

BDJ Team

JULY 2015

KEEP UP THE PACE

Patients with pacemakers

July
2015CORE
CPD:
ONE HOUR

Highlights

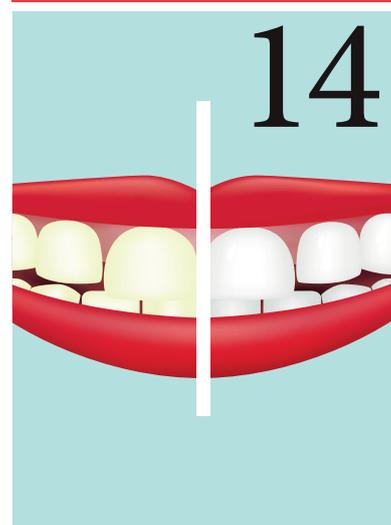
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Wrigley's Extra.

Another way to improve your patients' oral health



Significant changes in lifestyle mean that traditional eating habits have altered, and people are now eating on the go more than ever before. The more we snack, the more our teeth come under attack.



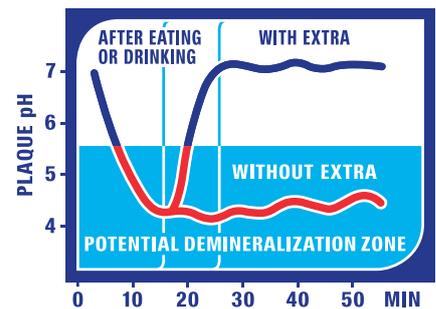
Independent clinical research proves that chewing sugarfree gum for 20 minutes after eating or drinking helps neutralise the plaque acid attacks that can cause tooth decayⁱ and contributes to removing food remainsⁱⁱ



Increased flow of saliva also promotes the remineralisation of tooth enamel,ⁱⁱⁱ thus reducing one risk factor for developing tooth decay^{iv, v}

Chewing sugarfree gum after eating and drinking helps neutralise plaque acids, assisting in keeping teeth clean and healthy.^{i,iii,iv,v}

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To learn more about the science behind the benefits of sugarfree gum visit www.wrigleyoralhealthcare.co.uk



ⁱAlcantara E, Leveille G, McMahon K, Zibell S. Benefits of Chewing Gum: Oral Health and Beyond. Nutrition Today, Volume 43, Number 2, March/April 2008 ⁱⁱLeach SA, et al. Remineralization of artificial caries-like lesions in human enamel in situ by chewing sorbitol gum. J Dent Res 1989;68:1064-8 ⁱⁱⁱCreanor SL, et al. The effect of chewing gum use on in situ enamel lesion remineralization. J Dent Res. 1992;71:1895-900 ^{iv}Beiswanger BB, et al. The effect of chewing sugar-free gum after meals on clinical caries incidence. J Am Dent Assoc. 1998;129:1623-6 ^vSzoke J, et al. Effect of after-meal sucrose-free gum-chewing on clinical caries. J Dent Res. 2001;80:1725-9

^fExtra[®] sugarfree gum is beneficial for dental health as it helps neutralise plaque acids.





**CORE
CPD:
ONE HOUR**

Ed's letter

Keep up the pace p17

Well isn't the sunshine fantastic? It certainly makes a difference to the mood of the nation, not to mention the health of our teeth.

So to July's issue of *BDJ Team*, and we're delighted to feature the President of the British Association of Dental Therapists (BADT) Fiona Sandom in our President's Column. There's plenty going on at the BADT, and Fiona offers her thoughts on fresh ways of thinking, the future and more.



With dental teams across the country under more pressure than ever before to meet targets, it's inevitable some cracks may appear within the team. Step forward Coach Barrow. With more than 20 years of experience in the industry, there's no-one better qualified to offer advice on how to establish team harmony. You can read Chris' 10 top tips for better team harmony on page 19.

In the news this month there's more miserly figures surrounding children, tooth decay and hospital admissions. Latest statistics from the Health and Social Care Information Centre (HSCIC) reveal just how stark the regional inequalities are across the UK. Professor Nigel Hunt, Dean, Faculty of Dental Surgery at the Royal College of Surgeons, has his say on the statistics.

Breakfast also made the news this month, as new research in the *International Journal of Dental Hygiene* has shown evidence that teens were almost twice as likely to suffer from bad breath when they skip breakfast. We've always been told breakfast is the most important meal of the day after all!

