Local orthodontists trek their way to £3000

In the midst of some of the most beautiful views of the south, 50 employees from Total Orthodontics pulled on their walking boots and set out on their shades as they headed out into the sunshine to take part in a 10 mile trek across the South Downs to raise £3000 for Hospice in the Weald.

The group of specialist orthodontists, who have been straightening the smiles of Sussex and Kent for more than 10 years, took part in the walk in memory of a much loved member of their team, Jenny Brungar, who sadly lost her battle against cancer earlier this year.

Jenny was cared for by Hospice in the Weald, which provides specialist palliative care, advice, and clinical support for people with life limiting illness, their families and the bereaved. With the cost for the average length of stay for a patient being £5000, the money the orthodontics raised was most definitely going to help.

Setting off from Arundel, the team made their way along the river to Amberley, where a much deserved pub lunch was waiting for them. However, the food and drink wasn’t the only thing that kept up the groups’ moral – much to the teams’ amusement, Director John Costello emerged from the pub dressed as a reindeer, a costume he had previously donated for the group’s Christmas party! Having laughed their way through lunch, the team trekked their way back to Arundel, albeit at a much slower pace, where everyone finished off the day with a well-deserved drink at the Black Rabbit.

Amanda Wyatt, Corporate and Community Fundraiser for Hospice in the Weald, said: “We very much appreciate Total Orthodontics choosing to support the hospice by organising and taking part in the Total Trek and would like to thank everyone for their hard work and support. As the hospice has to raise £4m this year and only receives 10 per cent core funding it is vital that companies and members of the community support us so the hospice can continue to provide all its services to the patients and their families”.

As most events go though, the day wasn’t without injury! Assistant Operations Manager Dionne Ward slipped from a rope swing, breaking two bones in her leg. However, the money the group raised was sure to bring a smile to her face.

Alice Clarke, Marketing Executive, said: “It was far harder than a lot of us had envisaged and there were some very achy legs the next day! It was more than worth it though, everyone was in great spirits and nearly all the entire company were there to show their support, with only a few members of the team staying behind to hold the fort!”

Kirsten Heasman, Accounts Assistant, said: “Not only were we raising money for a brilliant cause but the day provided a great opportunity for staff from different practices to get to know each other. The walk was tough but very rewarding and the South Downs provided a stunning backdrop.”

At the end of the day, the trek was a great success; Exceeding their fundraising target the group of orthodontists are hoping to plan something even bigger and better next year.

Oral & maxillofacial surgeon awarded first joint research fellowship

The first joint training research fellowship has been awarded to Mr Andrew Schache, an oral & maxillofacial surgical trainee in Liverpool, by the Faculty of Dental Surgery at the Royal College of Surgeons and the Wellcome Trust to further his research into the role of the Human Papilloma Virus (HPV) in mouth and throat cancer.

Mr Schache, a Specialist Registrar at University Hospital Aintree and the University of Liverpool, has been given joint research fellowship of £159,707 to conduct a two-year project investigating the best test for HPV positive cancers and to further clinical research: the development of HPV vaccines.

Several Smaller Grants Scheme prizes have also been awarded this year to support research into oral and oropharyngeal cancer.

Several Other projects have also been awarded this year to support research into oral and oropharyngeal cancer.

As part of on-going work to help patients with facial deformity, Miss Rishma Shah, Clinical Lecturer at UCL Eastman Dental Institute and Hospital, has also been awarded a 2010 Faculty of Dental Surgery Research Fellowship to support her research into facial muscle tissue.

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I am just back from Cardiff where Smile-on has celebrated another milestone in its 10-year history with the official opening of a second office, located in the Welsh capital. The event was attended by both the CMO and CDO of Wales, Dr Tony Jewell and Dr Paul Langmaid respectively.

In true journalistic fashion I ‘collared’ Dr Langmaid and asked him about the state of dentistry in Wales and projects going forward to help improve the oral health of the Welsh population. The interview will be in Dental Tribune in an upcoming issue – keep an eye out!

As the beginning of registration with the CQC comes bearing down on the profession, there is still much confusion and anger amongst dental professionals.

The BDA has written a letter to the CQC requesting a meeting to help get clarity from the new regime that it says ‘acks proportionality and fails to accord with the general principle of simpler regulation, that is, the avoidance of duplicated effort and multiple jeopardy’.

This may be over-sensationalising the situation, but it is clear that practices are not getting the new regulations. I hope that the CQC and the profession can deal with the confusion and make it easy for practices to adhere with the latest regulations.

