Don’t be scared of Oct 31, celebrate!

In our exclusive interview with teeth whitening expert Dr Wyman Chan, we hear that it’s all white now that the law surrounding hydrogen peroxide use is changing...

This week marks the date that sees the long-lobbied for clarity in the protracted debate over the legality of tooth whitening.

According to the amendment carried last year by the European Commission, tooth whitening products containing up to six per cent hydrogen peroxide can now be supplied to patients for use as a take home product, providing certain conditions are met.

Dr Wyman Chan, a dedicated teeth whitening dentist, has been following the developments, and believes that dental professionals should be embracing the freedom that the law amendments have given, not be wary of them.

He said: “It’s exciting, it’s excellent news, and I think we all should celebrate. Dental professionals, dental practitioners who are practising teeth whitening should celebrate, should go and have a party. It’s the first time in so many years that we can do teeth whitening legally from October 31. Before then, even now, we’re doing it technically illegally. So that’s why I’m so happy because I am a dedicated teeth whitening dentist. It’s the only thing I do and now I can do it without fear.”

One thing that Dr Chan noticed is that although the amendment is supposed to bring an end to the confusion over what can and cannot be done with regards to the supply of teeth whitening products to patients, it seems that for many it’s not clear what the law is changing. “I’m bemused by the debate going on in forums and also the position taken by many reputable bodies – I won’t name any of them. I think they didn’t read the documents properly – I think they have got it wrong. That’s my opinion. Maybe I’m wrong, but I’m confident I’m correct. Let me explain why I think that. Because this is not new law, this is an amendment. They’re amending an
existing law. Actually it is
limited so as to ensure that
exposure to these products is
risk factors or any other oral
cal examination is carried out
satisfied: an appropriate clini-
in these products may be safe
oxide present or released from
bleaching products containing
sumer Safety) considers that
amendment states:
The SCCS
the most striking impact. The
dental professionals it makes
confusion is many think the
directive it is just concerned
in-surgery (power) whit-
whitening as a whole, includ-
directive is looking at tooth
practitioners ... or under their
practitioners should
required level of safety is ensured.
Dental practitioners should
then provide access to those
products for the rest of the cy-
cle of use. (European Union
council Directive 2011/84/EU)

Dr Chan believes that the
directive is looking at tooth
whitening as a whole, includ-
ing-in-surgery (power) whit-
ening. In fact, as a cosmetic
directive it is just concerned
with whitening products that
are supplied to patients (con-
sumers) for take home use. He
said: “It’s great news for den-
tal practitioners because now
the level is raised from 0.1
per cent (which was ineffec-
tive as a treatment) to six per
cent, which is very effective.
With six per cent take home
we can get excellent results.
It doesn’t matter what product
you use, with six per cent you
will get results. So the clar-
ity we now have is nothing to
do with the debate people are
having at the moment – which
is about chairside [whitening].
This has nothing to do with
chairside – they are
amending the law about oral
hygiene products.

“The original Directive
came into force in 1976, regu-
lating products directly avail-
able to the consumer as over
the counter products. That’s
why it was limited to 0.1 per
cent hydrogen peroxide be-
cause of daily use and long
term exposure. I agree with
the cosmetic commission of
the EU that it should be reg-
ulated, that the level should
not be more than 0.1 per cent
because you can swallow a
lot of toothpaste and mouth
rinse into the stomach every
day. So it was correct at that
time, 1976. In the early 1990s
teeth whitening became pop-
ular, it became the norm. In
1976 there was no such thing
as home whitening, it was
brand new technology. Things
seemed to be moving too
fast for the EU – they need-
ed to catch up with the new
technology.

“They’ve
(SCCS) been
debating for years the safe
amount for consumer self-
dosing application, and there’s
a lot of evidence from scienc-
ists, and they all agree that
up to six per cent is safe for
the consumer to take home.
Of course this is after they’ve
had a clinical examination –
there are conditions attached
which I think is fair, for exam-
ple they need to be examined
by a dentist so now take home
whitening is officially a den-
tal procedure. In addition the
first use should be by a dental
practitioner, or supervised by
a dental practitioner, so now
home whitening is very much
the practice of dentistry.”

Another big issue regard-
ning whitening is the rise of
people outside of dentistry
providing tooth whitening
services to the public. With
the law amendment, Dr Chan
does this can help put a stop to
this, protecting patients fur-
ther: “I think this amendment
has plus and minuses. A plus is
that there are a lot of non-dental
practitioners – I’ll not call them
beauticians, as many are me-
chanics and bricklayers trying
to make some fast money -
giving customers hydrogen peroxide
to take home with them so that
will be stopped now. Trading Stan-
dards Agencies can stop anything
illegal in home whitening. For
a non-dental professional to use
products with more than 0.1 per
cent – that is illegal. If a non-
dental professional continues
using hydrogen peroxide at 0.1
per cent or less you won’t see
results. But by using six per cent
you do see results. All that is ille-
gal now, so I’m quite happy.

