Could cigarette packaging go up in smoke?

A UK-wide consultation on whether tobacco should be sold in standardised, or plain packaging, has been launched.

The recent consultation concerning the future branding of cigarette packaging has come about in an effort to impact on people’s health and reduce the uptake of smoking.

The consultation suggests for the first time what requirements for standardised packaging could consist of, including no branding, a uniform colour and a standard font and text for any writing on the pack.

The consultation will seek views on whether tobacco packaging should remain unchanged, plain packaging should be adopted, a different option should be considered.

Respondents will also be asked to consider what the specific impact of standardised packaging could be, including whether it could reduce the appeal of tobacco products, increase the effectiveness of health warnings, impact on the tobacco industry and retailers or encourage consumers to buy tobacco products abroad for their own consumption.

There has however already been mixed opinions on health forums and news sites regarding the consultation.

Non-smokers and smokers alike are exclaiming that policies such as this are “incredibly patronising” and some non-smokers are even suggesting that it shows a complete lack of understating about addictions.

Whilst some people believe that it could have an effect on steering people away from starting the habit, many people believe that the plain packaging policy will have little to no affect whatsoever on younger people; some even believe it will encourage them to start smoking because cigarettes will have that “forbidden factor”.

However, there are some that believe that the plain packaging could have an effect on tobacco industry and retailers or organisation with an interest in taxation.

The consultation will be open for responses from 16 April to 10 July. Any person, business or organisation with an interest is encouraged to respond.

In order to take part in the consultation visit http://consultations.dh.gov.uk.

www.dental-tribune.co.uk
King’s dental alumni awards announced

Health and Social Care Bill gains royal assent

World Health Day

of life and brought credit to the profession, directly or indirect-
ly, with particular emphasis on the last three years.

Prof John and Deborah Greenspan are internationally recognised for their contribu-
tions and achievements in the field of oral manifestations of
HIV/AIDS.

Prof Deborah Greenspan commented: “This award was
completely unexpected and is deeply appreciated. From
the merger of the Royal Dental Hos-
pital with Guy’s, then United
Medical Dental Schools, the
Guy’s, King’s and St Thomas’,
now King’s College London, we
have felt part of a growing and
supportive alumni group that
can be proud of being part of
an outstanding dental school and
university. The heritage of
the Royal lives on in King’s College
London Dental Institute.”

Prof John Greenspan added: “We did not know we were get-
ing the award, so to hear about it while sitting among four ta-
bles of my classmates and their guests at the reunion marking
the 50 year since our gradu-
ation was particularly poign-
ant. Memories of 50 plus years
ago, mingled with news of col-
leagues’ families and careers
flooded the mind with a mixture of
emotions; nostalgia, pride,
yes some sadness forthose no longer with us, plus a deep
sense of gratitude for the edu-
cation we received at the Royal
all those many years ago.”

The Alumnus Distinguished
Service Award was presented
to Martin Kelleher. The award
aims to honour a long-serving member of
staff who has made a signifi-
cant contribution to the Dental
Institute or one of its constitu-
ent Schools.

Mr Kelleher is a Consult-
ant in Restorative Dentistry at
King’s College London Dental
Institute. He was postgraduate
tutor at King’s College Hospi-
tal and Guy’s Dental Hospital
for many years. He has lec-
tured extensively both nation-
ally and internationally for
more than 25 years and is the
author of many peer reviewed
articles and a book on dental
bleaching.

President of the Dental
Alumni Association, Dr Clive
Debenham said: “Martin Kelle-
her is a teacher whose idiosyn-
cratic, didactic but sympathetic
style will always be remem-
bered by those lucky enough
to fall under his tutelage.”

Commenting on the award,
Mr Kelleher said: “I was equal-
ly surprised and delighted to
receive this prestigious award from the Dental Alumni Asso-
ciation. During my many years
as postgraduate dental tutor at
both the King’s College Hospi-
tal, Demark Hill site and the
Guy’s Hospital site I tried to be
as inclusive as possible of the
various graduates, each with
their different histories, in run-
ning Clinical Day in conjunc-
tion with the dental alumni.