This month's feature article comes courtesy of a quote from NHS England Chief Executive Simon Stevens. On the *Andrew Marr Show* Mr Stevens called sugar a 'poison', which got me thinking. Has sugar been treated unfairly, or is it rightfully highlighted as the main reason for tooth decay? The British Society of Paediatric Dentistry and Sugar Nutrition UK put forward their respective thoughts on both sides of the coin.

To wrap up your free hour of CPD, we look at pacemakers and find out everything you need to know about treating patients with one. If you have missed any CPD this year – or in 2014 for that matter – you can still complete it right up to 31 December, 2015.

Enjoy the issue and we will see you in September!

David

David Westgarth
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Roman ship or Viking Longboat? p19



Breakfast - friend or foe? p5



Sugar: the great debate p9

THE TEAM

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TEENS THAT SKIP BREAKFAST ARE ALMOST TWICE AS LIKELY TO HAVE BAD BREATH

Missing breakfast has been identified as one of the most common causes of bad breath within teenagers, according to a new report.

New research published in the *International Journal of Dental Hygiene* has shown evidence that teens were almost twice as likely to suffer from bad breath when they skip breakfast.

The study found that almost a fifth of the participants questioned admitted that they had missed breakfast and of these one in three (36 per cent) suffered with bad breath. This was significantly more than those who had eaten breakfast.

Interestingly, only about half of those who presented with bad breath were conscious that they were suffering from it. Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, believes the findings could help to have a positive effect on teenager's personal development.

'This study is very interesting as bad breath is a common problem throughout the world. Breakfast has always been widely labelled as 'the most important meal of the day' and the effect of skipping it has long been known to be detrimental to people's diets. But now there is another reason not to miss breakfast which can have a real positive impact on people's lives.

'Young people who suffer from bad breath may find that it has a significant impact on their ability to have normal social interactions as they go through one of the most defining times of their lives. This has the potential to impact their personal development and those who experience this social rejection may exhibit low self-esteem. By being aware of the causes of bad breath it gives people the ability to do something about it.'

The research also revealed that not cleaning the tongue thoroughly was another major factor in a person developing bad breath.

BLOS CHAIRMAN BRACES HIMSELF FOR THE WORLD'S TOUGHEST CYCLING CHALLENGE

This summer, Ian Hutchinson, chairman of the British Lingual Orthodontic Society, will take on some of the world's toughest cycling terrain, during a seven day feat known as the Haute Route Alps. From 23-29 August and with fellow cyclists from around the globe, Ian will cover an impressive 781km and climb upwards of 21,000 metres: the equivalent of cycling up Mount Everest – twice!

Ian has always been a keen cyclist, but found his passion often took a back seat to straightening teeth and running his own business. Now he's training every day, as the prospect of cycling from Nice to Geneva grows closer.

Ian, commented: 'Each day will be hard but the real test is perseverance – seven consecutive days will prove to be a real challenge. My old orthodontic tutor Iain Hathorn used to call me a terrier as I just don't give up. I hope I don't let him down!'

Spurring Ian on is the knowledge that he'll be raising money for Guide Dogs: a UK-based charity that helps blind and partially-sighted people to enjoy the same freedom of movement as their friends and family. The breath-taking scenery of the Alps will also provide a welcome distraction – at least during the downhill sections of the course.

To sponsor Ian visit his JustGiving page at www.justgiving.com/ian-hutchinson51/.



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HOW BADLY MUST A REGULATOR PERFORM BEFORE SOMEONE INTERVENES, ASKS BDA

The British Dental Association (BDA) is concerned that the General Dental Council (GDC) has come bottom of the league in an assessment of the performance of nine healthcare regulators, published today by the Professional Standards Authority (PSA).

The PSA highlights that the GDC failed to meet a total of seven of its standards of good regulation. On fitness to practise, the GDC fully met only one of the 10 standards, and failed to meet six others, representing what the PSA describes as a significant decline in its performance compared to an assessment it carried out in 2013/14.

The BDA notes that the jury couldn't decide on whether the GDC had met two additional standards on fitness to practise pending an ongoing enquiry by the PSA.

The PSA has yet to comment on whether it considers the GDC's activities in this area are 'transparent, fair, proportionate and focused on public protection.'

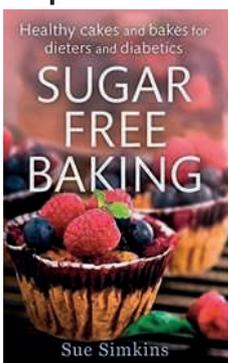
Commenting on the PSA report, BDA Chair Mick Armstrong, said: 'Sadly this report makes familiar reading. Yet again GDC registrants must acknowledge that they are being regulated by the worst health regulator in the UK. What is worse is that, as far as dentists are concerned, it is now also the most expensive by a country mile.'

