

The BDJ News section accepts items that include general news, latest research and diary events that interest our readers. Press releases or articles may be edited, and should include a colour photograph if possible.

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POTENTIAL FOR FACE TRANSPLANTS MAY BE LIMITED BY SKIN MATCHING PROBLEMS, PIONEER SURGEON TELLS BDA CONFERENCE

The potential of face transplants for burns and injury patients may be limited by the difficulties of finding suitable donors, according to Professor Bernard Devauchelle who carried out the world's first partial face transplant.

Speaking at the BDA hospitals group conference in Cambridge last month, Professor Devauchelle, head of maxillofacial surgery at the University of Picardy, said a successful transplant depended on the donor and recipient having the same shaped face, being of similar age, and having skin of the same colour and consistency.

Since he led the team which carried out the first facial transplant on Isabelle Dinoire, then 38, in Amiens, France in November 2005, after she had been mauled by the family dog, there had been only two further transplants – one in China in 2006 and one in Paris last year, he told the conference.

'The first difficulty is to find the best donor and it's difficult. Then it is necessary to transplant the face in less than six hours,' he said.

Isabelle Dinoire had to wait six months before a suitable donor was found – a 46 year old brain dead woman whose family had agreed to donate all her organs. 'She matched all our morphological criteria, so a team went to Lille to harvest the transplant and we prepared to start the operation,' said Professor Devauchelle.

The 17-hour operation involved two teams and was followed by four months' intensive physiotherapy. Three months after the operation Ms Dinoire said the sensitivity in her face was back to normal and objective tests verified this, Professor Devauchelle told the conference. But rejection was also a consideration. Ms Dinoire suffered two episodes of rejection – one 18 days after the transplant, and another six months afterwards, when it had been necessary to increase immunosuppressant treatment, he said.

A face transplant needed to provide a pleasing aesthetic result, as well as restoring function, something Ms Dinoire alluded to at a press conference in February 2006. 'She said "when

you don't have a face you are nothing";' Devauchelle told the audience at Magdalene College. She was pleased with the result and now went about her normal life without drawing stares.

James Partridge, founder of the charity Changing Faces which supports people with disfigurements, urged dentists to be more sensitive to patients who were coming to terms with a changed appearance.

Mr Partridge, who suffered 40 percent burns when he turned over a Land Rover in 1970 when he was 18, urged maxillofacial surgeons and general dentists to work more closely with psychologists to meet the needs of patients with disfigurements. More than 500,000 people in the UK have significant facial disfigurements, which often affects their ability in socialising and finding work.

Alluding to Humpty Dumpty, Mr Partridge said: 'Very often it feels as though we have been put back together again, but it's still very difficult to go out in the world and meet people. Time is not an automatic healer and we suffer low self-esteem, and self-confidence is seriously challenged.'

Early facial prosthesis to go on show, see page 356.

PRIVATE PROVIDER PULLS OUT OF CONTRACT EARLY

Primecare is pulling out of its contract with North Yorkshire and York Primary Care Trust five months early, citing economic reasons.

Primecare, part of Nestor Healthcare, had a contract to provide NHS dentistry at practices in Leyburn, Northallerton and Bedale until April 2009. But last

month it gave notice to the PCT that it would not continue after October 31.

Primecare spokesman, Dr Sean Bradley told *The Northern Echo* that the business was running at a loss. The company had pitched for the contract believing only three dentists would be needed but in effect six were required to

cope with the workload. 'We are getting a lot of patients who perhaps have not seen a dentist for many years who need an enormous amount of treatment,' he told the paper. The PCT has undertaken to reassign the 7,000 patients believed to be affected to other NHS dentists.

A report by the PCT published last month said access to NHS dentistry had fallen slightly in 2007-2008.

NHS SHOULD MAKE MORE USE OF DENTAL THERAPISTS, URGES FORMER DIRECTOR OF NEW CROSS

The NHS should make greater use of dental therapists to provide better children's services, according to Ted Seal, former director of New Cross, the UK's first school for dental therapy, which closed in 1983.

Speaking at a reunion of graduates to mark the 25th anniversary of the closure in London last month (September), Dr Seal, (pictured) who led a campaign to save the school, said community dental services employing dental therapists could be an answer to the access problems many children suffer at the moment.

'More and more GPs are going private and children's dentistry is suffer-

ing. You need to resurrect community dental teams as a safety net and the government should realise that therapists are very cost effective,' he said.

Opened in 1960 when there was 'a desperate shortage of dental officers in the school services and children's teeth were bad and becoming worse', the school offered a two year course to young women wanting to train as 'dental auxiliaries', Dr Seal told the audience of 250 therapists.

In the late 1970s children's dental health had improved, community dental services were contracting and the number of dentists had increased and in 1981 a review group, including

many members of the BDA, recommended that no further therapists should be trained and that New Cross school should be closed, Dr Seal told the meeting.

'Dental therapists were still viewed as a substitute for dentists, rather than an economically viable, highly skilled dental operator,' he said.

