

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.

Please direct your correspondence to the News Editor, Joanna Lyall at the BDJ, The Macmillan Building, 4 Crinan Street, London N1 9XW or by email to j.lyall@nature.com

PORTABLE SURGERY TOUR TO PROMOTE DENTAL TOURISM AS UK DENTISTS' HOURS DROP

Hungarian Dental Travel (HDT) is planning to tour England and Scotland with an inflatable consultation room to encourage patients to seek treatment in Hungary.

The tour, which was due to start in Lincoln on September 4, will take in Manchester, Liverpool, London and Glasgow. The PVC surgery will include X-ray equipment and prospective patients will be offered assessments for £15, which will be refunded if they decide on treatment in Hungary, according to Hungarian Dental Travel's managing director, Chris Hall (pictured with colleague, Cecilia Varga).

Patients will be assessed by one of the five GDC-registered dentists working for the company in Hungary, and Mr Hall will be on hand to advise on travel arrangements, accommodation and costs.

Since it was established four years ago, HDT, which is based in Aibourn, near Lincoln, has been sending 20-30 patients a month for treatment in Hungary, and now plans to increase this to 40-60 per month, said Mr Hall. All the dentists involved speak 'perfect or near-perfect English', and the treatment will be carried out in Budapest and the Hungarian towns of Győr, Mosonmagyaróvár and Hevız, he said.

Mr Hall, a non-dentist who describes his background as 'ex-military and customer service', said: 'We are a company that takes people to Hungary for treatment and we thought it would be an advantage if patients could meet the dentist first. We had the offer of renting a surgery in the Harley Street area but felt this would not benefit people in other parts of the country.'

Mr Hall, who has been working on the project for a year, believes this will be the UK's first inflatable surgery. Manufactured in Nottingham, the surgery measures 3.6 m square and is made from mould-resistant material. It will be transported on an ex-NHS ambulance.

The launch of the project comes in the wake of official figures showing that fewer people are being treated and that UK dentists are working fewer hours since the introduction of the new contract in April 2006.

Figures published by the NHS Information Centre on August 31 showed that 27 million patients had seen an NHS dentist in the 24 months ending March 31 2008, a decrease of 1.1 million patients compared with the two years ending March 31 2006. The proportion of the population consulting an NHS dentist fell from 55.8% to 53.3%.

The percentage of children seen also fell, from 70.7% seen in the two years to March 2006 to 69.2% in the same period ending March 31 this year. Overall NHS dentists reported working an average of 37 hours per week in dentistry in 2007-8, compared with 39.4 in 2000.

The figures also showed regional variation in the proportion of total time spent on NHS dentistry. Dentists in South Central Strategic Health Authority reported the lowest proportion of NHS dentistry (56.2%) and dentists in the North East SHA pointed to the highest (83.6%).

Commenting on the figures, Susie Sanderson, chair of the BDA's Executive Board, said: 'These reports provide further evidence of the persisting problems with the 2006 NHS dental reforms. More than a million people have now lost access to NHS dental care. Those that are able to access care are confronted with a system that discourages modern, preventive care by placing targets, rather than patients, at its heart.'



Photo credit: Rich Linley/ Lincolnshire Echo

FLOSSING REDUCES BACTERIA CAUSING PERIODONTAL DISEASE, TWIN STUDY SHOWS

Flossing, combined with tooth and tongue brushing, significantly reduces the amount of disease-causing bacteria in the mouth, according to a twin study published in the *Journal of Periodontology*, the publication of the American Academy of Periodontology.

The study, *Treatment outcomes of dental flossing in twins: molecular analysis of the interproximal microflora* (*J Periodontol* 2008; 79: 1426-1433), carried out at New York University, comprised 51 sets of twins between the ages of 12 and 21. Each set was randomly assigned a two-week treatment regime with one twin brushing with a manual toothbrush and toothpaste and the other brushing with a manual toothbrush and toothpaste and flossing. At the end of the two week trial, samples were taken from both pairs of twins and compared for levels of bacteria commonly associated with periodontal disease.

The results showed those twins who did not floss had significantly more bacteria associated with periodontal disease compared to the matching twin who flossed.