'The findings in relation to fitness to practise come as little surprise as stories of waste, mismanagement and unreasonable practices abound.'

'It is difficult to understand how badly the GDC has to perform before someone actually intervenes.'

Responding to the review, the GDC said 'Today's PSA report confirms that in the areas of guidance and standards, education and training, and registration the GDC is performing well. However, we also recognise that the PSA has identified a number of areas within the Fitness to Practise (FtP) category where reform is required.'

MY DENTIST GAVE ME IDEA FOR NEW SUGAR FREE BAKING BOOK AND CAKES FROM THE TOOTH FAIRY, SAYS POPULAR BAKER SUGAR FREE BAKING



Thanks to a conversation in the dentist's chair, the writing career of popular Dorset-based author and baker Sue Simkins is seeing a rise equivalent to one of her delicious sponge cakes as she publishes her seventh book entitled Sugar Free Baking.

The book follows the success of her previous publication Cakes from the Tooth Fairy and as expected from someone who was inspired by her dentist Murray Hawkins, focuses on recipes that use xylitol as a natural sugar substitute – a product that also has known benefits for the preservation of healthy teeth.

A foreword written by celebrity chef Gary Rhodes says, 'Reading this book inspired in me a hunger to cook and nibble amongst the many sweet fancies presented. It is even more of a pleasure to read how xylitol creates

a sweet bite we can all enjoy.'

Sue Simkins said: 'At the same time as baking is seeing a surge in popularity, there have also been a number of reports about the negative effects sugar has on our bodies and teeth. The approach and the recipes I have provided in Sugar Free Baking and Cakes from the Tooth Fairy mean everyone can try their hand at baking without worrying about the effects on their waist line or their health.'

Sugar Free Baking is published by Constable Robinson and is available from Amazon at £7.99. Sue Simkins' other titles include Cakes from the Tooth Fairy, Tea with Mrs Simkins, Cooking with Mrs Simkins, Fresh Bread & Bakes from your Bread Machine, Afternoon Tea and How to Make the Most of Your Food Processor.

For further information and recipes, visit www.mrssimkins.co.uk.

HOLYROOD TO REGULATE PRIVATE CLINICS



Private clinics carrying out procedures such as Botox injections and teeth whitening are to be regulated from next year, the Scottish Government has announced. Legislation is to be brought in at Holyrood to allow Healthcare Improvement Scotland to start regulating private clinics where non-surgical cosmetic procedures are carried out from April.

There is currently no regulation for such centres – which also offer procedures such as laser eye surgery and dermal fillers – anywhere in the UK.

Around one in five Scots have either had a private cosmetic procedure or have thought about having one. Public Health Minister Maureen Watt said: 'Cosmetic procedures, both surgical and non-surgical, have increased massively in popularity over the last few years.'

'Many people are not aware that there is no regulation of independent clinics who provide non-surgical cosmetic procedures.'

'There are many reputable practitioners in Scotland, but unfortunately there are others who do not live up to those high standards.'

'That can lead to complications after procedures, sometimes leaving the customer with lasting injuries. By introducing a sound system of regulation and inspection we hope to reduce those instances.'

Have your say on CPD

Are you interested in having your say on CPD? Then you will be glad to know UCL Eastman are carrying out a nationwide survey to find out your views on the current state of CPD. To fill in the online survey, click here.

NEW DENTAL FILM HIGHLIGHTS THE NEEDS OF DEMENTIA PATIENTS

A thought-provoking new film aimed at dental professionals to raise awareness of the issues faced by patients with dementia when attending a dental appointment has been launched today by Health Education England (HEE).

Sir Keith Pearson, HEE Chair will launch the film during a visit to the dental team at Health Education Thames Valley who worked with Wessex Dental team on producing the film.

Sir Keith Pearson said: 'The film gives us a real insight into just how confusing attending a dentist appointment can be for someone with dementia. Figures show that 800,000 people in the UK suffer from dementia and many of these people will have experienced visiting their local dental practice.

'It will provide dental teams with valuable information on how difficult things can be for sufferers and provide some ideas on how to make arrangements to make the process smoother and easier for their patients.'

