BADN CONTINUES TO CAMPAIGN FOR LOWER ANNUAL RETENTION FEE

The General Dental Council (GDC) announced in July that the Annual Retention Fee (ARF) payable by all GDC registrants will remain unchanged for 2019. Ian Brack, GDC Chief Executive said in a statement that given the external risks facing the GDC as well as internal investments it was making to deliver on its commitments, he had advised the council against a reduction in the ARF.

The British Association of Dental Nurses (BADN) responded promptly to condemn the GDC decision. President Hazel Coey (pictured left) commented: 'We made it very clear, in our response to the GDC consultation, that the current ARF of £116 per year is an unreasonable financial burden on dental nurses, the majority of whom are earning minimum wage. Our salary surveys show that a qualified, registered dental nurse with more than 10 years' experience and working 40 hours per week is earning, on average, around £15,000 a year.'

'A one-size-fits-all approach to the ARF for DCPs is not acceptable – and we call upon the GDC to lower the ARF for dental nurses. BADN also recommends a reduction in the ARF for those registrants – not just dental nurses but all registrants – who work part time.

She continued: 'Mr Brack states that 'protecting the public and maintaining public confidence in dentistry' will always be the GDC's first priority. BADN would suggest Mr. Brack remembers that without registered dental professionals there would be no dentistry; and pays a little more attention to the needs of registrants – who, after all, are funding the GDC through their ARF!'

Next year the GDC is consulting on its three-year costed corporate strategy. Mr Brack said: 'The activity we propose within that strategy will tell us what the ARF level will need to be to carry out that work. I really hope to hear as many views as possible and look forward to the valuable debate that will undoubtedly bring.'

Antibiotic resistance among patients with severe gum disease is increasing

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A study presented at EuroPerio9 in June found that antimicrobial resistance is on the rise among German patients with severe periodontitis (1). Lead author Dr Karin Jepsen, Associate Professor, Centre for Dental and Oral Medicine, Department of Periodontology, Bonn, explained the research.

She said: 'Bacterial samples taken from the inflamed periodontal pockets of 7,804 German periodontitis patients were analysed by a laboratory specialised in oro-dental microbiology over a time period lasting from 2008 to 2015. Selected pathogens (germs) were tested for susceptibility to different types of antibiotics and analysed for drug resistance over time.

'Overall, we found that the four key-bacteria selected for our study were resistant to at least one of the antibiotics tested. In the data we collected we also found increasing resistance trends for three of the bacterial species, raising concerns over the indiscriminate use of antibiotics in the treatment of periodontal disease.

When asked about the implications of these results for clinical practice, Dr Jepsen answered: 'In most cases, periodontitis can be managed by conventional scaling and root planing therapy, as well as improved oral hygiene measures (intra-oral infection control). Antibiotics should be restricted and used only in cases of severe periodontitis. If antibiotics are to be prescribed for patients with periodontitis, testing of antimicrobial susceptibility patterns is encouraged for a more targeted approach.'

'In general, antibiotics should not be recommended for the treatment of most cases of periodontitis (mild to moderate disease). Exceptions may include cases of early onset disease, if the periodontal infection needs to be rapidly suppressed. However, these patients should ideally be treated in the practice setting of a specialist,' added Dr Jepsen.

Concerning potential limitations to the study, Dr Jepsen explained: 'Our study is a regional (German) surveillance of resistant periodontal bacteria and globally we might see a slightly different picture. It may vary from northern European countries where antibiotic usage is generally more restricted compared to southern Europe, and South America and India, where access to antibiotics is less controlled and there is more unsupervised consumption. Also, compared to the situation in the laboratory, subgingival bacterial populations are organised in complex communities (biofilms) that may have an impact on their resistance performance in the *in vivo* situation.'