The government has announced an extra £11m of funding for dental hospitals in England to fund new IT systems to support the training of dental students.

The funding is part of a joint initiative by the Department of Health, NHS Connecting for Health and the Dental IT programme board.

Deputy Chief Dental Officer, Tony Jenner said: ‘This extra funding reinforces the government’s commitment to supporting dental hospitals and expanding the dental workforce.

The NHS now has over 4,000 more dentists than it did in 1997 and we have increased the number of undergraduate training places by 25 per cent to ensure we have more dentists in the areas of the country that need them the most.’

The £11m will be divided between each of the 10 trusts that applied for funding.

The trusts will have responsibility for using the money to train dental students in the use of clinical computer programmes that they will use in practice.

This includes core applications under the National Programme for Technology, such as Patient Administration Systems, N3, Choose and Book, Picture Archiving and Communication Systems and access to the NHS Care Record Service, clinical dental systems, resource management and support for the teaching of students. As well as training future dental care professionals, NHS dental hospitals and associated dental schools research ways to improve oral and dental health and provide specialist clinical services for patients.

The 10 trusts receiving allocations include South Barking PCT, University College London Hospitals NHS Foundation Trust, Guy’s & St Thomas’s Hospital NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust and the Newcastle Upon Tyne Hospitals NHS Foundation Trust.

Infant Oral Mutilation campaign

The oral health charity, Dentaid, has launched a campaign to stop the practice of Infant Oral Mutilation carried out in countries such as Uganda, where baby teeth are gouged out with knives, bicycle spokes and finger nails.

The teeth are removed because the people believe the soft white buds of the new teeth are actually worms in the mouth of the infant. These ‘mouth worms’ are believed to be parasitic and fever causing so if the child has an illness, the baby teeth are blamed.

A spokeswoman for Dentaid said: ‘A primitive technique is usually employed to gouge out the baby teeth involving non-sterile knives, bicycle spokes, fingernails or other bizarre and inappropriate instruments.

The practice is often carried out by village healers for a fee. It is also performed by parents, community elders and even midwives.’

The consequences of this Infant Oral Mutilation (IOM) can be severe pain, serious oral health complications and, not infrequently, death.

Infants often suffer from future facial disfigurement, damage to the gums and the permanent teeth following the removal of their health deciduous teeth.

In one region of Uganda, infant deaths due to septicaemia and other infectious diseases, following IOM, are reported to be second only to malaria as a cause of infant mortality, according to Dentaid.

Another problem is that when ‘mouth worms’ are diagnosed, often the real illness is left undiagnosed and untreated.

Dentaid wants to make the public more aware of what is going on and has created an IOM action group to focus on implementation and strategy to combat this practice.

Dentaid has devised a trial and community based approach to educate people about the practice of IOM in the countries in which it takes place.

A group of volunteers in association with Christian Relief Uganda, went out to Uganda in September 2008.

They carried out dental screenings, basic treatments and training. They also conducted interviews with health workers, community leaders and parents to gather anecdotal evidence of how IOM is perceived in Uganda.

This information will assist in the strategic development of the Dentaid project to combat IOM.

If you are interested in getting involved with this campaign please contact Nicky Triance on 01794 325146 or email nicky@dentaid.org. Detailed information can also be found at www.dentaid.org.

More preventative work for Sheffield

NHS dentists in Sheffield will be asked to sign a new contract next year that encourages them to carry out more preventative work.

The change, when the current three-year contract comes to an end next March, is part of NHS Sheffield’s Dental Health Commissioning Strategy.

The Primary Care Trust wants to reduce the proportion of the contract that focuses on the delivery of UBAs (Units of Dental Activity) and develop a framework aimed at encouraging a preventative approach to practice whilst improving access to high quality dental services, according to the strategy.

The director of dental public health for Sheffield, John Green, said the current dental contract was very ‘activity focused’. He added: ‘There would still be recognition for carrying out treatment such as extractions and fillings, but dentists would also get rewarded for preventive work.’

Preventive work will therefore focus on deprived areas in Sheffield as statistics have shown this is where children are more likely to develop dental problems. This will include increasing access to dental care, improving children’s diet and targeting oral health promotion at young children.

Fluoride is currently added to children’s milk in 42 primary schools in the city and this will continue under the new strategy.

Dentists wanted for revalidation views

The General Dental Council is asking dental professionals for their views on its proposals for the revalidation of dentists.

Hew Mathewson, president of the GDC said: ‘Revalidation is about ensuring dentists continue to meet the standards expected of them throughout their careers. Patients can have even more confidence that their dentist is performing to a high standard and that those standards are being set and overseen by a regulatory authority – the GDC.’

We want revalidation to be as simple and flexible as possible, so we are committed to using existing and future quality assurance systems and locally gathered evidence. The first cycle of revalidation for dentists is not expected to start until 2011. By that time we should have thoroughly tested the system that is finally introduced.’

Under the proposals, dentists will need to provide evidence in four key areas – professionalism, clinical, management and leadership, and a communications evidence might include clinical audit, significant event analysis, patient surveys, and personal and practice development plans.

Once revalidation is up and running for dentists, the GDC will look at introducing a system for other groups of dental professionals on its registers.

For more information and to download the current proposals, please visit: www.gdc-uk.org/revalidation. The GDC website will be updated as revalidation is developed.