

SCHOOLS TO INCLUDE ORAL HEALTH IN THE CURRICULUM

The Faculty of General Dental Practice (UK) has welcomed the inclusion of oral health in new statutory guidance on health education for schools in England.¹

The UK was recently ranked the lowest of 13 countries for providing oral health education in schools, but the new guidance will require that both primary and secondary school pupils are taught about dental health, including the benefits of good oral hygiene, dental flossing and regular dental check-ups, the characteristics of a poor diet, and the risks associated with unhealthy eating, including tooth decay.

Health education is not currently mandatory in England, but will become a statutory duty when the guidance takes effect in September 2020, and schools are being encouraged to implement the new guidance in full from this year. Oral health is likely to be taught as part of Personal, Social, Health and Economic (PHSE) lessons, which already take place in most state-funded schools in England.

Roshni Karia, Vice-Dean of FGDP(UK) and the Faculty's representative on Public Health England's Children's Oral Health Improvement Programme Board, said: 'Many children and parents are still unsure about what good oral health looks like, and are unaware of its importance for general health. As dentists we only get the chance to provide this message to those that come to see us, but unfortunately up to a third of school-aged children don't. So the inclusion of oral health in the school curriculum is fantastic news, and potentially a very significant moment in improving children's oral health'.

References

1. Department for Education.
Relationships education, relationships and sex education (RSE) and Health Education. Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers. 2019.
Available at: https://assets.publishing. service.gov.uk/government/uploads/system/uploads/attachment_data/file/805781/Relationships_Education___Relationships_and_Sex_Education___RSE__and_Health_Education.pdf (accessed August 2019).

MORE REGULATION NEEDED ON DERMAL FILLERS

Caroline Mills, British Association of Oral and Maxillofacial Surgeons (BAOMS)
Lead on Aesthetic/Cosmetic Surgery and
Consultant Maxillofacial Surgeon at Great
Ormond Street Hospital, welcomed the
publication on 24 July of new guidance from
the Joint Council for Cosmetic Practitioners
(JCCP) on the remote prescription of
medication for non-surgical cosmetic
treatments such as dermal fillers, but said it
did not go far enough.

Dr Mills said: 'While BAOMS agrees with the introduction of guidelines for remote prescription of dermal fillers and other medications for high street beauty salon practitioners, we want to see regulation of the industry in line with European Union (EU) rules.

'The new JCCP guidance to curb remote prescribing will provide some protection for patients, but it does not go far enough. In the EU practitioners have to have a medical licence to inject fillers, and we need similar regulation in the UK.

'Even with the new guidelines where the prescriber will assess the patient's suitability for treatment, there is still the risk of serious medical complications because the regulations allow non-medical staff to give non-surgical injectables.'

Dr Mills explained that patients can suffer vascular occlusion, possibly leading to blindness, or severe allergic reactions both of which require emergency medical treatment: 'It's recognising and managing these problems that is so important and where patient safety maybe compromised.'

The NHS faces increasing costs to treat the high street procedures that go wrong. But, without NHS coding for non-surgical treatment problems the scale of emergency treatment and corrective surgery remains unknown.

'We need regulation in the UK to protect patients properly,' said Dr Mills.



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