

# Dental news

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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## NEW DEPUTY CDO APPOINTED

The Department of Health (DoH) has recently announced the appointment of Sue Gregory as new Deputy Chief Dental Officer (CDO) for England. Sue will replace Tony Jenner who is leaving after six years. Her appointment will take effect in January 2009.

Sue's interest in dental public health was sparked when working with children and adults with special needs, her wish being to be able to create change that would improve their chances of oral health. Currently consultant in dental public health to four primary care trusts (PCTs) across Bedfordshire and Hertfordshire, she is a past President of both the British Association for the Study of Community Dentistry and the British Society of Disability and Oral Health.

Sue sees dental public health and improving oral health as core to her role and during her time as Deputy CDO she will be working towards building on the foundations that Tony Jenner made across a wide range of areas. '*Choosing better oral health* and its accompanying suite of documents have moved the focus on improving oral health right up the agenda. I was fortunate to be involved in one of these documents, chairing the working group that produced the toolkit *Delivering better oral health*, and it is very exciting to see how it is

being adopted in some areas' she said.

The shortage of NHS dentists and poor access to NHS dental care is something that Sue sees will be combated by increased numbers of dentists graduating from UK dental schools next year. 'The Department of Health needs to continue to support PCTs and dentists working together to grow services. DoH has made unprecedented levels of investment over the last year which is expected to continue, providing the resources to employ the expansion of not only dentists, but the whole dental team. I can use my experience of working within PCTs to help improve commissioning of dental services in a practical and constructive way.'

She adds that the critics of the dental contract have not seen its flexibility. 'Now that the contract has been in place for nearly three years there seems to be a will to move forward rather than look back. It is impossible to have a commissioned system without agreed activity and contract value figures. Although the transition process was very rigid, the contract is actually very flexible. There is a challenge to achieve improved access and improved services and outcomes to patients and some PCTs are utilising the contract flexibility to achieve this. Although it is starting to happen now it is clearly not happening quickly enough or widely



enough and we need to get both sides to understand that and work together.'

Sue believes that communication and the development of good working relationships are key in delivering change, in particular the relationship between the centre and local dentists, which she thinks are now much better than they were through the transition period. 'I think it is really important that the relationship between the Department and the dental representative organisations also improves and I will be using my connections to further that aim.'

## FALL IN ACCESS

Access to NHS dentistry has declined in the last two years, according to the latest figures from The NHS Information Centre. The report, *NHS dental*

*statistics for England: quarter 1, 30 June 2008*, says the number of people who have seen an NHS dentist during this period has fallen to under 27 million.

It also shows that 1.2 million fewer people saw an NHS dentist in the two

years leading to June 2008 compared to the number seen in the two years leading up to the end of the old dental contract in March 2006. However, data also reveals NHS dentists are delivering more treatments.

## PRIVATE DENTISTRY TO BE REGULATED IN WALES

Dentists in Wales who provide private dental treatment will soon have to register with its healthcare regulator, Healthcare Inspectorate Wales (HIW).



The Private Dentistry (Wales) Regulations 2008 come into force on 1 January 2009 and require dental practitioners in Wales practising any non-NHS dentistry to register with them under the Care Standards Act 2000.

This requirement is additional to any NHS Performers List obligations and is designed to ensure that private dental treatment is regulated to the same standards as NHS care. Dentists will be charged £50 for the initial registration fee and after the first year they will pay an annual fee of £50.

According to HIW, the regulations will act as a mechanism to encourage continuous improvement in the provision of private dental treatment and the improvement of clinical governance throughout primary dental care in

Wales. It added that registering dental practitioners would help it identify where wholly private dental care was being undertaken in Wales and also help identify the movement of dentists between different dental practices.

Dentists who were carrying out private dental services in Wales immediately before 1 January 2009 will need to submit a completed application form for registration to HIW by 30 June 2009. Dentists who are not practising in Wales prior to 1 January 2009 and who wish to provide private dental services in Wales after 1 January 2009, need to ensure that they are registered.

For further information and application form (available from December) visit [www.hiw.org.uk](http://www.hiw.org.uk).

## HELP REQUESTED TO RESEARCH EARLY ORAL CANCER DETECTION

A research group at the University of Sheffield are inviting dentists to participate in a study investigating how general dental practitioners working in primary care screen and refer suspicious oral soft tissue lesions.