“I am delighted to note that
the alumni and the Dental In-
stitute generally continue to
be highly successful and they
are to be heartily congratu-
lated on this. In expressing my
deep gratitude for this honour
I would like to take this op-
portunity not just to thank all
those involved, but also to wish
them all the best for their fu-
ture activities.”

Health and Social Care Bill gains royal assent

The Health and Social Care Bill recently gained Royal Assent to become
the Health and Social Care Act (2012).

The core principles of the Act mean that doctors and nurses
will be able to tailor services for their patients, more choice
will be given to patients over how they are treated, and bu-
reaucracy in the NHS will be reduced.

The Act aims to:
• Devolve power to front-line
  doctors and nurses. Health pro-
  fessionals will be free to design
  and tailor local health services for
  their patients
• Drive up quality: Patients will
  benefit from a renewed focus on
  improving quality and outcomes
  • Ensure a focus on integration:
    There will be strong duties on
  health service to promote
  integration of services
  • Strengthen public health: Giv-
    ing responsibility for local pub-
    lic health services to local au-
    thorities will ensure that they
  are able to pull together the
  work done by the NHS, social
  care, housing, environmental
  health, leisure and transport
  services
• Give patients more informa-
tion and choice: Patients will
  have greater information on how
  the NHS is performing and the
  range of providers they can
  choose for their healthcare. And
  they will have a stronger voice
  through Healthwatch England
  and local Healthwatch
• Strengthen local democratic
  involvement: Power will shift
  from Whitehall to town hall
  – there will be at least one lo-
  cally elected councillor and a
  representative of Healthwatch
  on every Health and Wellbeing
  Board, to influence and chal-
  lenge commissioning decisions
  and promote integrated health
  and care

• Reduce bureaucracy: Two lay
  members of management – Primary
  Care Trusts and Strategic Health
  Authorities - will be removed
  through the Act, saving £4.5 bil-
  lion over the lifetime of this Par-
  liament, with every penny being
  reinvested in patient care

Andrew Lansley, the Health
Secretary, said: “The Health
and Social Care Act will deliver
more power to clinicians, it will
put patients at the heart of the
NHS, and it will reduce the costs
of bureaucracy.

“We now have an opportu-

ity to secure clinical leadership
to deliver improving quality and
outcomes; better results for pa-
ients is our objective.”

Professor Steve Field, chair of
the NHS Future Forum, said: “It was a tremendous privilege
to be able to chair the Independ-
ent NHS Future Forum. All the
comments and debate that we
heard helped improve the Bill.”

The implementation of the
Act will now enable clinical
leaders, patients’ representa-
tives and local government to
all take new and leading roles
in shaping more effective ser-
vices.

World Health Day

World Health Day was
celebrated on the 7th
April, marking the
anniversary of the founding of
the World Health Organisa-
tion in 1948. World Health Day is a
global campaign, inviting every-
one – from global leaders to the
public in all countries – to focus
on a single health challenge with
global impact – the focus this
year being Ageing and Health.

World Health Day 2012 focused
on how good health can add life
to years, enabling older men and
women to not only live longer,
but also to extend their active in-
volvement in the levels of society.
Ageing concerns each and every
one of us – whether young or old,
man or female, rich or poor – no
matter where we live.

Before the end of this century,
the world will have more older
people than children. People are
living longer and life expectancy
continues to improve around the
globe, but living longer is just one
part of the equation – living well
is the key to ensuring that older
people remain healthy, energetic
and involved in their communi-
ties and society as a whole.

As the world’s population
continues to age, social and eco-
nomic implications of an ageing
population will need to be ad-
ressed. Evidence suggests that
moderate physical activity can
help to improve and prolong mo-
bility in the elderly, yet as age
increases, physical activity often
decreases. This sort of decline
in activity levels is more pro-
mounced in women, low-income
groups and in persons with low
education levels.

