2011 Clinical Innovations Conference: Worldwide Expertise That Will Inspire You

AOG and Smile-On, in conjunction with the Dental Directory and the Faculty of General Dental Practice (UK), will again be hosting the 2011 Clinical Innovations Conference (CIC). Now in its eighth year, the CIC promises to be bigger and better than ever, with a wealth of top speakers, including the AOG’s President, Pomi Datta, who said “Last year’s conference and the dinner brought together innovators and thinkers of this millennia. We are going to build on that with our partners and friends. We want to make this the most exciting annual event in Europe.”

The 2011 conference promises to be outstanding, with an impressive lineup of speakers and guests and with the benefit of hands-on sessions to aid in your education, the event will be an inspirational learning experience for all dental practitioners, regardless of your field or ability. In addition, attending the Clinical Innovations Conference will earn you up to 14 hours of verifiable training, a good way to uphold your CPD requirements.

The 2011 Clinical Innovations Conference is due to be held on the Friday 6th and Saturday 7th May, 2011 at the Royal College of Physicians, London. Due to the high demand for places in 2010, practitioners are advised to book early in order to ensure their attendance.

Dental professionals can expect to learn more about the latest developments within the field of endodontics from the likes of Julian Webber, occlusion from Raj Rayan OBE, as well as discover the benefits of practising minimally invasive orthodontics with speakers such as Tif Qureshi and James Russell. Wolfgang Richter, president of the EACD, will also be speaking at the event. His lecture entitled Esthetic Excellence with Direct Composite Restorations – The Importance of Material Knowledge will enable practitioners to: establish their own goals on the way to dental excellence; to understand the importance of knowledge in material properties; and learn the sensible handling of bonding materials and technical sensitivity.

Other confirmed speakers include the internationally acclaimed Nasser Barghi, Joe Omar, Peer van der Vyer, Eddie Lynch, Bob McLellan and Wyman Chan, amongst many others.

On Friday May 6th, attendees will also have the opportunity of attending the Conference Charity Ball, which will be held at the fashionable Millennium Mayfair Hotel. Last year’s proceeds went to the AOG-sponsored project in Bangladesh to purchase school puppets and provide dental treatment for 500 villages in one of the most rural parts of India.

With an unprecedented line-up of relevant lectures and practical hands-on sessions on the programme, dental professionals of all levels are bound to find the 2011 CIC a truly stimulating and motivating learning experience.

So why not use this opportunity to keep in touch with innovations in this dynamic and fast-growing area of dentistry and help your practice reach its most profitable potential?

For more information, visit www.aoguk.org

For early bird offers, or to book, call Jamie on 0207 400 8989 or visit www.clinicalinnovations.co.uk

‘Striking the balance’ for civil litigation costs

Sir Rupert Jackson, a judge of the Court of Appeal has put together what has been regarded as a “comprehensive and cogently argued” Review of Civil Litigation Costs and as a result, the Government is to have a consultation about civil litigation funding, marking a turning point in civil litigation.

The aim of the consultation is to “strike the right balance” between those are require justice and an assurance that costs are fair and appropriate, implement Sir Rupert’s recommendations on reforming ‘no win no fee’ conditional fee agreements (CFAs), where costs can far exceed the compensation awarded. One such case recorded that a patient who claimed compensation for a damaged back tooth was awarded £1,500 within five months; however the patient’s solicitor claimed costs of £220,000.

To reform the costs of civil cases successfully, it has been suggested that necessary claims can be brought, reasonable claims should be settled as early as possible, and unnecessary claims should be deferred.

If Sir Rupert’s First Report is implemented it could lead to a significant reduction in legal costs, for not only claimants and defendants, but also the Govern- ment and the taxpayer. This is because many disproportionate costs of defending claims are footed by the taxpayer.

Rupert Happenbrouwers, head of the DDU said: “We believe that the current system is unfair to the general dental practitioners: we represent who are paying for these spiralling legal costs through their subscriptions as well as to taxpayers who are funding those dental cases indemnified by NHS bodies. The DDU wholeheartedly supports the changes proposed which address the problem of excessive and disproportionate costs, without affecting the ability of patients to seek compensation when they have been negligently harmed.