Paul Holmes, Director South, Health Education England said: 'Twenty two million adults in England saw an NHS dentist in the 24 months to June 2014, according to the Health and Social Care Information Centre (HSCIC). A significant number of these people are likely to have difficulty with short term memory loss and may be in the early stages of dementia. Awareness of these potential issues by health care staff can significantly improve patient experiences.

'I hope this film provokes debate and gets dental teams to look at what they might do differently to help improve people's experiences and would like to congratulate the Thames Valley and Wessex Dental teams for their hard work.'

The film looks at the process of attending a dental appointment through the eyes of a dementia sufferer, highlighting just how daunting the whole process can be. It will be a useful learning tool for dental teams working in general practice and will challenge them to think about how they deal with people who suffer from this condition. It highlights the crucial role played by staff, especially receptionists and dental nurses in supporting vulnerable patients.

It has been inspired by an award winning series of films called 'Barbara's Story' that was developed to highlight issues around caring for people with dementia in an acute hospital.

A copy of the film will be available on <https://youtu.be/EnPUq00UA8c>.

The film was made on location at surgery of Satnam Moonga. Satnam is the Thames Valley Local Dental Professional Network Chair and who generously allowed use of his surgery in Princes Risborough.

FACULTY OF DENTAL SURGERY ALARMED BY NINE-FOLD VARIATION IN HOSPITAL ADMISSIONS FOR DENTISTRY

Boys aged between five and nine are being admitted to hospital because of problems with their teeth more than any other age group, figures show.

Statistics released by the Health and Social Care Information Centre (HSCIC) also show wide regional disparities for children in England, with the South Yorkshire region having more than nine times the rate of hospital admissions for dentistry among under 15s compared with Leicestershire and Lincolnshire, which had the lowest overall.

Across all age groups, the figures show far more people are going to hospital for teeth or gum problems in the most deprived areas of the country, with more than a quarter – 28 per cent – coming from the 20 per cent most deprived areas nationally.

In response to the data, Professor Nigel Hunt, Dean, Faculty of Dental Surgery at the Royal College of Surgeons said: 'This data is a stark reminder of the inequalities in children's oral health that persist across the country. We are alarmed that the South Yorkshire region has over 9 times the rate of hospital admissions for dentistry among under fifteen year olds compared to Leicestershire and Lincolnshire.

'In addition 5-9 year olds continue to account for the highest age group to be admitted to hospital for tooth decay when this is nearly entirely preventable.

'Hospital treatment is often required for dental problems that are more serious and complex. We strongly urge the government to invest in further research to understand the variation.

'A national public health programme is urgently needed to tackle preventable tooth decay.'



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SUGGAR

:the demonisation of a product or fair culprit?

It's in our food and it's now all over the news. So we ask what is the deal with sugar?

It seems every day there's another story in the press calling out sugar as the root of all evil in society. Or at least that's how it feels. Things were exacerbated by NHS England's Chief Executive Simon Stevens labelling sugar as a 'poison' on his most recent appearance on *the Andrew Marr Show*, and it got me thinking. Are we unfairly demonising sugar and turning a blind eye to our shocking dietary habits, or are some of the measures being discussed – sugar tax, sugary drinks duty – the right way to eliminating sugar and turning round the titanic that is childhood caries? We asked two leading organisations on their views.

Dr Alison Boyd became Director of Sugar Nutrition UK in 2007, having been Research Director for 6 years. She was educated at the University of Ulster and gained a PhD in Diabetes. Alison is a registered Dietitian and before joining Sugar Nutrition, held a clinical role as a Senior Dietitian at The Royal Hospitals Trust in Belfast. Dr Boyd is a member of the British Dietetic Association, Nutrition Society and the European Association for the Study of Diabetes.

Sugar Nutrition UK

By Dr Alison Boyd, Director, Sugar Nutrition UK, RD, R Nutr, MBDA*

Sugar is undoubtedly in the spotlight. Over the last 18 months, we've seen numerous headlines linking sugar with all manner of ills from obesity to cancer; with claims of sugar even being 'poisonous'. But is there robust science behind the media hyperbole? And what does this mean for dental health?

Perhaps the first concern is one of definition – the term 'sugar' is continually used in public health discourse, when in fact we should be correctly using the term 'sugars'. 'Sugar' is generally understood to refer to table sugar – sucrose – the type of sugar which people add into their tea or use in baking. The term 'sugars' however, covers the full range of mono- and disaccharide molecules which are relevant to this discussion (for example fructose, sucrose, glucose, lactose and maltose). Sugars are carbohydrates. They occur naturally in fruits, vegetables and dairy, as well as being an ingredient used in a wide range of foods and drinks. This is important, particularly in relation to dental health, as it clarifies a common misunderstanding about the nutritional science of sugars – namely that our body can distinguish between

natural and 'added' sugars.¹ Naturally occurring and 'added' sugars are chemically identical.² Neither your body nor any chemical detection method can distinguish between the two; for example sucrose is broken down in the same way in your body whether it came from table sugar, an apple or tomato soup.