Education and awareness
are therefore key as well as an-
edquate provision of age-friendly,
community based exercise and
recreation facilities as well as
improved access to basic primary
health care. But perhaps the most
important role for government
and community leadership bod-
ies lies in acknowledging the val-
ue of older people and the contri-
butions they make to family and
community life.

Although it is never too late
for a healthy lifestyle, start-
ing early will make sure that your
future years are not only long, but
also healthy. Studies show that
children’s arteries start showing
atherosclerosis from as early as
two years of age, which means
the effects begin in utero. What-
ever your age, regular exercise is
crucial, so don’t delay.
Editorial comment

Today I spent most of the day at the GDC CPD Review Conference. It was a very interesting day, looking at the delivery of CPD and the barriers to accessing quality courses.

Denplan withdraws from ROI

Following its launch in the Republic of Ireland in August 2010, Denplan’s Executive Board has taken the difficult decision to withdraw its presence from this region.

Denplan has been working with a range of member dentists over the last 19 months in order to increase the level of support it can offer to both the dental professionals and their patients - following the Government’s decision to remove state-funded dental provision and reduce the Medical Card provision to children and exempt patients.

However, ongoing interest by the insurance regulators in this region has necessitated a growing investment in legal services to explain Denplan’s product design and cover, which has, in turn, made this market financially unviable. This has been compounded by Denplan’s recent sale to Simplyhealth, which is not yet registered to trade in the Irish Republic.

Denplan’s Managing Director, Steve Gates, commented: “We’re disappointed to be withdrawing from the Republic of Ireland, but I would personally like to thank all of our contacts in the area for the support and business they placed with Denplan and wish them every success in the future. “This decision in no way affects our substantial presence in Northern Ireland, which still offers strong opportunities for growth over the coming years. I would also like to reiterate that there will be no job losses as a result of this decision.”

The delegate list was filled with practitioners, under- and post-graduate dental Deans, educators, academics, GDC members and commercial providers. Chaired by GDC Chief Executive and Registrar Evlynne Gilvarry, the day took in many aspects of CPD and its relevance to revalidation; both allowing course providers to gain an insight into the potential direction for CPD in the future, and for the GDC to get feedback from stakeholders.

One of the buzzwords from the day was ‘blended learning’ – the use of different teaching modalities to allow for a rounded learning experience. This can use both online and face-to-face methods, with interactivity at the heart of it.

If CPD and re-validation are here to stay, then so is blended learning.

NEW

A UNIQUE MOUTHWASH
THE MOST EFFECTIVE MOUTHWASH
FOR SENSITIVE TEETH

ALSO AVAILABLE:
Colgate® Sensitive Pro-Relief™ Toothpaste and
Colgate® Sensitive Pro-Relief™ Desensitising Polishing Paste
For clinically proven relief from dentine hypersensitivity, at home and in the dental chair

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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A round 1,500 cancer pa-
tients a year will benefit
from a cutting edge can-
cer treatment – Proton Beam Therapy – that will be avail-
able in London and Manches-
ter, Health Secretary Andrew
Lansley announced today.

Up to £450 million will be
invested by the NHS in build-
ing Proton Beam Therapy fa-
cilities at The Christie NHS
Foundation Trust hospital in
Manchester and University
College London Hospitals NHS
Foundation Trust. The Depart-
ment of Health have set aside
public capital for this scheme.

Proton Beam Therapy is a
type of radiotherapy, which
uses a precision high-energy
beam of particles to destroy
cancer cells. The treatment
is particularly suitable for
complex childhood cancers,
increasing success rates and
reducing side-effects, such as
deaflness, loss of IQ and se-
condary cancers.

Given the complex nature
of the treatment and facilities,
Proton Beam Therapy won’t be
fully available in England until
2017. Until then, the NHS will
continue to fund patients in
need of Proton Beam Therapy
to go abroad – either to Swit-
zerland or the USA. By 2014/15
the NHS will be spending £50
million per year sending up to
400 patients overseas.

Health Secretary, Andrew
Lansley, said: “Developing a
national proton beam thera-
py service is vital to ensuring
our cancer facilities are world
class. We have always said that
it is patient outcomes which
matter, and to get the best for
patients we must always be
looking to push the bounda-
ries.”