MDU Head of Claims, Jill Harding added: “We agree with the proposal that defendants will not recover costs from losing claimants in CFA-funded cases and in return claimants won’t need to take out insurance against these costs. Claimants themselves should be expected to fund their solicitors’ success fee from any damages awarded and would then have an interest in the costs incurred on their behalf. To ensure fairness to claimants, we agree that the success fee needs to be capped and that there should be a 10 per cent increase in the general damages that claimants are awarded. We think this approach strikes the right balance and hope that the proposed changes will be introduced.”

Kevin Lewis, Director of Dental Protection, commented: “Recent years have seen a rapid increase in the number of UK dental claims, and in the proportion of overall costs that is contributed by NHS bodies. The DDU wholeheartedly supports the changes proposed which address the problem of excessive and disproportionate costs, without affecting the ability of patients to seek compensation when they have been negligently harmed.

The proposed new test of proportionality taking into account all the factors of the litigation, not just the fact that the costs were necessarily incurred. This would address the problem of very high legal fees claimed by claimants’ lawyers in connection with relatively modest dental claims.”
Editorial comment

There has been a great emphasis lately on the growth of social media in the dental profession. Coincidentally, we have an article on that very subject in this issue, see pages 9-10. This was never more apparent than at this year's Dentistry Show in Birmingham, when both days saw a dental ‘Tweet-up’ – a meeting of people involved in Twitter for their companies or practices.

Friday’s Tweet-up saw a networking group of roughly 30 people, most of which only knew each other through tweets. It was great to put faces to names and network with people who I would not normally have had the chance to speak to at such an event. Thanks to those who had the idea to get together and make it happen, and also to those who attended.

You can follow Dental Tribune on Twitter @dentaltribuneweb.

The GDC’s view to postpone oral cancer Scotland is suffering. The growing number of cases of oral cancer Scotland is suffering. It calls on the new Government of Scotland over the last 40 years, and recognises the importance of addressing this issue. It also calls for the fluoridation of water supplies: something the BDA believes could dramatically improve the oral health of children in Scotland’s most deprived communities.

Focusing on the quality of care patients receive will also be important, the manifesto says. It calls on the new Government to re-think lifelong registration which was introduced in 2010 and recognise the importance of regular attendance in stemming the growing number of cases of oral cancer Scotland is suffering. It also calls for progress on the introduction of a long-envisioned oral health assessment following evaluation of pilots for such a tool at the end of 2010.

The number and location of dentists in Scotland also requires attention, the BDA believes. The manifesto cites the continuing shortage of dental academics and geographical disparities in the provision of both primary and secondary dental care as problems that must be addressed.

Andrew Lamb, BDA Director for Scotland, said: “Despite improvements in the dental health of Scotland over the last 40 years, there is a great deal still to do if we are to eradicate persistent oral health inequalities. We have successes to celebrate, including the excellent Childsmile scheme and improvements in access to dental care in some areas, but the new Government will nonetheless face significant challenges in the field of dentistry and oral health. Candidates standing for election this year must pledge to work on those challenges and deliver improvements for patients.”

Inequalities should be top priorities

BDA Scotland’s manifesto for the election, Something to smile about, provides a reminder that Scotland’s oral health continues to fall behind Western European norms. The manifesto explains that measures such as the expansion of the successful Childsmile scheme have a key role to play in addressing this issue. It also calls for the fluoridation of water supplies; something the BDA believes could dramatically improve the oral health of children in Scotland’s most deprived communities.

Choosing a mouthrinse has often meant choosing between effective enamel protection and effective plaque reduction. Until now. New Listerine Total Care Enamel Guard contains 225 ppm fluoride with high uptake and comparable re-hardening to formulations with twice the fluoride. Add this to its ability to kill bacteria associated with dental caries and reduce plaque by up to 52% more than mechanical methods alone and you can see why you should consider adding it to certain patients’ oral care routines.

**Superior plaque control.** Combined.

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Top 10 strangest requests...

When it comes to oral care, dentists are the experts. However, as one recent news story showed, there are some patients who have asked for some special requests for their smiles. Prosthetic fangs, gold “grills” and tooth tattoos might sound like slightly crazy requests, but there are some requests that are simply weird.

The Chicago Dental Society surveyed more than 500 members to find out the strangest dental requests they’d ever received from patients. Their answers might shock you!

