in place to look after their patients both during their treatment and afterwards
• how to ensure that people con- sidering cosmetic surgery and procedures are given the informa- tion, advice and time for reflection to make an informed choice
• what improvements are needed in dealing with complaints so they are listened to and acted upon

This comes as a survey shows that many people consider the cost of surgery more important than the qualifications of the people doing it, or how they will be looked after. The survey of 1,762 people shows that:

• Two thirds (67 per cent) of those questioned consider cost as a fac- tor when deciding whether or not to have cosmetic surgery (66 per cent for non-surgical procedures)
• Only half (54 per cent for surgery, 50 per cent for non-surgical pro- cedures) take the qualifications of their practitioner into considera- tion
• Less than half (44 per cent for surgery, 36 per cent for non-surgi- cal procedures) consider the qual- ity of their aftercare

It also shows that, as a result of the recent PIP breast implant problems, almost half of women (45 per cent) who said they would have considered cosmetic sur- gery before, say that they are now less likely to have it. This com- pares to a quarter (24 per cent) of men.

Professor Sir Bruce Keogh said: “The recent problems with PIP breast implants have shone a light on the cosmetic surgery industry. Many questions have been raised, particularly around the regulation of clinicians, whether all practitioners are adequately qualified, how well people are advised when money is chang- ing hands, aggressive marketing techniques, and what protec- tion is available when things go wrong.

“I am concerned that too many people do not realise how serious cosmetic surgery is and do not consider the life-long im- plications – and potential compli- cations – it can have. That’s why I have put together this Review Committee to advise me in mak- ing recommendations to Govern- ment on how we can better pro- tect people who choose to have surgery or cosmetic interven- tions.

“We want to hear views from everyone, particularly people who have experience of the cosmetic surgery industry or of other cosmetic interven- tions – good and bad – so we can learn what works best.”

A team of experts will assist Sir Bruce Keogh to gather evi- dence and make recommenda- tions to the Government by next March. The members are:

• Andrew Vallance-Owen, former Medical Director of BUPA
• Catherine Kydd, campaigner on PIP implants
• Professor Sir Ian Kennedy, Emeritus Professor of Health Law, Ethics and Policy at University College London
• Tracy Halpin, Editor of Marie- Claire’ magazine
• Dr Rosemary Leonard, GP and media doctor
• Professor Shirley Pearse, clini- cal psychologist and former Vice Chancellor of Loughborough Uni- versity
• Simon Wilety, plastic surgeon
• Vivienne Parry, writer and broadcaster

The Secretary of State for Health has also requested that the review considers a na- tional implant register, for prod- ucts such as breast implants and other medical devices. The information could include the date and place of the opera- tion, the clinical outcome as well as a method of identify- ing the patients who received the product.

Researchers identify markers of oral cancer

A group of molecular mark- ers have been identified that can help clinicians de- termine which patients with low- grade oral premalignant lesions are at high risk for progression to oral cancer, according to data from the Oral Cancer Prediction Longitudinal Study published in Cancer Prevention Research, a journal of the American Associa- tion for Cancer Research.

“The results of our study should lead to an earlier diagnosis that not everyone with a low- grade oral premalignant lesion will progress to cancer,” said Mar- iam Rosin, Ph.D., director of the Oral Cancer Prevention Program at the BC Cancer Agency in Van- couver, British Columbia, Canada. “However, they should also begin to give clinicians a better idea of which patients need closer follow- up.”

Oral cancers are a global public health problem with close to 300,000 new cases identified worldwide each year. Many of these cancers are preceded by premalignant lesions. Severe les- ions are associated with a high progression rate and should be treated definitively. However, the challenge within the field has been to distinguish which low- grade lesions are the most likely to progress to cancer.

In 2000, Rosin and colleagues used samples of oral premalignant lesions where progression to cancer was known to have subsequently occurred in order to develop a method for grouping patients into low, high, or very high risk categories based on differences in their DNA. In their current popu- lation-based study, they confirmed this approach was able to cor- rectly categorize patients as less or more likely to progress to cancer.

They analysed samples from 296 patients with mild or moder- ate oral dysplasia identified and followed over years by the BC Oral Biopsy Service, which receives biopsies from dentists and ENT surgeons across the province. Pa- tients classified as high-risk had an almost 25-fold increased risk for progression.

