

DENTAL DEFENCE BODY CALLS ON GOVERNMENT TO MAKE URGENT LEGAL REFORM

The Dental Defence Union (DDU) is calling upon the Health Minister to make urgent legal reform which would allow the General Dental Council (GDC) to make essential changes to the current outdated fitness to practise (FTP) procedures.

The DDU says that the current system is not fair on patients or dental professionals and must be urgently reformed.

Dr Rupert Hoppenbrouwers, Head of the DDU said: 'The current FTP procedures faced by dental professionals are not fit for purpose – they are outdated, slow and cumbersome. Often there are long delays in investigations meaning it can be in excess of a year for FTP procedures to come to a conclusion. This doesn't benefit anyone.

'The GDC would like to make changes to the FTP procedures to improve things significantly but to do so, the government must first make legal changes. The proposed reforms were contained in a draft regulation that should have been laid before the last parliament but unfortunately time ran out.

'With the new government now elected and parliament in session, we are urging the health minister to make these reforms an urgent priority for the benefit of patients and dental professionals.'

The DDU has distributed postcards among the dental community which enthusiastic dental professionals have been signing at dental events around the UK. The postcards are sent to the individual's Member of Parliament asking them to raise the issue with the health minister.

The DDU is urging any member who has not yet signed a postcard to download one from the DDU website and send it to their MP.

'The postcards have been received really well, with all dental professionals we have spoken to having been very enthusiastic about the campaign', Dr Hoppenbrouwers added. 'Well over 100 MPs and representatives in other UK jurisdictions should now have received a postcard from a dentist or dental professional constituent. We hope MPs are now going to raise the issue with the Minister and in parliament. But it is important to reach as many MPs as possible and we urge dentists and dental professionals to support our campaign and to visit our website, download a postcard and send it to their MP.'

For more information visit www.theddu.com/ftpreform.

BARRIER AIDS BONE REGROWTH AFTER SOCKET GRAFTING

A study in the current issue of the *Journal of Oral Implantology* has identified that a barrier membrane, such as porcine collagen, can keep the gingivae from growing into the space following a socket graft.¹

The hole left by an extracted tooth is more than just a place where food can get caught and the tongue can 'worry' the gap. It is also a place where disease can weaken bone. A barrier placed over the graft may help the bone regrow even faster.

Socket grafting is one of the most frequently performed procedures in oral surgery. After a tooth is extracted, the socket in the jawbone where the tooth had been anchored can rapidly shrink and make it impossible to place a dental implant. To prevent this, the surgeon fills the hole with a bone grafting material that combines with the natural bone to rebuild or preserve the bone's strength.

The results showed a wide range of new bone growth in the treated sockets, from 1.8 to 43%. The new bone formation averaged 11.2% among the study group. At the same time, the barrier of porcine collagen

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helped to prevent soft tissue from growing into the space. It also helped to cut down the loss of bone volume, making it easier to place large dental implants.

Computerised tomographic scans showed that bone density quickly developed with the combination of socket grafting material and the barrier membrane. This meant that the grafting material was well integrated into the jawbone. All of the treated sites healed well and no bone particles were lost as the sockets healed.

Even though bone regeneration varied, the study author concluded that porcine collagen 'showed potential for promoting new bone growth'.

1. Wallace S. Histomorphometric and 3D cone-beam computerized tomographic evaluation of socket preservation in molar extraction sites using human particulate mineralized cancellous allograft bone with a porcine collagen xenograft barrier: a case series. *J Oral Implantol* 2015; **41**: 293–297.