

**10:23**

The British Society of Dental Hygiene and Therapy calls on the GDC to reconsider the proposed ARF for the good of the profession. It believes that although the proposed ARF increase is not significant for dental hygienists and therapists, it will have a knock-on effect. The BSDHT supports its dentist colleagues and says that the profession as a whole should not have to pay for the GDC's inadequacies in the *Fitness to practise* process.

**16:40****ARF announcement**

The GDC announces that it is increasing its ARF from £576 to £890 for dentists and decreasing the fee for dental care professionals (DCPs) from £120 to £116. In June, the GDC proposed that the fee for dentists would increase to £945, and that the fee for DCPs would increase to £128.

The new fees must be paid by dentists by 31 December 2014 and by DCPs by 31 July 2015.

**17:13**

In response to the GDC's announcement that it is to press ahead with a 55% rise in its ARF for dentists, the BDA says that it will see the GDC in court.

**31 October 2014**

The alliance of Local Dental Committees (LDCs) says that it will hold a special national conference on 5 December 2014 to voice their lack of confidence in the GDC. Seventy-three LDCs in the UK oppose the ARF rise and consider the GDC to be out of touch and putting access to dental services at risk.

The British Association of Dental Nurses (BADN) welcomes the GDC's decision to set a lower ARF of £116 for dental nurses, but says that the fee is still too high in comparison to dental nurse salaries, especially for those who work part time.

The BADN strongly believes that the ARF for dental nurses should be considerably lower than that for hygienists and therapists, and that there should be a reduced ARF for all registrants who work part time.

**NICE PUBLISHES NEW GUIDELINE TO IMPROVE COMMUNITIES' ORAL HEALTH**

The National Institute for Health and Care Excellence (NICE) published a new guideline on 22 October 2014 calling on local authorities to improve the oral health of their communities through better advice and support in oral hygiene.

*Oral health: approaches for local authorities and their partners to improve the oral health of their communities* states that local authorities should consider supervised toothbrushing and fluoride varnishing schemes for areas where children are at high risk of poor oral health. It says that groups responsible for an oral health needs assessment and strategy should develop an oral health strategy based on a needs assessment; that public service environments should promote oral health and information and advice on oral health should be included in all local health and wellbeing policies; that oral health should be promoted in the workplace; and that local authorities and other commissioners should be included in all local health and wellbeing policies.

Professor Mike Kelly, Director of the Centre for Public Health at NICE, said: 'We know from Public Health England that there are wide regional differences in oral health. The situation is bleak for many adults as well as children in disadvantaged areas. Diet, poor oral hygiene, smoking, alcohol, and a lack of understanding about oral health are causing tooth decay, gum disease, tooth loss and increasing the risk of mouth cancers. These are also the risk factors

causing many chronic conditions, including heart disease and diabetes.'

The British Society of Paediatric Dentistry (BSPD) warmly welcomed the new guideline which they say reflects a new mindset and meets many of their own recommendations for improving dental health in children.

Claire Stevens, spokesperson for BSPD, said: 'If implemented, the guideline means that instead of an annual spend of more than £30 million on hospital admissions of children for multiple extractions, we could be investing in a wide-reaching prevention approach.

'However, we would like reassurance that the guideline will translate into local authorities taking action.'

The BSPD also questioned why fluoridation had been excluded from the scope of the guideline.

The guideline can be viewed at <http://www.nice.org.uk/guidance/ph55>.

**WILL YOU TAKE THE LONGITUDE CHALLENGE?**

Do you have an idea that will solve the problem of antimicrobial resistance? The 2014 Longitude Prize is offering a prize fund of £10 million to solve the 'antibiotics challenge'.

The Prize is timed to mark the 300th anniversary of the original Longitude Prize, which saw watchmaker and carpenter John Harrison win a fortune from the British Government for devising the first seafaring clock that allowed people to pinpoint their exact position at sea. It was the very first challenge prize of its kind, led to safer sea travel and also opened up global trade.

The challenge for the 2014 Longitude Prize is to create a cost-effective, accurate, rapid and easy-to-use test for bacterial infections that will allow health professionals worldwide to administer the right antibiotics at the right time. It is believed that such a test would help to combat the rise of antimicrobial resistance. As frequently discussed in

this Journal, antimicrobial resistance poses a significant future risk as common infections become untreatable.

Submissions opened on 18 November and entrants will have up to five years to put their

solution forward for assessment by the Longitude Committee. To find out more or to register your interest, visit <http://www.longitudeprize.org/got-idea>.

18 November 2014 was *European Antibiotic Awareness Day*. In support of the event, the *FGDP(UK)* has made the entire text of *Antimicrobial prescribing for general dental practitioners* freely available to view on [www.fgdp.org.uk](http://www.fgdp.org.uk) until the end of November 2014: <http://www.fgdp.org.uk/publications/antimicrobial-prescribing-standards.ashx>.