Although interproximal cleaning is universally recognised as a primary component of oral hygiene, only a small number of studies have reported on the

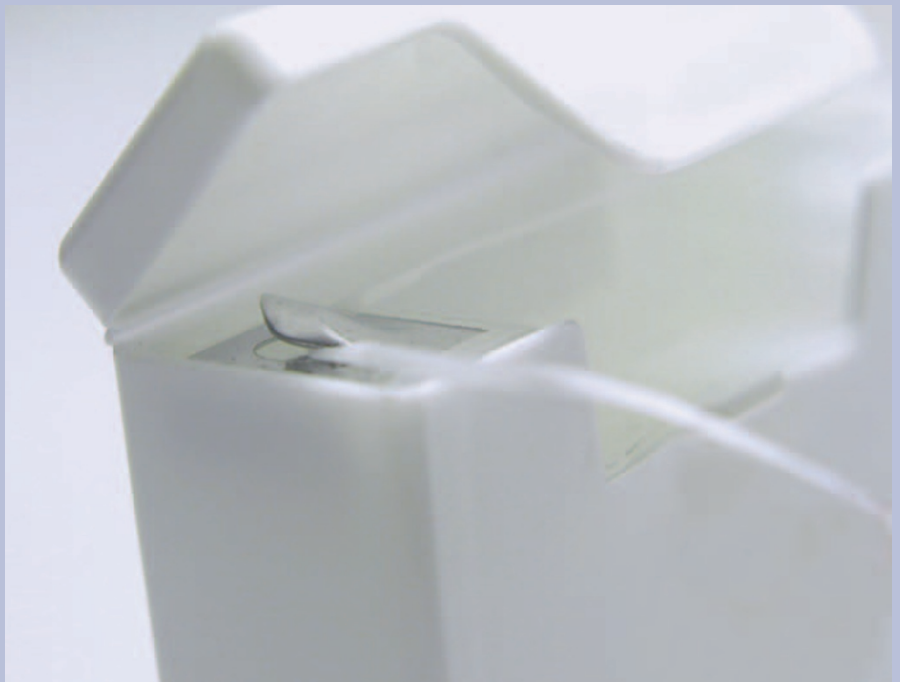
clinical effectiveness of flossing for plaque removal and the promotion of gingival health, the authors note.

'Our study showed that the combination of tooth and tongue brushing plus flossing had a significant effect on suppressing periodontal and cariogenic pathogens compared to the group that did not floss,' they conclude.

Commenting on the study, Dr Kenneth Kornman, editor of the *Journal*

of Periodontology, said: 'Twins tend to share the same or similar environmental factors such as dietary habits, health and life practices, as well as genetics. In this case the only difference was flossing and the outcome was significant'.

Dr Susan Karabin, president of the American Association of Periodontology, said: 'Patients tend to think that flossing can't possibly make that much of a difference. But this study demonstrates flossing can significantly reduce the amount of periodontal disease causing bacteria, even after just two weeks.'



GENERAL DENTAL COUNCIL SEEKS OVERSEERS AND ASSESSORS

The GDC is seeking new members for its appointments committee and registration assessment panels.

It is inviting dentists and dental care professionals (DCPs) to join its appointments committee, which oversees the training and performance of the 76 members of the Council's Fitness to Practise Panel. The committee's role is to ensure the independence and effectiveness of those deciding who is fit to practise. The term of office will be five years and members will receive £353 per day, plus travelling and subsistence expenses. The time commitment is

expected to be five to ten days a year and the deadline for applications is September 17 2008.

The GDC also wants to recruit 10 new assessors for its registration assessment panels. The panels assess applications from dentists in the European Economic Area whose qualification is not automatically recognised in the UK. The panels advise the GDC Registrar whether applicants should be added to the register. Dentists, DCPs and lay people are eligible to apply. Appointments will be for three years and the remuneration is the same as for members of the appointments committee. The deadline for applications is September 26 2008.

Application packs are available online at www.gdc-uk.org.

£97,000 FOR JAW STUDY

Fiona Ryan, specialist registrar in orthodontics, and colleagues at the Eastman Dental Institute, have been awarded £97,296 for a four year study of patient satisfaction in orthognathic treatment. The study, funded by the British Orthodontic Society Foundation, will look at patient expectations and satisfaction.

To be carried out with Dr Susan Cunningham, Dr David Moles and Dr Justin Shute, the study will be part of Miss Ryan's PhD.