“In addition to improved
success rates, proton beam
therapy reduces the side-e-
fected which patients, particu-
larly children, can suffer as a
result of traditional forms of
cancer treatment.”

“The Department of Health
plans to introduce PBT servic-
es at The Christie and UCLH.
The Department’s assessment
shows this to be affordable
and deliverable in the short
term. The development of the
service will be closely moni-
tored and should further ca-
pacity be needed in the future,
the preferred third site is Uni-
versity Hospitals Birmingham,
subject to normal business
cases processes and the views
of the NHS Commissioning
Board.”

Centres selected to host cutting-edge cancer services

Tackle alcohol abuse at the dentist

A lcohol abuse causes dental
disease and mouth can-
cer warns health experts.
To tackle this at the earliest op-
portunity, screening and treat-
ment for excessive drinking is
vital, according to a paper pub-
lished in the April edition of the
Royal College of Surgeon’s Den-
tal Journal. The paper, ‘Alcohol
disease: screening and treatment
in primary dental care,’ points
out that patients do not attend
their GP unless they are ill, but
most people visit their dentist
for a routine check-up, giving
the dental team a unique oppor-
tunity to identify misuse.

The paper highlights that
making standard questions
about alcohol consumption
more explicit under new policy
proposals could provide a cur-
rently untapped opportunity
for dentists to tackle prob-
lem drinking, as asking patients
about alcohol consumption is
a routine component of un-
derstanding a patients overall
health.

Jonathan Shepherd, Profes-
sor of Oral and Maxillofacial
Surgery and lead author of
the paper, said: ‘Excessive alcohol
consumption can lead to can-
cer of the mouth, larynx and
esophagus and dentists maybe the
first to notice these condi-
tions. So we need to introduce
an alcohol screening tool that
reliably detects hazardous and
harmful drinking alongside ef-
fective treatment.’

The paper emphasises that
an estimated one in five men
and one in seven women in the
UK regularly binge drink which
costs the UK economy approxi-
mately £45 billion a year. Pro-
moting moderation in alcohol
consumption in the primary
dental setting could contribute
to decreasing the economic, so-
cial and health burdens associ-
ated with alcohol abuse.

The study stresses that iden-
tifying and tackling alcohol
misuse at the dentist would be
a major contribution to the Gov-
ernment’s health priorities. ‘The
dental team has a responsibility
to promote overall health and
not just dental health. Dentists
and the Government must work
together to deliver screening
and treatment by interven-
ing early,’ Shepherd con-
cluded.

Surgeons perform full-lifeface transplant

S urgeons at the University of Maryland in Baltimore
have reported the trans-
plantation of an entire face onto a 57-year-old man.

According to a report, the surgeons successfully
transplanted facial bone to top and bottom teeth, and
upper and lower jaw.

The procedure is considered to be the world’s first
outside of a full-face transplant. The pa-
tient Richard Lee Norris from Hillsville, Virginia, had the face
transplant after a gun incident 15 years ago left him severely
disfigured. Richard lost his lips and his nose, and his jaw-
line was almost completely de-
stroyed. As a result, he was left with
limited movement of the mouth.

It wasn’t until 2005 when
Richard first approached doc-
tors at the university to discuss surgical options. After a face
was donated by the family of a deceased anonymous donor,
the extensive and difficult sur-
gery could commence, and was conducted in late March by a
multidisciplinary team of more
than 150 medical professionals
and lasted 56 hours. According
to the university, this is the first
time in history that a full-face
transplant has been completed by a team of plastic and recon-
structive surgeons experienced
in both trauma and dental and
facial reconstruction.