We all know that there is a dynamic relation between sugars and oral health³ and most would agree that levels of dental decay in all age groups remain unacceptably high. We also know that tooth decay can largely be prevented by a combination of approaches.⁴ So should we focus on sugars as the only cause of (all) our oral health problems? Should dental health advice focus on reducing the amount of sugars we consume as opposed to other fermentable carbohydrates for example? The answer to these questions is no – the situation is more complex and there is robust scientific evidence to suggest that other factors need to be considered.

Firstly, all fermentable carbohydrates, can provide the substrate for actions of oral bacteria to produce acid and therefore potentially lead to tooth demineralisation.⁵ While dentists may understand the meaning



of this, many people may not appreciate that eating rice or chomping on crisps can have the same impact on teeth as enjoying some sweets.

Secondly, there is currently strong evidence to show that other dietary factors in addition to the quantity of fermentable carbohydrate consumption is crucial in preventing tooth decay. Current evidence has shown that

The notion that sugar is a poison is misleading and inappropriate – as already outlined sugars are a form of carbohydrate and they occur naturally in a wide range of fruits, vegetables and dairy products. Sugars have been part of our diet for thousands of years.

Scientists and Expert Committees have reviewed the concept of food addiction.

‘THE NOTION THAT SUGAR IS A POISON IS

MISLEADING AND INAPPROPRIATE’

frequency of consumption of fermentable carbohydrates is more important than the amount.^{3,6} This would strongly indicate that discouraging snacking or grazing between meals – particularly on crisps, fruits and sweets – would have greater dental health benefits than aiming to reduce the overall quantity of sugars in the diet.

Thirdly, and perhaps most importantly, good oral hygiene needs to continue to be emphasised. Since the late 1970s, dental caries has declined substantially in the UK and in many other developed countries.⁷ The latest data from the Children’s Dental Health Survey (2013)⁸ showed that 34% of 12 year olds had evidence of decay, with a mean DMFT of 0.8, compared to 43% in 2003.⁹ While this trend is moving in the right direction, the levels of decay remain far too high. It is agreed by many that increased use of fluoride is the most influential factor.^{10,11} Indeed, the use of fluoride toothpaste and good oral hygiene have been shown repeatedly to be the best measures that can be taken to prevent dental caries.¹²

Of course frequent, excessive consumption of sugars should be discouraged. If following good oral hygiene practices, including brushing teeth twice a day with fluoride toothpaste, teeth can cope with the consumption of any fermentable carbohydrate up to four times daily without an increased risk of decay.¹³ The point is not to deny the role that sugars as a fermentable carbohydrate play in dental caries, but rather focus on solid, scientific evidence of the most effective interventions and behaviours that can be established to improve dental health for everyone.

But are there broader physiological benefits to cutting sugars consumption? After all, we’ve heard sugars are a ‘poison’, ‘addictive’ and cause obesity. The reality is that none of these claims have current robust evidence to support them.

The consensus of the scientific evidence in humans, most recently the NeuroFAST Consensus Statement^{14,15}, is that there is a lack of any credible scientific support for the claim that sugar, or any other food, is addictive.

Pointing the finger at sugars solely increasing obesity may be cited currently, but it is neither supported by current scientific evidence nor helpful to the general public, especially when we know that obesity is such a complex area. The findings of numerous expert scientific bodies^{2,5} for example, the European Food Safety Authority and the Institute of Medicine of the National Academies) have concluded that sugar in itself has no specific causal role in obesity, rather the overconsumption of *all* calories is to blame.

Despite current perceptions, the reality is that average ‘free sugars’ intakes amongst the UK population have been gradually declining for many years. Eating a varied, balanced diet, leading a healthy, active lifestyle and practicing good oral hygiene is the best way to prevent obesity, lifestyle diseases and dental decay.

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Sugar Nutrition UK is a not for profit, scientific organisation that is a leading source of expertise on sugars and health in the UK. Sugar Nutrition UK was established in 1964 and is principally funded by UK sugar manufacturers.