It is hoped the results will improve understanding of this cohort of patients, and their experience of treatment.

GDC SHOULD SPEED UP RESOLUTION OF FITNESS TO PRACTISE CASES AND MAKE REGISTER MORE TRANSPARENT, REVIEW URGES

The GDC should resolve fitness to practise cases more quickly and provide more information on the public part of its register, according to a report from the Council for Healthcare Regulatory Excellence (CHRE).

The review of regulatory organisations was carried out between December 2007 and July 2008.

In its report published last month, *Helping regulation to improve*, the CHRE, which monitors nine bodies including the General Chiropractic Council, General Medical Council, General Optical Council, General Osteopathic Council and the Health Professions Council, said the GDC was 'a highly effective and well-managed regulator' with a 'noteworthy commitment' to improvement across all areas.

But it raised concerns over the time-scale to resolve fitness to practise cases – currently an average of 20 months – and the fact that conditions of practice and admonishments did not appear on the public part of the register.

'CHRE has concerns that conditions do not appear on the public part of the register and nor do admonishments,

although the GDC does make clear its policy to disclose these to members of the public should they wish to inquire,' the report notes.

'The GDC informs us that it is going to put admonishments on the register and is working towards adding conditions. We feel this is important for public protection and should be a priority for the GDC,' the report urges. It notes that the GDC has set a target of settling fitness to practise cases within 12 months and says this will be monitored in next year's CHRE review.

The report cites the GDC's custom of reviewing all complaints within a day to see if urgent action is needed, as good practice which should be followed by other regulatory bodies.

Acknowledging that the introduction of statutory registration for dental nurses and dental technicians from July 31 created special conditions, the report notes that the GDC 'has longer processing times for applicants than most other regulators, 15 to 20 working days for dentists and six to eight weeks for the dental nurses and dental technicians.' 'Next year we expect to see the GDC

has faster processing times for applications,' it adds.

The *GDC Gazette*, with its review of conduct cases, is cited as an effective way of communicating lessons of good and poor practice and promoting the GDC's standards. The introduction of customer service training for the fitness to practise team is cited as another example of good practice. The report also considers decision making processes of the GDC are 'transparent', with council meetings, which are held in public, starting with a question and answer session for members of the public.

Commenting on the report, GDC president Hew Mathewson said: 'We welcome the scrutiny the review process provides and the opportunity to demonstrate accountability. I'm delighted the results show we are on the right track.'

The GDC had already started to work on the areas highlighted by the report, he added. 'We have an ambitious work plan which includes continuing to drive down the time we take to deal with fitness to practise cases and streamlining our registration processes.'

MORE DENTURES AND EXTRACTIONS, FEWER FILLINGS, CROWNS AND X-RAYS SINCE INTRODUCTION OF NEW CONTRACT

The numbers of X-rays, fillings and crowns being carried out have fallen considerably since the introduction of the new dental contract in April 2006, while dentures and extractions have increased, according to statistics from the NHS Information Centre.

The analysis, published last month, showed that in 2007-08, 12.5% of treatment courses in England included an X-ray, compared with 18.3% in 2003-04. The results also showed that the incidence of root fillings fell from 7.1% to 3.2% in the same period. The percentage of treatment courses including crowns fell from 47.8% to 35.3% in England and from 44.3% to 35.1% in Wales. Bridgework also reduced following the new contract.

The percentage of treatment courses including dentures increased by more than a third between 2003-04 and 2007-08, from 33.1% to 47.9%. Extractions rose from 6.9% of courses of treatment to 7.9% in England and from 7.8% to 9.3% in Wales.

Other statistics released by the NHS Information Centre at the same time showed that there had been an increase in courses of treatment over the two years since the introduction of the new contract. Thirty-six million treatments were carried out in 2007-08, an increase of 937,000 on the previous year. Units of dental activity (UDAs) were also up 4.5% on the previous year. The highest proportion

of UDAs fell in band two. Revenue from patient charges in the last financial year was calculated at £531.4 million, an increase of 11.8% on the previous year.

Analysis of the dental workforce showed that the number of dentists per head of population has increased since the introduction of the new contract, from 40 per 100,000 population in 2006 to 41 now, according to the NHS Information Centre website www.ic.nhs.uk.