Professor Paul Speight, Dr Sarah Baker and Paul Brocklehurst from the School of Clinical Dentistry in Sheffield are investigating the cues or factors which GPs take into account when deciding whether or not to refer a lesion to secondary care. The informa-

tion will be used to prepare guidelines which may result in more rapid referral of appropriate lesions.

Oral cancer affects almost 4,500 Britons every year and 50% of these will die of their disease. The team say that the main reason for this high mortality is that many patients present to secondary care with large lesions, when it is already too late to initiate curative treatment. There are many reasons for delay in presentation, but one possible reason is that lesions are not identified and referred to hospital specialists.

Colleagues are invited to participate in this study by completing a short web-based questionnaire, which comprises ten clinical cases histories. The task is to decide which of the lesions practitioners would refer and to record the factors that influenced the decision.

Full details of the project and access to the questionnaire can be found on [www.oralcancerscreening.com](http://www.oralcancerscreening.com). To provide an extra incentive and as a thank you for helping, all participating dentists will be entered into a free prize draw to win a bottle of Bollinger champagne. Those preferring a hard copy of the questionnaire please contact Paul Brocklehurst ([paul.brocklehurst@hotmail.com](mailto:paul.brocklehurst@hotmail.com)) or Paul Speight ([p.speight@sheffield.ac.uk](mailto:p.speight@sheffield.ac.uk)).



## NEW APPOINTMENTS AT ABERDEEN

Professor James P. Newton, Sub-Dean for Teaching at Dundee Dental School, has been appointed Director of Aberdeen Dental School and will be taking up the appointment in January 2009.

Dr Shai Razi, previously an associate in a dental practice in Ontario, Canada, will take up the post of Clinical Teaching Fellow in Restorative Dentistry next month. Dr Rasha Abu Eid will start in the post of Lecturer in Oral Biology in February. She is currently Assistant Professor in Oral Pathology at Amman University, Jordan.

## NEW CHAIR APPOINTED

Baroness Jill Pitkeathley OBE has been appointed Chair of the Council for Healthcare Regulatory Excellence (CHRE). CHRE is the statutory body which oversees regulatory work of nine bodies including the General Dental Council. Baroness Pitkeathley will be leading a newly reformed Council consisting of public members, appointed from across the UK. The new Council will assume responsibility for CHRE's strategic direction from January 2009.

## DENTISTS NEEDED TO HELP HOMELESS AT CHRISTMAS



Dentists are urgently needed help London's homeless this Christmas as part of Crisis Christmas, running from Tuesday 23 December to Tuesday 30 December 2008.

Nine temporary centres will be set up in the capital by Crisis, the national charity for single homeless people, and dental checks will be an integral part of the medical services on offer for homeless people, many of whom may not have had access to

professional dental care for some time.

The charity is looking for qualified dentists, dental nurses and hygienists to help run the Dental Service. Shifts run from 8.30am to 6pm starting on Tuesday 23 December through to Monday 29 December and volunteer dentists are encouraged to do at least two shifts. To find out more about volunteering, call 0207 426 3874, email [volunteering@crisis.org.uk](mailto:volunteering@crisis.org.uk) or apply online at [www.crisis.org.uk/volunteering](http://www.crisis.org.uk/volunteering).

## GDC ISSUES WARNING OVER IMPLANT DENTISTRY PROCEDURES

Concerns about implant dentistry standards have led the General Dental Council to remind all dentists that they must only undertake procedures in which they are properly trained and competent.

Dentists currently performing implant dentistry and those considering branching into the area are being urged by the GDC to read guidelines published by the Faculty of General Dental Practice (UK), 'Training standards in implant dentistry'. The guidelines make clear the minimum training the GDC would expect dentists to have successfully completed before undertaking implants. This would normally involve a post-graduate training course in implant dentistry and an assessment of competence. Training can come from a variety of sources including university, Royal College or hospital-based programmes, as well as from courses run by commercial groups or individuals.

In a new policy statement the GDC has confirmed that it will refer to these guidelines when assessing complaints against dentists who have allegedly practised implant dentistry beyond their competence.

Hew Mathewson, GDC President, said, 'We have concerns that some dentists have been carrying out this very invasive procedure without having completed adequate training and assessment. It is essential for patient safety that dentists have had sound postgraduate training before doing it. Dentists who are already practising implant dentistry, as well as those thinking about getting into it, need to read the Royal College guidelines and understand the level of training we expect them to have achieved.' To read 'Training standards in implant dentistry' and the GDC's policy statement, visit [www.gdc-uk.org](http://www.gdc-uk.org).