Next, two additional DNA mo- lecular risk markers called loss of heterozygosity were added to the analysis in an attempt to better differentiate patients’ risks. They used the disease samples from the prospective study, and categorised patients into low-, intermediate- and high-risk groups.

“Compared with the low-risk group, intermediate-risk patients had an 11-fold increased risk for progression and the high-risk group had a 52-fold increase in risk for progression,” Rosin said.

Of patients categorised as low- risk, only 5.1 percent had disease that progressed to cancer within five years. In contrast, intermedi- ate-risk patients had a 16.5 per- cent five-year progression rate and high-risk patients had a 65.1 percent five-year progression rate.

“That means that out of every 100 high-risk cases are progressing,” Rosin said. “Identifying these lesions are more likely to progress may give clinicians a chance to intervene in high-risk cases, and may help to prevent unnecessary treatment in low-risk cases.”

News

DENTAL TRIBUNE United Kingdom Edition September 5-9, 2012
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Fourteen individuals who have made outstanding contributions to dentistry have been honoured by the British Dental Association (BDA) in the organisation’s 2012 Honours and Awards it has been announced this week.

BDA Fellowship, which is awarded in recognition of outstanding and distinguished service to the dental profession, has been conferred on three individuals: Dr Mike Arthur, a general dental practitioner in Lanarkshire and former Chair of the BDA’s Scottish Council; Dr Lester Ellman, a general dental practitioner and former Chair of the BDA’s General Dental Practice Committee (GDPC); and Dr Raj Joshi, a consultant in restorative dentistry who has represented hospital dentists at a national level for many years and served as both Chairman and President of the South Yorkshire Branch.

BDA Life Membership was conferred on three individuals: Dr John Mooney, the current Chair and former President of the BDA’s East Lancashire Cheshire Branch who has served as a Vice Chair of GDPC and member of the BDA’s Executive Board; Mr Jackie Morrison who has served both the BDA’s Community Dental Services Group and its West of Scotland Branch in roles including President; and former Consultant in Dental Public Health Dr Richard Ward, a former Chair of the BDA’s Eastern Counties Committee.

BDA Honorary Membership was conferred on two individuals: Dr David Croucher, a long-time dental entrepreneur and a leading figure in the campaign to allow dentists living with HIV to practise, and Dr Mervyn Drain, a leading figure in the BDA’s Metropolitan Branch, who have been awarded the BDA’s Certificate of Merit for Services to the Profession.

The prestigious awards, which are sponsored by handi…MEDIA and will be televised and will be involved in the voting process.

The awards are promising to be a fantastic chance to promote company products and services and with special sponsorship packages and the knowledge that MyFace-MyBody will reach 10 million consumers during the run up to the awards through various media channels.

MyFaceMyBody Awards, which is the first aesthetic and dental consumer awards, has been organised to celebrate and award those who have made a difference in the cosmetic sphere.

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What’s more, the awards will be supporting Bridge2Aid, a charity set up to help bring dental pain relief to East Africa, an area where people have no access to pain relief, leaving millions in pain. The charity helps to train local workers in basic extraction techniques. Focussing on sustainability, and with the help of dentists and nurses from the UK, they train more than 48 health workers each year with plans for expansion. Because of this work, an estimated 1.7 million people now live within reach of someone who can help them when they have dental pain.

Along with a whole host of entries, from body reshaping treatments to non-surgical procedures, best clinics and community teams, those shortlisted from the dental world are:

Best Tooth Whitening
Enlighten
Zoon Whitespeed – Phillips
Pearl Bright Tea and coffee
Hollywood smile
Arm & Hammer Advanced
White Max Booster
Arm & Hammer Advanced Whitening

Best Dental Hygiene
Sonicare Airflow – Philips
Sonicare Diamond Clean – Philips
Molar Lid Tepe – Angle Brush
Molar Lid Implant Care toothbrush
Arm and Hammer SONIC Spinbrush
Pearledrops Whitening mouthwash

Most Innovative Dental
Prestige Dental – bruxism
TePe Clip Strip
Smile in a day implants
Clearstep

Pearledrops beauty sleep
Ivoclar
Best clinic dental
Harley Studio
The Smile Studios
Beacon Dental Care
Bank View Smile Studios
Savannah Forest dental
Harley Studio

MyFaceMyBody is a television and online resource for consumers seeking advice on hundreds of beauty and cosmetic treatments. It allows people to access information, learn about treatments, follow the latest procedures and discuss them via our social media channels.