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:

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Or email:

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Editorial comment

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 in vitro 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.

*Better to other daily-use mouthwashes

1. Study 112-0013: Data on file 1, McNEIL-PPC, Inc.
2. Study 112-0014: Data on file 2, McNEIL-PPC, Inc.

B2A Unity Programme

Bridge2Aid, the dental and community development charity working in the Mwanza region of North West Tanzania, have announced the launch of their new ‘Unity Partnership’ for dental practices and businesses at BDIA Showcase.

The concept of the Unity Partnership is based upon the realisation that significant benefits, in terms of public profile and perception, will accrue to those dentists and dental practices involved in the Dental Volunteer Programme, where UK dentists work on a one-to-one basis with a Tanzanian Clinical Officer delivering an effective proven programme of training in emergency dentistry. The Clinical Officers are then equipped with instrumentation and sterilisation equipment by Bridge2Aid, and supervised by a government District Dental Officer.

In order to be recognised as a Unity Partner, dental practices commit to the financial support of the training of a Clinical Officer to serve a community of around 10,000 people and the ongoing supervision of their work.

Bridge2Aid’s CEO Mark Tupple said: “We are very excited about the potential benefits the Unity Partnership can bring to all concerned. Many of our dental supporters have already testified to the rewards they have gained from working with us.

“The partnership will enable us to secure training for communities and extend Bridge2Aid’s work throughout Tanzania.”

More details and the founder members will be announced at a launch press conference at Bridge2Aid/A-dec’s stand Q04, 11am on Friday 15th October at London Dental Showcase Excel.
Spending cuts see 1,700 job losses

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ccording to reports, 1,700 members of NHS staff will be axed as part of government spending cuts. The Department of Health has not officially announced the job losses; however, they did regard any changes as “temporary”.

A spokesman for the DH said; “We are reshaping and improving public health strategies. There will be plenty of opportunities and jobs to be done in both national and locally-led public health service.

“The Government is committed to increasing the health budget in each year of this Parliament. We will spend that money wisely, including the prioritisation public health and preventative work. That’s why we’ve already committed to introducing a Public Health Service with ring-fenced budget and local health improvement led by Directors of Public Health in local authorities.

“National Support Team programmes and departmentally-funded regional public health posts run until the end of this financial year with future funding subject to the outcome of the Spending Review.”

However, what hasn’t been explained is why members of staff affected by the cuts were notified by post in June about the job cuts. According to reports, the letters claimed that changes to NHS priorities in light of the increasing government deficit may cause them to be at risk of redundancy.

Health Minister, Andrew Lansley, is planning significant changes to the NHS in a bid to make it a more effective and efficient service. As a result of the changes, the staff involved in the programmes will probably lose their jobs; this news was confirmed by a document published on the department’s intranet system, which revealed that funding for programme budgets would be stopped.

It is believed that the members of staff affected were employed to work on a number of health projects, including reducing obesity and encouraging sensible drinking. The professionals, including specialist doctors, dentists, nurses, dieticians, nutritionists and psychologists were hired to work alongside civil servants to implement important new programmes.

The team were employed to work at the Department of Health offices in London and other parts of the country; they were working to reduce the amount of money spent by the NHS by improving general health and reducing the burden caused by obesity, poor diet, alcoholism and smoking.

Dentistry firms unite for charity

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lthough Christmas may still be only just on the horizon, a number of the dental companies have come together to create a unique set of Christmas cards for the dental charity, Bridge2Aid.

The tailor-made cards are designed by plan provider Practice Plan Ltd. After being created through a brainstorming session in 2009 by the Bridge2Aid Corporate Friends, the Christmas cards most definitely have a unique look, and with all the proceeds going to helping the people of Tanzania, the Christmas cards are a refreshing change – forget traditional snow scenes, these cards have a worthwhile purpose!

The Bridge2Aid Corporate Friends, which includes A-dec (UK), Dentply, Henry Schein Minerva, Practice Plan and Schulke, discussed how, as a group, they could work collectively to raise funds and awareness for the worthwhile charity.

They met to discuss a number of initiatives, including how to raise funds over the festive period, and as a result the unique card idea was formed. Styles, packaging and marketing were all discussed and now Practice Plan can excitedly reveal the unique African Christmas cards.

The cards cost £3.49 for a pack of 10, and all proceeds go directly to Bridge2Aid, which in turn goes straight towards helping the people of Tanzania.