In further news, the GDC has entered a new specialist training partnership with the Joint Committee for Specialist Training in Dentistry (JCSTD). The GDC's 13 Specialist Lists identify those dentists who have completed specialist training and are entitled to use the title 'specialist'.

## GRUESOME MUSINGS OF ROYAL DENTIST

A unique book written by the dentist to King George III, detailing the art of dentistry, fetched over six times its expected price at auction recently. The book, *A treatise on the disorders and deformities of the teeth and gums and the most rational methods of treating them*, was written in 1770 and is still bound in its original calfskin.

In it, royal dentist and author Thomas Berdmore reveals painful methods used on patients to cure tooth problems, such as 'breaking the teeth into order by means of a strong pair of crooked pliers', and points out that 'the boyish custom of carrying a table or chair in their mouth is as dangerous as it is absurd'.

Berdmore died in 1785 aged 45 and is buried in Nottingham. The book was

auctioned in Derby in 26 November by Hansons Auctioneers and fetched £2,000, £1,700 more than the original guide price.



# DIARY

## JANUARY

### BDA Seminar series: Developing your practice: successful complaint management techniques

Date: 30 January 2009  
Venue: London  
www.bda.org  
Email: events@bda.org

## FEBRUARY

### Human Factors and Safety Masterclass

Date: 12-13 February 2009  
Venue: MDDUS, London  
www.terema.co.uk

### BDA Seminar series: Preparing for retirement

Date: 13 February 2009  
Venue: Westerwood Hotel, Glasgow  
www.bda.org  
Email: events@bda.org

### BDA Seminar series: Achieving high standards in infection control

Date: 27 February 2009  
Venue: London  
www.bda.org  
Email: events@bda.org

## COSMETIC DENTISTRY TREATMENT POPULAR WITH MEN

More men are having cosmetic dental treatment than ever before, according to a new survey. Men, who used to account for less than a fifth of all orthodontics, now represent almost a quarter at 24%, with 400 cases this year.

The British Academy of Cosmetic Dentistry's (BACD) 2007 audit polled over 200 practices around the country and outlined over 100,000 procedures such as crowns, filling, tooth whitening and veneers. It found around 32% of men were having veneers and that men made up 24% of orthodontic cases. Bridges were also popular amongst men, and the survey revealed a preference for less invasive treatments, such as onlays, rather than crowns.

Dr Rahul Doshi, Partner at the Perfect Smile Studio and Academy, believes that cosmetic dentistry is one of the few cosmetic procedures that men can undertake to improve their appearance, compared to the many more options available to women.

He explains, 'A nice smile is becoming more and more important, not only in attracting the opposite sex but also at work. Articles in the popular media talk about how having bad teeth can affect



your life in terms of finding a relationship and a good job. The procedure is relatively easy compared to cosmetic procedures for the body, with fewer fatal complications, so cosmetic dentistry becomes the obvious choice to increase one's confidence.'

Dr Doshi also predicts that in the future the proportion of cash spent on fixing smiles will reach a similar ratio to that spent on hair and clothes, since the procedures can immediately transform not only the smile, but also the character of the face.

## CAMPAIGN AIMS TO CREATE AWARENESS OF INFANT ORAL MUTILATION

Oral health charity Dentaid has launched a new campaign designed to end the practice of infant oral mutilation (IOM), the digging out of an infant's healthy baby teeth. The aim of the initiative is to increase the awareness of IOM in the Western dental profession and to generate greater understanding of the practice in IOM-affected countries.

Dentaid says that the reason the teeth are removed is the mistaken belief that 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 when a child presents with an illness, they are taken to be the cause.



A primitive technique is usually employed to gouge out the baby teeth, involving un-sterile knives, bicycle spokes, finger nails or other bizarre and inappropriate instruments. The practice causes severe pain, serious oral health complications and, not infrequently, death. Infants often suffer from future facial disfigurement and damage to

the gums and the permanent teeth following the removal of their healthy deciduous teeth.

Infant oral mutilation is a custom that passes between communities and tribes. The practice is often carried out by village healers for a fee or by parents, community elders and midwives. More recently there have been several reports of children being presented in Western clinics, raising the question of this practice potentially occurring in migrant populations.

Dentaid has now devised a trial community-based approach to educate people about the practice of IOM in the countries in which it takes place. If you are interested in getting involved with this campaign please contact Nicky Triance on 01794 325146 or email [nicky@dentaid.org](mailto:nicky@dentaid.org). Detailed information can also be found at [www.dentaid.org](http://www.dentaid.org).