Claire Stevens* of the British Society of Paediatric Dentistry on why sugar isn't so sweet

First it was all about fat, then salt and now it appears that sugar is the latest villain we all need to be concerned about. Everywhere you turn there is a celebrity going sugar-free or promoting their low sugar diet and with Damon Gameau's *'That Sugar Film'*¹⁷ recently released in the UK, sugar is certainly taking centre stage.

So why the sudden fuss? I don't think it is a coincidence that children's oral health and obesity also remain in the media spotlight. When dental decay is the most common

reason for a child aged 5-9 to be admitted to hospital in England,¹⁸ the collective good are out to identify the culprit and sugar is an obvious target. As a society we are always looking to apportion blame. 'It's the parents fault – it's neglect', but to what degree is sugar and the food industry to blame? Well let's start with the facts.

Last year we consumed an average of 230 litres of soft drinks per capita.¹⁹ We are a nation of snackers and grazers, many favour processed food over cooking from scratch and obesity is a national epidemic and costing the NHS millions to treat.

There are four major sources of sugar in the British diet, namely soft drinks, confectionery, baked goods and breakfast cereal. To date, the main focus on tackling obesity and reducing sugar consumption in children has been education, urging consumers to eat healthier foods but this has not been successful. So what can be done? How do we go about reducing childhood sugar consumption?

Improving Food Labelling

Some may argue that clearer labelling would help to stop the rot. How many of the lay public knows the daily reference intake for sugar or who has read the latest recommendations from the Scientific Advisory Committee on Nutrition?²⁰ With a lack of standardised food labelling and indeed the absence of a legal requirement to use a system such as the traffic light system, can we expect the consumer to understand

exactly how much sugar is in their food? We need to help people to make healthy choices by empowering and educating them to read and understand the information provided on food labels. We need to combat the lack of understanding and education. Could we make it any easier?

A bottle of Fridj milkshake contains a whopping 46g of sugar. Would as many parents think about buying this product if there was an image of a teaspoon of sugar saying 'this product contains 11 and a half teaspoons of sugar'? I think not. At the moment there is no incentive for industry to improve their labelling.

Sugar tax or incentivising healthy food?

There has also been talk of a sugar tax but the effects may be small. There have been two theoretical modelling studies on taxation; a 10% tax reduced consumption of sugary drinks by 7.5ml per person and a 20% tax reduced consumption of sugar by only 1g per person.²¹ However, on the back of the success of the sugar tax introduced in Mexico, UK Doctors are now calling for a 20% tax on sugary drinks.²² New taxes are also politically difficult making their adoption unlikely, especially after the notorious 'pasty tax' revolt of 2012. New food laws may be perceived as the 'nanny state' and a penalty for industry, rather than seen as producing the desired consumer protection.

* Claire Stevens BDS (Bristol), MFDS RCS Ed, M Paed Dent RCPS, MPhil (Newcastle), FDS (Paed Dent) RCS Ed. is Honorary Secretary to the British Society of Paediatric Dentistry.

A Consultant in Paediatric Dentistry at Central Manchester Hospitals NHS Trust, Claire developed and led the Adolescent Intravenous Sedation Service which provides care for highly anxious young people. Claire is the recipient of a Research for Patient Benefit Grant which is supporting her team to investigate the patient acceptability of intravenous propofol sedation in adolescent dental care. She is mother to two young children, author of www.toothfairyblog.org which aims to educate parents to improve the oral health of children and media spokesperson for the British Society of Paediatric Dentistry.

Making 'healthy' foods cheaper would also make them more appealing to families on tight financial budgets. Research looking at consumer habits during the recession demonstrated a decline in the average nutritional quality of foods purchased, with a move towards processed sweet and savoury food and away from fruit and vegetables which was most pronounced in families with young children.²³ Healthy foods are not being adequately incentivised and this must change.

Instead, many companies are adding extra margin onto healthier products, in the belief that these products are being purchased by more affluent consumers. This is immoral. The consequence is the nutritional exclusion of the poor.²⁴ We need to explore ways of incentivising healthy choices for both consumers and industry.

Re-formulating foods – de-sweetening or use of sweeteners

If people do not choose to eat healthy foods despite decades of education programmes at vast expense, perhaps it is time to focus on improving the nutritional value of the foods they do eat? Urging food manufacturers to adopt voluntary 'nutritional reformulation' of popular products is the principal strategy proposed by the Chief Medical Officer, Dame Sally Davies, in her recent annual report.²⁵

In the case of sugar, one option is the gradual reduction in the amount of sugar added to foods, as urged by the group, 'Action on Sugar'.²⁶ In fact this process is

proven health risks of sugar not outweigh the unproven concerns about sweeteners?