The campaign led to a debate in parliament in January 1982 and a concession that dental therapists would continue to be trained alongside other dental professionals and employed in dental services.

'The government achieved its financial savings and closed New Cross. However it did not prevent other dental therapist training facilities opening. The then BDA's policy of "abolishing" dental therapists was defeated and ultimately abandoned,' he said.

Dr Seal believed any future attempt to axe therapists would be impossible as so many different institutions were involved in their training.

Debbie Hemington (right), the last student to graduate from New Cross in 1983, who organised the reunion, said 'There is still a lot of ignorance about what therapists can do and they could be much better integrated into teams.' A part-time tutor at the Eastman, she also works in a general dental practice.

She is pictured with New Cross's first graduate, Ruth Beckton.

A total of 1,154 dental therapists are registered with the GDC.



DEADLINE FOR SCOTTISH DENTAL PLANS EXTENDED FOLLOWING BDA REPRESENTATIONS

Health boards in Scotland now have until October 27 (previously October 6) to submit outline proposals for new dental centres and existing dental premises to the Scottish government, following representations made by the BDA's Scottish Dental Practice Committee (SDPC).

In August the Scottish health department (SGHD) announced £75 million for health boards to improve premises for GPs and GDPs between 2009 and 2011. While the funding is not

exclusively for dentistry as previously reported, the health department said in a letter to health boards on August 5, 'It is envisaged that new NHS dental centres will account for a significant share of projects nominated by NHS boards by providing at least 60 individual chairs/dental surgeries over at least 10 new centres nationally.' It is important to note that reference was also made in the letter to providing capital grants to existing independent contractors to include decontamination

facilities for GDP premises.

The SDPC have received an oral assurance that the funding will be available to all practices with an NHS list number but are awaiting confirmation in writing from the SGHD and subsequent circulation to health boards.

Writing to health boards last month (September 12), Jonathan Price, deputy director of primary care for Scotland, said boards would be expected to submit outline proposals for developments by October 27. 'Provision of new dental services centres to be occupied by independent GDPs is a key priority,' his letter said.

DENTISTS' AVERAGE EARNINGS IN ENGLAND AND WALES £96,000, SURVEY SHOWS

Dentists in England and Wales earned an average of £96,135 before tax in 2006-2007, the first year of the new contract, according to a survey by the NHS Information Authority.

The survey, comprising 10,552 respondents – nearly half the dentists practising in England and Wales – included part-time and full-time practitioners and those working in mainly private, mixed and mainly NHS practices.

It showed that dentists who held a contract with the primary care trust (PCT) or local health board (LHB) to provide NHS services earned on average £134,827 before tax, with average gross earnings of £353,869 and average expenses of £219,042.

Dentists who held General Dental Services (GDS) contracts earned on average £117,083 and those who held Personal Dental Services (PDS) contracts earned on average £172,494.

The report, published last month (September), highlighted a wide range in earnings, with some dentists earning £25,000 or less and 455 earning more than £300,000.

It also looked at earnings and expenses related to the working patterns of the dentist, their age and gender, their level of orthodontic activity and the

strategic health authority in which they worked. Average earnings were highest in the East Midlands SHA where they were £110,672, followed by the East of England (£103,299), and the North East (£102,311) and Yorkshire and Humber (£101,597). Average earnings were lowest in London (£93,412) and South Central SHA (£89,459). Overall average earnings for England were £95,986, lower than for Wales, where the average was £98,945.

The figures in the report are based on self-assessment tax returns. Average earnings for women dentists were £71,093 and for men £110,747. Among dentists who worked under 35 hours a week average earnings were £76,445 rising to an average of £166,644 for those who worked more than 45 hours.

The average earnings for mainly private (less than 25% commitment to NHS) dentists were £103,533; for mixed (more than 25% and under 75% NHS) they were £105,072 and for dentists whose work was more than 75% NHS they were £103,774.

Average earnings for dentists between strategic health authorities ranged from £86,154 in London to £134,257 in East Midlands SHA.

The report said it was difficult to compare earnings under the old and

new contractual arrangements as previous reports covered the whole of Great Britain and classification of dentists had changed with the introduction of the new contract in April 2006.

The NHS Information Centre's previous dental earnings report, published in September 2007 and covering 2005-2006, showed that average pre-tax income for GDS dentists who were practice owners, working with other dentists who were not partners, was £114,068. The average income for dentists working in a stand-alone business was £94,369.

Peter Ward, BDA chief executive, said: 'These figures do not tell the full story. They fail to take account of the clawing back of money from NHS dentists who have failed to meet the flawed treatment targets set for them.'

In August 2007 the BDA asked the Department of Health for an amnesty on clawbacks for dentists who had completed a significant amount of their units of dental activity (UDAs). But England's chief dental officer, Barry Cockcroft, rejected this, saying that the majority of dentists had met the requirements and that it was up to PCTs whether or not to clawback funding in cases of significant underperformance.