Susie Sanderson, chair of the BDA's Executive Board, said 'The apparent change in treatment patterns is of concern and requires further investigation so that the impact of the new contract is fully understood. Such an investigation was recommended by MPs in the report of the Health Select Committee'.

DIARY

SEPTEMBER

Infection Control for the Whole Dental Team

Date: September 18 2008
Venue: Charles Hastings Centre,
Worcestershire Royal Hospital
Tel: 0121 237 2834
Email: d.hammond@bham.ac.uk

FDI World Dental Federation Annual Congress

Date: September 24-27 2008
Venue: Stockholm, Sweden
www.fdiworlddental.org
Email: congress@fdiworlddental.org

BDA Hospitals Group Annual Scientific Meeting

Date: September 25-26 2008
Venue: Magdalene College, Cambridge
Tel: 020 7563 4590
Email: events@bda.org

OCTOBER

British Dental Trade Association – Dental Showcase

Date: October 2-4 2008
Venue: ExCel London
Tel: 01494 729959
Email: registration@dentalshowcase.com

Dental Tutors Conference

Date: October 3-4 2008
Venue: Old Ship Hotel, Brighton
Tel: 020 7415 3676
Email: lcapple@kssdeanery.ac.uk

NOVEMBER

Triennial Conference of the Royal College of Physicians and Surgeons of Glasgow

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

British Academy of Cosmetic Dentistry Annual Conference

Date: November 13-15 2008
Venue: Hilton Metropole, Birmingham
Tel: 020 7612 4166

Infection Control in Dental Practice – National Conference

Date: November 21 2008
Venue: SECC, Glasgow
Tel: 0141 201 9353

Decontamination for the dental team

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

DEATH OF TOM PITT FORD

Tom Pitt Ford, Professor of Endodontology at King's College London Dental Institute, died at his home in Dorset last month. Professor Pitt Ford, who was 58, had had cancer for some time. Director of Education and Vice-Dean of the Institute, he was the author of several textbooks, a former president of the British Endodontic Society and editor of the *International Endodontic Journal* for several years. He also reviewed manuscripts for the *BDJ*.



CORRECTION

In its report *Health care and cover on medical and dental insurance*, market analysts Laing & Buisson stated that

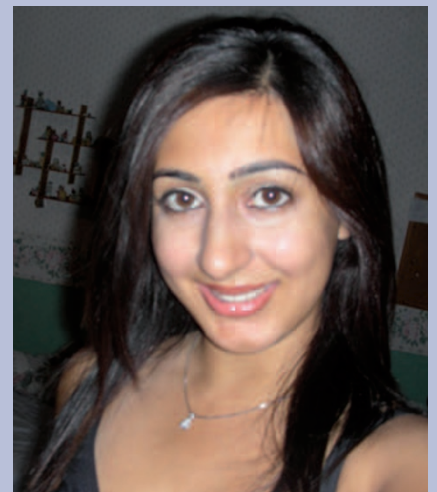
DPAS had launched a capitation plan for under-18s (*BDJ* 2008; 205: 171). DPAS wishes to point out that this is not in fact correct.

GOLD MEDAL

Nikki Tanna, who recently qualified at King's College London Dental Institute, has won the 2008 University of London BDS gold medal. This is the seventh year running that a graduate of King's has been awarded the prize.

The medal is awarded to the candidate who most distinguishes him or herself in the final Bachelor of Dental Surgery exams. Both London dental schools are invited to nominate candidates for the gold medal exam, an oral conducted by six external examiners. Each school selects candidates from students with the highest number of merits and distinctions.

Nikki, who is now a vocational dental practitioner at a practice in Godalming, Surrey, is the first dentist in her family but always knew she wanted to do something 'scientific and hands-on'. 'The Institute allowed me to con-



solidate my learning with early patient interaction and has given me a solid foundation to becoming a well rounded dentist. I am looking forward to applying the skills I have learnt,' she said.

She will receive the medal, with a cheque for £500, at the Institute's annual prize giving in November.

CONTRACT MONITORING TOOLKIT ISSUED

The Primary Care Contracting division of the Department of Health has published a monitoring toolkit for the general dental services contract.

Available on <http://www.primarycarecontracting.nhs.uk/163.php>, topics covered include fees, charges, clinical governance, record keeping and complaints.

The toolkit recommends 'that PCTs approach contract reviews in a supportive, developmental way.'