The project was financial-
lly supported by the US Navy,
which hopes to gain better in-
sights into the reconstruction of the wounded faces of returning soldiers.
Switch on to new ideas

Speakers:

Prof Nasser Barghi
Dr Richard Kahan
Prof Gianluca Gambarini
Dr Wyman Chan
Dr John Moore
Dr Ajay Kakar
Ms Jackie Coventry
Dr Mona Kakar
Basil Mizrahi
Fraser McCord
Mhari Coxon
Amit Patel
Anthony Roberts

EARLY BOOKING DISCOUNT
Campaign for CASPER

Glenns Bridges and Jane Armitage launch the Campaign for Administrative Standards and Professional Education for Receptionists and Practice Managers (CASPER)

In the modern dental profession there is no shortage of Standards and Regulations or authoritative bodies to assess and comply. The origins of the current legislation date back as far as the Dentist Act 1921, which restricted the practice of dentistry to qualified, registered practitioners, working within ethical standards set by a regulatory body; The Dental Board for the UK, the initial forerunner of the General Dental Council (GDC).

Over the 90 years since the Dentist Act 1921 the health care professions have changed considerably, so too has their relationship with the public. When dentistry was restricted in 1921 the purpose of this legislation was to protect the public. In 2001 following some high profile medical cases, including the Harold Shipman, Alderhay and The Bristol Babies it was clear that to maintain public confidence higher profile measures were required and Clinical Governance was introduced to the Healthcare Sector.

Over the past 10 years the dental profession has introduced a curricular framework to enable members of the dental team to gain registerable qualifications and this has enabled a range of dental professionals to increase the scope of their contribution to patient care. As a result careers in the dental profession have become more prestigious and attractive to a wider range of people with a vocation to work in a caring profession.

Clinically dentistry can claim almost 100 years of ongoing development with excellence as its primary objective. However, when it comes to the non clinical aspects of dental care there is a massive black hole in terms of training and ongoing development requirements.

The Health and Social Care Act 2005 sets out clear regulations which in turn have been translated by each constituent country of the United Kingdom to local essential standards of quality and safety. Each has appointed inspectors to visit registered practices to assess compliance. If you look really hard you will find training recommendations for Registered Managers. But not only do you need to look hard, to find any meaningful education requirements, you also need to use a broad span of interpretation because qualification requirements for Registered Managers are not definitive. Worse still the standard for administrators and receptionists are non-existent; or at least I have not been able to find them.

It is indisputable that the quality of UK clinical dentistry is world class. However, nowadays patients demand more than excellent dentistry, they will not settle for less than an excellent dental experience from the moment they decide to make an appointment on until they complete their treatment.

This is recognised in care quality outcomes. To consistently achieve these outcomes requires a range of quality management skills, such as planning services, auditing performance, creating, implementing and evaluating SMART objectives and gathering feedback on clinical and non clinical aspects of care. Without formal education these skills will be absent from dental team’s skills sets, therefore patients’ experiences of quality if their dental experience will suffer.

Jane says: “I believe academic training requirements must be introduced on a tiered level in-line with individual managers responsibilities. How can manager be expected to run practices without academic training? It is bizarre. How can you lead a team of committed dental professionals without demonstrating the same level of commitment to your own training and ongoing development? We must begin by establishing educational standards and then establish qualifications for practice managers and receptionists to the next logical step in the progression of the dental profession and we are urging the GDC and CQC to formalise a non-clinical curricular framework.

The Campaign for Administrative Standards and Professional Education for Receptionists and Practice Managers (CASPER) has gathered high profile dental professionals who believe that qualifications for practice managers and receptionists are the next logical step in the progression of the dental profession and are urging the GDC and CQC to formalise a non-clinical curricular framework.

If you would like to add your voice to ours, simply email us your name and:

“I agree that the dental profession needs definitive non-clinical educational and CPD standards for dental managers and administrators.”

Registration for Showcase 2012 now live!

Delegates are now able to register online for their No.1 dental exhibition, with over 10,000 members of the dental team expected to visit the three-day event, and more than 550 companies exhibiting, presenting the latest products and services that the dental industry has to offer.

Each year the BDTA holds an outstanding show, which is why Dental Showcase continues to be the biggest and best exhibition in the dental calendar. Book your ticket now to ensure that you don’t miss out!