“On the other hand, for those
non-professionals who are just
doing it chair side, then unfor-
tunately this is outside the remit
of Trading Standards regulation.
But the General Dental Coun-
cil has said all along that teeth whit-
ening is a practice of dentistry.
So the General Dental Council
can prosecute illegal activity –
it can close them down.”

In an attempt to help den-
tal professionals understand
tooth whitening and what can
be done, Dr Chan has partnered
with Healthcare Learning Smile-
on to develop a new educational
programme on the subject. “I’m
really excited about it, because
when it comes to legality a lot
of dentists are still confused be-
cause a lot of companies are
withdrawing chair side prod-
ucts and we need to review the
literature. A lot of clarity has to
be made in this field. We’ll be
able to supply dental profession-
als with the supporting docu-
ments about whitening so you
can cover the legality but it
will also aim to teach them
about the modern ways of du-
ing teeth whitening effectively.
There is a lot of talk that chair
side whitening is all about
dehydrating the teeth but that
is just not true. I do a lot of
chairside whitening, you need
a lot of knowledge to make
it work. This programme is
so important because you’ll
learn how to do it properly. We
talk about chairside whitren-
ing, home whitening, how
to deal with patients with
sensitivity.”

To review the amendment
to the whitening Directive go
to http://ec.europa.eu/con-
sumers/sectors/cosmetics/
documents/directive/76-768/ee
c/

Dr Wyman Chan at work in his practice

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Coming Soon
The GDC’s decision to freeze the Annual Retention Fee (ARF) at £20 for dental nurses in 2013 is “inadequate” says Nicola Docherty, President of the British Association of Dental Nurses.

The decision shows that the GDC is “out of touch with registrants” says Nicola. “We have supplied the GDC with detailed information on dental nurse salaries, showing that the £20 ARF causes considerable financial hardship to dental nurses. We have also requested that the GDC lower the ARF for dental nurses to a fee more in line with salaries - instead of charging dental nurses the same ARF as hygienists and therapists - and that they implement a special fee for those working part time.”

A recent salary survey conducted by BADN shows that the majority of Registered Dental Nurses are paid between £10,000 and £20,000 per year - in contrast with hygienists and therapists, whose recommended starting salary is £26,000. However, the GDC has decided to continue charging one ARF to all Dental Care Professionals, completely disregarding the fact that dental nurses earn less than half that of hygienists and therapists.

“BADN has always supported, and continues to support, registration in principle, as being in the best interests of the patient. However, the GDC’s heavy handed and insensitive implementation, including the imposing of an unreasonable ARF, has alienated many dental nurses and must be rectified as soon as possible” said Nicola.
Rise in confidence amongst dentists

Confidence in children improves dental health

Dissolvable strip offers pain relief for burns

Old magazines pose health risk in dentist waiting rooms
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Young dentists call for DFT guarantees

Young dentists are calling for support for their demand for Government to guarantee all graduates from UK dental schools a Dental Foundation Training (DFT) place. The demand comes in the British Dental Association’s (BDA) newly-published YDC Asks, a mini-manifesto for young dentists developed by the organisation’s Young Dentists Committee (YDC).

The Committee is asking those who support it to sign a Government e-petition founded by YDC Chair Dr Martin Nimmo. The petition argues that the failure to allocate DFT places to UK graduates both wastes taxpayers’ money invested in their training, because denying each individual a DFT place means that they are prevented from providing NHS care, and is unfair to the graduates who taken on significant amounts of debt in order to complete their studies.

The launch of the petition follows a recent admission by the Department of Health (DH) that 55 UK graduates from the 2011 cohort have not been allocated DFT places. Each graduate, DH acknowledged, will have cost the public purse approximately £150,000 to train.

Dr Martin Nimmo, Chair of the BDA’s Young Dentists Committee, said: “It is perverse that students who have strived hard to pursue a career in NHS care are being denied the training places they need to fulfil that ambition. This is a significant waste of taxpayers’ money, and a tragedy for the graduates who have taken on large amounts of debt in pursuing their vocation. Given that there are some areas of the UK where patients who wish to access NHS care cannot do so, it is also nonsensical.

“I urge all current and potential members of the profession, and taxpayers, to join young dentists in calling for a guarantee that this farcical situation will never be allowed to happen again.”