Marketing of foods

But it's not as simple as cutting out the fizzy drinks and sugar-laden snacks. You could argue that if you chose to consume these products you know what you are letting yourself in for. But those marketed as 'healthy' or targeted at children is another matter. As the focus of *'The Sugar Film'*¹⁷ Damon Gameau consumes 40 teaspoons of sugar per day, in line with the average Australian. The catch is that he only eats foods that are commonly perceived as 'healthy' such as baked beans, yoghurts, cereal bars and fruit juices. Inevitably, his weight soars and his general health declines. Gameau believes that some of the packaging is 'deliberately ambiguous' and that parents are 'horribly let down by the lack of integrity in marketing and packaging strategies.' He continues, 'You can put a bee and a sunset and say it's mother nature's bounty and people will believe that and not realise that those products have as much, if not more, sugar in them as perceived junk foods like chocolate bars.'

The role of the government

Campaigns such as *'Change4Life'* have been successful and the Science Advisory Committee is also reviewing the role of sugar-sweetened beverages. Ministers have also pledged to monitor the nutritional content of children's food.

'I'D LIKE CONSISTENT AND CLEAR FOOD LABELLING TO BE MANDATORY ON ALL PRODUCTS'

already underway, although it is not always publicised. For example the children's breakfast cereal, Sugar Puffs contained 49% of sugar in the early 1990s compared to a current 31%. Although this remains a high sugar product, the 37% reduction is significant.²¹ Recently Tesco's announced that it would be reducing the sugar content of its own brand carbonated beverages²⁷ and Sainsbury's have a sugar reduction policy²⁸ as part of their 'Responsibility' pledge.

Another approach is to use sugar substitutes such as aspartame, or new more natural forms, like stevia. Despite persistent controversy, they have been repeatedly tested and found to be safe. Many would say we need to be de-sweetening products without the use of sweeteners or, if we are going to embrace a pro-sweetener approach, then their use should be more widespread. Do the

But each one of these potentially sugar-reducing solutions is not enough in isolation. So what would I like? I'd like consistent and clear food labelling to be mandatory on all products, I'd like us to urgently explore the feasibility of incentivising healthy food and as healthcare professionals I'd like us to continue to educate and support our patients. To tell them that no added sugar does not equal sugar free, to educate and help them understand food labelling and get them used to looking at the back of the packet. We need a collective and committed approach which would see professionals and government working with industry.

At the end of the day, if we, as consumers and professionals unite, and demand product reformulation with increased lower sugar and sugar-free products, industry will be prompted to action. The power is in our hands.

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bdjteam2015107

BSPD supports ‘insightful’ children’s book featuring a dentist

A children’s story which is being published to raise money for the charity *Meningitis Now* and as a lasting legacy to a teenager who died from the infection has won the backing of the British Society of Paediatric Dentistry.

Robey and the Dentist is being published by the family of the late Edward Saunders who died when he was 18 and wrote the story when he was just 11. Edward’s mother Tracey decided to publish the book with the support of crowd-funding and she turned to *Kickstarter*, to raise her target of £5k. She was touched and amazed by all the support she received and netted more than £10k in only 30 days.

Available through a dedicated website – www.robeyandthedentist.co.uk – the cost is £7.99 including post and packing. All the money raised is either going towards the book or to Meningitis Now.

The story was inspired by a teacher who asked all the class to write a bedtime story for his own little boy and is about a lad who is worried his dentist will think his teeth aren’t white enough. The moral of the tale is that clean teeth are more important than white teeth.

The British Society of Paediatric Dentistry’s spokeswoman and a Consultant in Paediatric Dentistry Claire Stevens described Edward’s view of dentistry as ‘remarkably insightful’ for a boy of just 11.

Tracey Saunders said she was in no doubt that the dentist in the story is Edward’s own dentist, Derrick Thomas of Coly House Dental Centre. Dr Thomas, who was one of *Kickstarter*’s sponsors, said he was honoured to be identified in the story.

Why did Edward write about going to the dentist? Tracey has no idea. But children who read the book will get a positive message about cleaning their teeth and that will all be part of Edward’s legacy too.

Ashley Pharoah, who wrote the TV series of *Life on Mars* and *Ashes to Ashes* and like Edward went to Queen Elizabeth’s Hospital

School in Bristol is also supporting the book. He said: ‘Edward and I had three things in common: we went to the same school, we once shook each other by the hand, and we both dreamed of being writers. I urge you to buy this sweet, funny, gentle book and make Edward’s dream a reality.’