AHA reveals smokeless tobacco danger

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he American Heart Association (AHA) has revealed some shocking results with regards to smokeless tobacco products.

Their statement notes that smokeless tobacco products are not safe alternatives to smoking because they are associated with heart attacks, strokes and certain cancers. They have also suggested that due to the marketing of these products, smokeless tobacco products may initiate further tobacco use and perpetuate smoking.

GlaxoSmithKline (GSK) Consumer Healthcare, a leader in helping smokers quit and the marketer of nicotine replacement therapy (NRT) products, supports the findings of the American Heart Association (AHA).

Tobacco use, including smokeless tobacco, is the largest cause of preventable death and disease in the world. The proven way to reduce these health consequences is to stop using tobacco completely.

Even though NRT products have helped millions of people around the world quit smoking, and, as a result, reduced their exposure to the risks of cancer and other smoking-related diseases, there are still concerns with regards to further health risks.

While the FDA is the final authority on the labelling of NRT products sold in the US, GSK Consumer Healthcare is committed to continuing to work with medical and clinical experts and the FDA to ensure that consumers have the best possible chance to quit smoking.

With quitting smoking being the single most important step smokers can take to improve their health, the development of innovative new products and support systems to improve the quit experience, with further health risks, is vital.
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GDPUK Roundup

The GDPUK online community discusses the upcoming conference in Manchester and regulatory issues. Tony Jacob has more

With more than 9,000 different colleagues visiting the site during the month, GDPUK is busier than ever in the autumn and colleagues reading the forum are looking forward to the upcoming GDPUK Conference in Manchester (see http://www.gdpuk.com/Conference2010). Concerns about the CQC and HTM 01-05 continue to dominate discussions; these are clearly the topics at the top of the agenda for all dentists.

For many reasons, the enhanced Criminal Record Bureau check for dentists demanded by the CQC has raised ire amongst forum members. CQC speakers have always stressed that the role of the registration was to protect the public with regard to the premises – are they safe for the public and are processes and procedures correct? In other words, regulating the provider. The GDC remains responsible for making sure the public is treated and cared for by suitably qualified professionals, the performer, whereby the CQC needs to make all dentists have a further CRB check is questioned. All the forms necessary for this must be taken personally, by every single dentist, together with passport, photos and further proof of identity to a Crown Post Office. There are only 27 of these Post Offices in England, and many dentists will have to spend time travelling and queuing at that office, possibly a full day. For example, for the whole of Yorkshire, about two thousand dentists, there is one such Crown Office, in Leeds. Imagine the queues if all 2,000 visited on one day! As one senior notable colleague wrote in the forum “what sort of moron sits in their glass palace in Westminster and thinks up ideas like this?”

Back to the HTM 01-05 document that continues to dog the profession: One concern has been that washer disinfectors, in their final heat cycle, bake proteins (onto) only stainless steel instruments. In letters to colleagues in response to specific enquiries, the DH are now rebutting this, having commissioned research at the University of London. This research will be published in due course. Some GDPUK correspondents still believe that it is best not to buy or use one of those machines, not needed to reach “essential requirements” but required to reach “best practice”.

In the same vein, a dentist wrote (in a dental discussion in another dental publication) that after 35 years in practice the latest wave of regulations, paperwork and interference were too much, and retirement beckoned – even though the dentist insisted he enjoys his daily work, and finds helping patients daily to be rewarding. I found it uncomfortable to read that so many agreed with his sentiments.

Creating new documents for consent to various procedures have been discussed, and will be shared in the files section of GDPUK. Apparently, when questions about this are put to lawyers, these days, they insist that risk of death is placed as the number one risk at the start of all these documents. Patients could have a reaction to local anaesthetic, and this reaction could ultimately be fatal, so perhaps this warning should be to all dental consent documents? Would you be comfortable warning every patient of this?

That is a sobering thought for us all.

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Patient protection and value for money focus for GDC

The General Dental Council has spelt out its priorities in its new corporate strategy, highlighting patient protection and value for money as its key aims.

The strategy 2010-2014 commits the GDC to delivering its regulatory functions as efficiently and effectively as possible in the first two years of the months of hard work by the re-structured Council, which took office in October last year, the strategy was launched online on the 23rd September 2010.

Recognising the importance of strong relationships with a wide range of people and organisations, the strategy sets out clear aims, putting patients at the heart of the GDC’s thinking.