To mark Colgate Oral Health Month, Colgate is offering the chance to win a fantastic week-long trip for two to New York to take in the Greater New York Dental Meeting, which runs from 24th to 27th November 2012.

To enter visit http://www. colgateprofessional.co.uk, before midnight on 30th September. Terms and conditions apply. See website for details.

Win a trip for two to GNYDM

The Greater New York Dental Meeting is one of the largest dental congresses in the world, attracting more than 50,000 delegates from 152 countries. Features some of the most highly regarded authorities on dentistry, the event at the Jacob K. Javits Convention Center in Manhattan, will be an unrivalled opportunity to expand your knowledge by exploring the latest industry innovations and practices. And after the congress, there will be plenty of time to hit the shops, take in a show on Broadway, or just sample the very best that the Big Apple has to offer.

To enter visit http://www. colgateprofessional.co.uk, before midnight on 30th September.

This year’s BDTA Dental Showcase is switching to an e-ticketing, which means big savings in postage costs. To encourage delegates to register online, the BDTA will be donating up to £10,000 to dental charities chosen by you. All you need to do is go to www.dentalshowcase.com, register for your e-ticket and vote for the dental charity of your choice. When registrations reach 20,000, we will donate £5,000, shared out between the charities in accordance with your vote. When registrations reach 25,000 we will add another £5,000 to be shared between them in the same way. £10,000 really can make a difference to people’s lives, so every registration counts. Registering in advance also means that you get free entry to the show, so don’t delay.

Once you have registered, don’t forget to choose your favourite dental charity to decide how the money is shared by voting at: www.dentalshowcase.com/charity

This year’s BDTA Dental Showcase takes place from 4th-6th October at ExCeL London, the biggest exhibition on the UK dental calendar. Featuring over 500 exhibitors with knowledgeable on-stand experts displaying their full product range and more than 10,000 delegates, BDTA Dental Showcase is the premier event of the year. Register online now, if you want to get first-hand experience of the latest innovations the dental industry has to offer, all at this year’s BDTA Dental Showcase. With mini-lectures, live theatre demonstrations and opportunities for CPD, there is something for every member of the dental team. Don’t miss out!

Remember, your online registration can make a difference! If, for any reason, you can’t access the internet, then you can still obtain free entry to the show by contacting our pre-registration hotline on 01494 729959.
Dental Protection launches new workshop

The third workshop in Dental Protection’s communication and risk management skills series will be launched on 28 August in Hong Kong during the FDI Annual World Dental Congress. Key stakeholders from a variety of countries have been invited to attend the inaugural workshop that will be introduced by Kevin Lewis (Dental Director) and facilitated by John Tiernan (Director of Educational Services DPL/MPS).

Like other workshops in the series, Mastering Difficult Interactions is a three-hour interactive workshop that is available to members free of charge and to non-members at a charge.

Mastering Difficult Interactions provides a solution-focused approach to enhancing effectiveness and ease when dealing with difficult interactions.

By attending this workshop delegates will:
- Understand the choices available when faced with a difficult interaction
- Learn techniques to minimize conflict and deal with challenging scenarios
- Build the skills to effectively “diagnose” the problem
- Learn personal “survival” skills to reduce stress
- Improve the clinical outcomes of these complex situations

The new workshop will run in the UK and Ireland later this year when early booking is advised. Full details are available online http://bit.ly/02kVve

Lennon tooth sculpture

A new exhibition in recognition of John Lennon’s love of the singer at his home in Weybridge has opened to the public.

The exhibition, which includes the original tooth that was pulled from the singer’s mouth in 1968, is part of a new exhibition called ‘Lennon and the Tooth’. The exhibition is being held at the Lennon Tooth Museum in Liverpool.

The exhibition includes a range of objects related to John Lennon, including his original tooth, which was pulled from his mouth in 1968. The exhibition also includes a range of other memorabilia related to the singer, including his original music videos and concert programmes.

The exhibition is open to the public from 10am to 5pm every day, and admission is free. The exhibition will run until 30 September 2012.