YDC Asks also expresses concerns that robust data should be used in workforce planning, that barriers to young dentists becoming practice owners are mounting and that careers in dental academia and specialist training must remain viable options for young dentists.

Link between rheumatoid arthritis and tooth loss

Researchers in Australia have found that those with rheumatoid arthritis are likely to develop periodontal disease.

According to doctoral candidate Melissa Cantley from the University of Adelaide, gum disease significantly affects joint tissue health, and arthritis influences and alters healthy tissue within the mouth.

The research found that mice who suffered from periodontal disease would suffer major bone loss within the joints, and that mice who had rheumatoid arthritis showed signs of major bone loss in the jaws.

Research studies are currently being carried out to see if it is possible to reduce symptoms of rheumatoid arthritis by treating only periodontitis. Researchers hope that it will be possible to help relieve rheumatoid arthritis by treating mouth conditions such as periodontal gum disease.

East Sussex practice offers free dental implants

Dental practice has performed complete dental implants for free after winners were nominated on Facebook.

Brighton Implant Clinic’s charity, The Smile Foundation, provides dental implant treatment free of charge for those in need of urgent surgery, but without the means to cover its costs.

The Smile Foundation launched a Facebook page earlier this year to change the lives of people who need dental implants after oral neglect caused by dedicating their lives to helping others.

“I’ve always wanted to give something back for the support I’ve had in my life,” The Smile Foundation is a way for me to use my dental skills to help those less fortunate than myself,” said Dr Bruno Silva, Head surgeon at Brighton Implant Clinic.

In 2006, Donald Rodriguez, a carer, suffered a severe stroke, causing the paralysis of his left side. His dental health suffered enormously as he lost the ability to brush his teeth, resulting in serious gum disease and infection.

For both mental and physical wellbeing, the dental implant procedure was essential to his continued health.

Bruno Silva saw Donald as an ideal candidate for The Smile Foundation, as he was able to remove the infected roots, teaching him how to brush his teeth again, and replacing them with new, strong dental implants. The procedure would have cost £12,500.

The Smile Foundation is using Facebook as a voting platform, where social networkers can vote for those who deserve treatment. Using Facebook has allowed patients to interact with one another and write why their nominations deserve free treatment under the charity.

This year with the help of Facebook Dr Silva has begun offering regular opportunities to win a ‘smile makeover’ tending to the winner’s every need. So far we have seen hundreds of cases of people’s teeth simply need to be restored.

The prize is open to UK residents who are between 21 and 99 years of age. The contest closes on November 29th at 5.58pm.
IDH show they're good sports

IDH support Dentist's Sports Day to show human side of corporate dentistry

Integrated Dental Holdings (IDH) competed among 1000 dental students from University's across the country in the annual BDSA (British Dental Student Association) Sports Day in Manchester.

As the largest dental employer in the UK, IDH sponsored the event, whilst providing water and fruit for the players from one of their mobile dental units. In a first for this typically student-only tournament, IDH teams* competed in both the football and netball leagues.

Health staff encouraged to get flu jab

Health staff are being reminded to get vaccinated against flu to cut the risk of it spreading to patients and colleagues this winter.

Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months when some of the people in their care will be infected. It has been estimated that up to one in four healthcare workers may become infected with influenza during a mild influenza season, a much higher incidence than expected in the general population.

Director of Nursing Viv Bennett says: “Flu can kill, so in leading by example, and recognising the importance of having the flu vaccine your- self, you will help reinforce the benefits of immunisation in leading by example, and reassure people that it is vital to reduce the impact of increased sickness, so it is safe and effective.”

The NHS already faces challenges around maintaining its workforce during times of increased sickness, so it is vital to reduce the impact of flu to protect patient care. Being vaccinated is the only way to almost eliminate the risk of flu spreading from staff to colleagues, patients and families.*

Alex Handley, Graduate Recruitment Partner at IDH comments on the day, “Despite getting unceremoniously thrashed by the competition, we had a great day! We got to spend time with the students on a social level and had the chance to sell them, in an informal setting, about the career opportunities at IDH.

We have a year round presence in all UK Dental Schools where we are able to educate the students on the dental employment market, and we welcome every opportunity to support the next generation of clinicians.”

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In vitro studies have shown that the reparative layer builds up over 5 days10 and remains resistant to the chemical and physical oral challenges that your patients may encounter in their everyday lives.8,10,17

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* GlassSmithKline Consumer Healthcare

*with twice-daily brushing

References:

2. LaTorre G, Greenspan DC. Journal of Clinical Dentistry 2010; 21(Special Issue): 72–76.