For more information, or to register for your free ticket to BDTA Dental Showcase please visit www.dentalshowcase.com.
Research to target threat caused by sepsis

Twelve new research and development projects that aim to improve the future diagnosis, detection and management of sepsis, a life-threatening illness caused by the body over-reacting to an infection, are to receive government funding totalling £8 million.

The grant funding – from the Technology Strategy Board, the Department of Health, Ministry of Defence, Home Office, Engineering and Physical Sciences Research Council and Medical Research Council – will be matched by funding from the UK companies involved in the projects, bringing the total value of the R&D to more than £15 million.

Iain Gray, Chief Executive of the Technology Strategy Board, said: “There is universal recognition of the need for new and improved diagnostic tools to help in the management of sepsis. The products that will emerge from this important research and development will help to reduce the economic burden, death and illness from sepsis and infectious diseases and create opportunities for UK companies in the huge global market for diagnostic devices.”

The 12 business-led R&D projects will see more than 20 UK companies working collaboratively with more than a dozen universities, research organisations and NHS Foundation Trusts. The funding awards follow successful applications by the consortia to two competitions managed by the Technology Strategy Board.

The Multi-pathogen detection and/or simple discrimination competition sought proposals for projects to develop point-of-care diagnostic tools to assist clinicians and health workers in the management of sepsis, while the Advanced biomarker in sepsis management competition looked for R&D projects that would advance the effective use of biomarkers in the management of the condition.

The projects will be led by BD Biosciences (Oxford) (2 projects), BioGenie (Kimbolton, Cambs), HPA Microbiological Services Porton (Salisbury), Innovate UK Ltd (Birmingham), Magna Parva (Leicester), MAST Group Ltd (Bootle), MicroLab Devices Ltd (Leeds), Mologic Ltd (Sharnbrook, Beds), Randox Laboratories Ltd (Crumlin, Co Antrim), Sepsis Ltd (Liverpool) and Smiths Detection Watford Ltd (Watford). Taking into account the other organisations that make up the twelve consortia, companies and experts from every part of the UK will take part in the research and development activity.

The projects include work that will lead to the development of:

- Point-of-care devices to detect multiple pathogens and antibiotic resistance profiles
- A rapid test (less than three minutes) to detect the presence of bacteria in blood
- Devices capable of detecting pathogens and the host response in a single system in less than 15 minutes
- Biomarker based cellular assays to predict stages of infection and sepsis
- Tests incorporating physical and biological measurements that can be used in multiple settings to detect the early signs of infection and sepsis

The Technology Strategy Board used the Multi-pathogen detection and/or simple discrimination competition to pilot a planned initiative called Design Option, which aims to help businesses think more about design at the start of their research and development project. Through the Design Option initiative, applicants to this competition were offered free access to design mentors while they were in the early stages of developing their project proposals. Five requests for Design Option assistance were received and approved. Three of these were invited to submit full applications and two were ultimately successful in securing offers of grant funding.

The funding programme is part of the Technology Strategy Board-managed Detection and Identification of Infectious Agents (DIIA) Innovation Platform, which is managing a range of government investment in innovative research and development into diagnostic tests and devices that will help to cut the number of deaths and cases of illness caused by infectious agents in humans and animals, while reducing the economic burden.

Celebrate with the AOG

Come and celebrate the AOG’s 30th anniversary this summer, at the Haberdasher’s Aske’s Girls School in Horns. Enjoy the sun with superb Indian cuisine, wine, beer, soft drinks and plenty of entertainment for the kids including a bouncy castle and an interactive animal zoo!

The event will take place on 8th July 2012 and tickets are available online. Non-AOG members can purchase tickets from the website for £35 an adult and £3 for under-16s, while the special members’ rates are £3 per adult and £1 for under-16s.

The AOG began as a source of social networking for dental professionals, and over the years has become a place for people of all ages to come together and give back to those within dentistry. Open to everyone, the AOG organises events, educational support and charitable trips with the aim of working ‘towards the greater good’.

Help us celebrate our 30 years of success, and enjoy great company and fun for all the family at our BBQ this summer.

For further details on forthcoming trips and events, or to join, visit www.aoguk.org