10) “Can you extract my tooth without anaesthesia?”
9) “Please wire my mouth shut to aid in my diet.”
8) “Can you ID this set of dentures left in the bathroom of the bar I work at?”
7) “I will pay you or your hygienist to floss my teeth at my office every day.”
6) “Pull all my teeth, and just give me dentures.”
5) “I just broke off my engagement. Can you prepare my tooth so that I can keep the diamond in it?”
4) “Will you give me local anaesthesia in my lips? I’m going in for permanent “lipstick” tattoos on my lips, and would like to avoid the pain.”
3) “May I have an emergency cleaning visit? It’s my high school reunion and I need a bright, white smile to face my old boyfriend.”
2) “Can I keep the teeth you pull out of my mouth? I’d like to make a necklace out of them.”
And the number one strangest dental request ever received...
1) “Can you give my dog braces?”

The survey was conducted for the Chicago Dental Society’s 146th annual Midwinter Meeting, which brought more than 50,000 dental professionals to Chicago this February 24-26. The Midwinter Meeting is a forum for dentists to learn about new products, technologies, and methods.

Orthodontic treatment changes must be explained

Changes to the future provision of Health Service orthodontic treatment in Northern Ireland must be fully explained to patients waiting for care, the British Dental Association (BDA) advised today. The General Dental Services (Amendment) Regulations (Northern Ireland) 2011 will see the Index of Orthodontic Treatment Need (IOTN) being used to decide which cases will be funded by the Health Service. The new regulations, expected to take effect from July 2011, will stipulate that Health Service orthodontic treatment will be restricted to patients who score 5.6 or more on the IOTN scale.

The BDA believes it is also important to use a ‘commonsense’ approach for adjudicating on borderline or exceptional cases with IOTN lower than 5.6.

Peter Crooks, Chair of the BDA Northern Ireland Dental Practice Committee, said: “The use of IOTN for assessing eligibility for Health Service orthodontic treatment represents a significant change for patients. Undoubtedly some patients with an expectation of orthodontic care will be disappointed that they will not be eligible for treatment on the health service, so it’s vital that DHSSPS ensures that patients understand what the index means for them. It’s also important that a ‘commonsense’ approach to adjudicating on borderline cases is adopted.”

Frozen and smokeless

The Welsh Health Minister is set to announce that dental charges will be frozen at the 2006 level making this the fifth year in a row that the charges have been frozen.

The current system has three price bands, which relate to the complexity of the treatment; band 1 treatments cost £12, band 2 treatments cost £59 and band 3 treatments cost £177. The cost of emergency treatment will also be frozen at £12. Dental treatment is considerably cheaper in Wales than England.

Along with these price freezes, plans to dramatically reduce smoking levels in Wales have recently been unveiled, outlining that playgrounds and all NHS property could be made into smoke-free zones. The ultimate goal is a “smoke-free society” and to reduce exposure to second-hand smoke.

The chief medical officer has also suggested that there should be a debate on the issue of smoking in cars carrying children and even though the assembly government does not have the powers to ban smoking in cars with children, it remains keen to raise the issue.

According to reports, the current consultation claims that smoking is the largest single preventable cause of ill health and premature death in Wales, causing around 5,850 deaths each year.

National Smile Month to bring out the ‘Smile Factor’

The UK’s leading independent oral health charity, the British Dental Health Foundation (BDHF), is delighted to announce the theme for this year’s National Smile Month, the ‘Smile Factor’, running from 15 May – 15 June.

The aim of the campaign is to put the smile back on peoples’ faces and help them display their full personalities through the ‘Smile Factor’ theme. Now into its 35th year, National Smile Month remains an integral part of the Foundation’s work in promoting greater oral health. As in previous years, the Foundation will also be raising the awareness of a healthy diet and the link between good oral health and good overall body health and promoting the three key messages of brush for two minutes twice a day using a fluoride toothpaste, visit your dentist regularly, as often as they recommend and cut down on how often you have sugary foods and drinks.

Chief Executive of the BDHF, Dr Nigel Carter, described the thinking behind this year’s campaign: “They say you can hide behind a smile if you are not happy or are self-conscious about your teeth, so many people are missing out on showing their very own ‘Smile Factor’.”

Every year the BDHF encourages local communities, practices and individuals up and down the country to take part and get involved in National Smile Month, and as ever, there will be a wide range of different ways in which people can do just that.

There will be many family and community events throughout the campaign – all of which need your support.

If you’d like to find out more about National Smile Month, wish to take part in an event or organise one, all campaign material is now available. Please call the BDHF PR Department on 01788 550792 to request a copy.