Chair Alison Lockyer said: “This is an important step forward for the GDC in explaining its purpose, values, aims and objectives clearly and concisely to registrants and the public. Council members have shown their dedication and determination to drive forward change in order to further improve the GDC. We have re-affirmed our commitment to protecting patients and regulating the dental team. As the strategy says: ‘This is why we exist.’

The strategy defines the GDC’s values when it comes to delivering regulation and governing the organisation:

• Regulation is proportionate, targeted, consistent, transparent and accountable
• Policy is developed on the basis of consultation and evidence
• Resources are managed efficiently, effectively and sustainably
• Decision-making is collective, robust and accountable
• Leadership of the organisation is strategic and ethical
• Equality and diversity is embedded in our policies, systems and processes
• Management of people is open, fair and constructive

Alison adds: “It is important to highlight our ongoing drive to deliver value for money. We recognise that the money we spend comes from the dental professionals who register with us. We will work hard to ensure that the burden we place on registrants is proportionate and fair, both financially and administratively. We will be successful if we ensure that the annual retention and registration fees are set in a way that enable us to fulfil our statutory purpose.”

Each regulatory function – Standards, Registration, Fitness to Practise and Education/Quality Assurance/Revalidation – has a set of objectives. Alongside these objectives, are success indicators, to which the Council will be held accountable. A common theme throughout all the functions is driving up performance on dealing with fitness to practice, processes and outcomes.

The full strategy can be found at www.gdc-uk.org

Denplan to host CQC seminars at BDTA

As one of the most talked about topics within the dental industry draws closer, Denplan is inviting members to attend a short seminar addressing the application process for registration with the Care Quality Commission.

These hour-long seminars take place at this year’s BDTA Dental Showcase at ExCel London and will be hosted by Denplan’s Chief Dental Officer, Roger Matthews and Deputy Chief Dental Officer, Henry Clover. They offer one hour’s CPD and are to be held in the North ern Gallery Room 8 (situated above the main exhibition hall) at the following times: Thursday 14 October - 11.00am or 2.00pm Friday 15 October - 11.00am or 2.00pm Saturday 16 October - 11.00am

Roger Matthews commented: “Applications for CQC registration will commence on 16th October last year, the GDC. We have re-affirmed our commitment to delivering regulation and governing the organisation:

The founder of the Mouth Cancer Foundation Dr Joshi said: “A common story many mouth cancer patients can relate to is that they were diagnosed late. Early diagnosis dramatically increases survival rates. There are many particularly obvious signs and symptoms mouth cancer patients have which are often over-looked by GPs and GDPs because of their lack of awareness of the disease.

“The public needs to be aware of mouth cancer. The screening process goes smoothly for Denplan members, we have produced a range of support materials to assist them, including a ‘plain English’ guide to the application, which is available through Denplan Online Services.

“We’ll also address how Denplan Excel and the Denplan Quality Programmes support the GDC Essential Standards.”

To attend, please register with the Denplan Events team on 0800 169 9934 or email Lynn.godfrey@denplan.co.uk.

Mouth cancer awareness takes a walk

With nearly 8,000 people being diagnosed with Mouth Cancer every year, it is vital to generate a high level of public awareness. The Mouth Cancer Foundation has therefore once again provided free mouth cancer screening to the public at the annual Mouth Cancer 10km Awareness Walk.

The specialist screening team was provided by the Department of Community Special Care Dentistry, King’s College London and lead by members of the Oral Medicine Department of the Eastman Dental Institute.

The ‘Awareness Walk’, which had its biggest level of success in five years, screened 152 people and 6 were advised to see a dentist or a doctor for referral to a specialist for further investigation, as participants visited the screening unit during the walk.

The founder of the Mouth Cancer Foundation Dr Joshi said: “A common story many mouth cancer patients can relate to is that they were diagnosed late. Early diagnosis dramatically increases survival rates. There are many particularly obvious signs and symptoms mouth cancer patients have which are often over-looked by GPs and GDPs because of their lack of awareness of the disease.

“The public needs to be aware of mouth cancer. The screening our specialist team provides at the Walk is something all dentists should be doing daily.”

Mouth cancer survivor Melanie Brooks, 26, has first-hand experience of how devastating the late detection of mouth cancer can be. She was diagnosed with Mouth Cancer aged just 21.

Melanie said: “The symptoms of my mouth cancer went undetected for 18 months. The tumour was visible on my soft palate and I had major reconstruction surgery in January 2006 followed by six weeks of radiotherapy and further reconstruction. The consequences of my cancer are still evident today with changes to my speech and appearance.”

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