**DENTAL TRIBUNE**

**PUBLISHED IN LONDON**

**March 28-April 3, 2011**

**Vol. 5 No. 7**

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**News in Brief**

**Sweet tooth**

Scientists have discovered that taste cells have several additional sugar detectors on top of the previously known sweet receptor. This sweet receptor is the primary mechanism in recognizing sugars such as glucose and sucrose and also artificial sweeteners.

**Tobacco not displayed**

After much deliberation regarding the display of tobacco in shops, it has now been pass the law that tobacco will no longer be displayed in shops. The new legislation, which is better known as the “Tobacco Bill”, will come into force for large stores on April 6 2012 and on April 6 2015 for all other shops. According to a statement from the Department of Health only temporary displays in “certain circumstances” will be allowed, with the rules phased in to minimise the impact on businesses. With regards to plain packaging for cigarettes and other tobacco products, the Government is keeping an “open mind” and is planning a consultation on different options before the end of this year.

**Frogs have teeth!**

According to new research, frogs have re-evolved “lost” bottom teeth after more than 200 million years. Tree-dwelling Gastrotheca guentheri is the only known frog in the world with teeth on both their upper and lower jaw. The reappearance of these lower teeth after such a long time identifies a “loophole” in previous theories in evolution and ultimately fuels debate about the permanent loss of complex traits in evolution. Commonly known as “mursawa frogs”, these Gastrotheca genus carry other unusual traits because they carry their eggs in pouches on their backs. Dr John Wiens led a team of scientists from Stony Brook University, New York to investigate this exceptional feature. Their findings are reported in the journal Evolution.

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**Fake pharmaceuticals**

Bags target gangs involved in counterfeit medicine

**Love and leave you**

Dental Tribune looks at why patients leave you

**Safe or Sorry?**

David Hands and Neil Photay discuss nickel allergies

**Trek with a purpose**

Dentaid organises trip to North East India

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**Can’t Quite Complete**

Regulator admits to backlog in registration process

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**The Care Quality Commission (CQC) has admitted that it will not have completed the registration process for a significant proportion of dental practices who have submitted their forms to the regulator.**

In an email sent to practices the CQC stated: We have received approximately 7,400 valid applications from primary dental care and independent ambulance dental care providers. We are working hard to have those providers fully registered as soon as possible and some providers have already begun to receive their notices of decision (NoDs) and certificates of registration.

On 1 April, there will be some providers who are still in the final stages of registering. We would like to reassure any provider who has submitted a valid application to us, but has not received their NoD or certificate, that we will consider them to be ‘in process’.

Some dentists have been upset by this news, calling for the CQC to put back or even abandon its plans to conduct consultation on different options to reassure any provider who has genuinely applied and that it can appear daunting. However, providers should be reassured that this system will be an endorsement to many and that it both dentists and patients will ultimately benefit from the process.

“CQC appreciates there are some practitioners in the industry who are concerned about registration and that it can appear daunting. However, providers should be reassured that this system will be an endorsement to many and that it both dentists and patients will ultimately benefit from the process.”

Chair of the BDA’s Executive Committee, Dr Susie Sanderson, said: “CQC registration is a facsso that seems to hurch from one cri-sis to another, spreading disin-ter methods of investigating, creating stress and distracting patients from patient care. It is disappointing, although sadly no longer surprising, that the process has now been pitched into a new crisis. CQC’s acknowledgement of its shortcomings will do very little, if anything, to placate or reassure dentists. The organisation clearly needs time to focus on the problems it is facing and get the process on track.

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**Dr Thackeray added: The strength of feeling within the pro-fession at the failure of the CQC to perform its purpose is growing significantly.**

A CQC spokeswoman said: “Many providers may not receive their certificates or Notices of Decision by 1 April because their CRB checks are still being processed. It is a legal requirement for all providers to have a CRB disclosure in order to be registered. The CQC had hoped that PCTs would be able to provide evidence of these for most NHS providers, but this has not proved to be the case.

“While we are encouraged by the work PCTs are doing to try to help us, sourcing confirmation about provider’s disclosures via PCTs is proving challenging. However, more than 90 percent of dental providers have now applied for registration and we are processing these applications.”

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**FEWER THAN ONE IN THREE PEOPLE HAVE MENTIONED BLEEDING GUMS TO THEIR DENTIST OR HYGIENIST**

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**Corsodyl Campaign for Healthy Gums**

The Corsodyl Campaign for Healthy Gums is designed to raise awareness of the risks of gum disease and the maintenance of oral hygiene; post peridontal surgery or treatment; aphthous ulceration; oral candida. For 1 minute twice daily or pre-surgery. Soak dentures for 15 minutes twice daily. Treatment length: gingivitis 1 month; ulcers, oral candida 48 hours after clinical resolution. Do not use in

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**PL 00079/0312**

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**Legal category:**

GSL.

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**Side effects:**

Hypersensitivity to chlorhexidine or any of the excipients.

**Contraindications:**

Overdose:

Dosage & Administration:

Product Information: Corsodyl Mint Mouthwash.

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