The full report, *Dental earnings and expenses, England and Wales, 2006/07* can be found online at www.ic.nhs.uk/pubs/dentalearnexp0607

FORMER NURSE INVALIDED OUT OF NAVY IS PENINSULA'S TOP STUDENT

Jamie Fellows, a former nurse who left school without 'A' levels, has won an effective practice award for students at Peninsula Dental School, Plymouth.

Jamie, who is severely dyslexic, joined the navy after leaving school, and was funded to take a degree in nursing. But in January 2007, following a severe ankle injury, he had to leave the navy and applied for the first intake of students at Peninsula Dental School in September last year.

At the end of the first year he has been awarded a £250 prize funded by Henry Schein Minerva, for outstanding

dedication and clinical knowledge. 'I've found it quite hard at times tackling subjects such as embryology, which I've never done before, but I really enjoy the contact with patients,' he said. Students at Peninsula, the UK's newest dental school, see patients from the first year.

Jamie, who is funding himself by working part-time as a nurse in an accident and emergency department, said he experienced dental access problems first-hand on leaving the navy, and he hopes to practise in the south west.



DIARY

OCTOBER

American Dental Association Annual Session

Date: October 16-19 2008
Venue: Henry B Gonzalez Conference Centre, San Antonio, Texas
Tel: +1 312 440 2726
Email: international@ada.org
www.ada.org

BADN Annual Dental Nursing Conference

Date: October 30 – November 1 2008
Venue: Blackpool Hilton
Tel: 01253 3338364
Email: conference@badn.org.uk

BDA seminar: Preparing for retirement

Date: October 31 2008
Venue: BDA, 64 Wimpole Street, London
Tel: 020 7563 4590
Email: events@bda.org

NOVEMBER

Triennial Conference, Royal College of Physicians and Surgeons of Glasgow

Date: November 6-7 2008
Venue: SECC, Glasgow
Details: www.rcpsg.ac.uk

Annual Meeting of Society of Craniofacial Genetics

Date: November 11 2008
Venue: Convention Centre, Philadelphia
Details: www.craniofacialgenetics.org

British Academy of Cosmetic Dentistry Annual Conference

Date: November 13-15 2008
Venue: Hilton Metropole, Birmingham
Tel: 020 7612 4166
Email: suzy@bacd.com

National Association of Dental Advisers Conference

Date: November 13-14 2008
Venue: Park Inn, York
Information: www.nada-uk.org

Infection control in dental practice – national conference

Date: November 21 2008
Venue: Scottish Exhibition and Conference Centre, Glasgow
Tel: 0141 201 9353

Decontamination for the dental team

Date: November 26 2008
Venue: Redwood Hotel and Country Club, Bristol
Tel: 01722 432622

EARLY PROSTHESIS TO GO ON SHOW

A mask 'tin face' made by dental technician Archie Lane, circa 1918, will be on show at the War and Medicine exhibition to open at the Wellcome Collection in London next month (November).

The mask was made at Queen's Hospital Sidcup, which became the UK's leading centre for maxillofacial and plastic surgery during World War I. From 1917 to 1921 it admitted more than 5,000 servicemen to its wards.

Archie Lane worked with plastic surgeon Harold Gillies who reconstructed the faces of hundreds of men, including those injured in trench warfare.

The exhibition, which opens on November 22, examines the personal experiences of healthcare professionals and civilians from the Crimean War to the current conflicts in Iraq and Afghanistan.

Portraits by war artist Henry Tonks (see *BDJ* 2008; 205: 8), documenting the work of Gillies and his team at Sidcup, will also be on show.



'The exhibition will show how humankind's desire to repair and heal is perpetually striving to keep pace with our capacity to maim and kill,' said a Wellcome spokesman.

BDA APPEALS AGAINST AXING OF DENTAL ADVISORY COMMITTEE

The BDA has written to health secretary Alan Johnson, appealing against his decision to abolish the Standing Dental Advisory Committee (SDAC).

In a letter to Mr Johnson, Susie Sanderson, chair of the BDA's executive board, described the decision to scrap the committee, which was set up in 1949 with all members appointed by the secretary of state, as 'misguided'.

'The committee offered an effective method of canvassing the whole of the profession including those on the frontline,' she said. 'The SDAC, with its professional authority and strong links to frontline patient care would make an invaluable contribution to planning the future of NHS care,' she added.

The decision to abolish the committee followed a consultation exercise, launched in October last year. In its response to the consultation,

published in July, the Department of Health argued that 'ad hoc subject specific committees proved a more cost-effective means of obtaining policy advice.

'We agree that it is very important that ministers and senior officials receive expert and clinical advice, but we do not accept that an SDAC is the only route that this may be obtained,' it said.

'Whilst in theory the existence of a standing committee should offer continuity and a capacity to review policy and strategy, recent experience shows there were insufficient issues to compile a meaningful agenda for SDAC bi-annual meetings. The costs of servicing the committee were disproportionate to its outputs,' the statement added.

A standing committee might not have the experience to address specific issues, the statement said. Establishing a subject specific committee offered an opportunity to recruit members with experience relevant to the matter under consideration.