Edward died when he was 18 from a virulent strain of meningitis, known as meningococcal group W (MenW). In the last five years the incidence of this rare strain

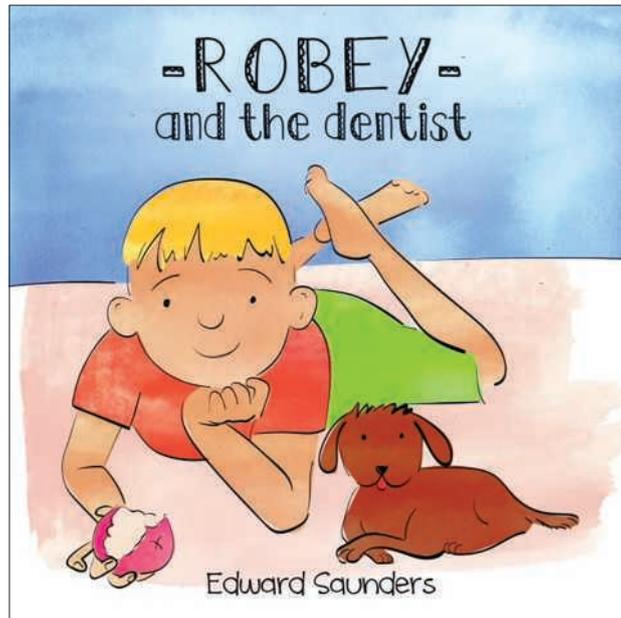
School was featured on the front page of *The Times*.

After finishing his A-Level exams, he went to a Pink Floyd gig in London with his friend Lewis. He returned happy and seemingly healthy. But later that day he complained of being cold and especially of having cold feet. In the early hours of the morning he told his Mum that he was feeling very sick – he thought he might have eaten a ‘dodgy chicken kebab’ while in London. Two hours later she called an ambulance and he was rushed to hospital. By 10am he was dead.

Through her growing acceptance that the speed of the infection meant there was nothing she could have done to save Edward, she has acquired a determination to see that his legacy is a lasting one. While he wanted to be a shipping lawyer, he had told Tracey that one day he would be an author. She is excited about the numbers of books being ordered and knowing that many households around the UK will have a copy of the book with Edward’s name on it. Tracey is delighted that a copy will be in the British Library and she is planning to send a copy to Prince George and Princess Charlotte.

For more information on meningitis and the charity that

Tracey Saunders is fund-raising for, email natashan@meningitis.now.org, call 01453 769018, out of hours 07587 554857 or visit www.meningitisnow.org



has increased fivefold. Tracey has warmly welcomed the announcement that the Department of Health will be offering the vaccination against MenW to all 17-18-year-olds from August 2015.

As a result, she hopes that other families will be spared the shock and trauma that her family went through when they lost Edward in a matter of hours. He was a lovely son and a studious pupil who had just got the grades to go to Warwick University and along with fellow pupils of the high-performing QEH



bdjteam2015108



A clearer future for tooth whitening



Karen Coates¹ tells us about the latest developments surrounding the ever-evolving battle against illegal tooth whiteners

¹ Karen Coates is an Oral Health Advisor with independent charity, the British Dental Health Foundation. She has held this role since 2005, advising and guiding members of the public on such subjects such as dental terms and treatment procedures, oral hygiene, current UK legislation and regulations, NHS and private dental charges, complaints procedures, and referrals to other organisations.

She is currently Co-ordinator of the Tooth Whitening Information Action Group – a body comprising of members from BDHF, BDHS, BDCD, BADT, DADN and from a number of other dental bodies and organisations

When the European Council's directive on tooth whitening was released in October 2012, it clarified that tooth whitening could only be carried out under by or under the supervision of a dentist and that the supply of tooth whitening products containing more than 0.1% peroxide could only be to dentists. The announcement was welcomed and supported by a number of leading dental bodies, many of who would go on to found the Tooth Whitening Information Group (TWIG), a group formed to promote and ensure safe legal tooth whitening for the general public. A little over two years later, TWIG co-ordinator Karen Coates tells us

about the latest developments.

There has been plenty of bad press concerning the dental profession and tooth whitening, largely circulated by the illegal tooth whiteners and 'training' establishments. This is centred on their idea that tooth whitening is a simple, cosmetic treatment that anyone can undertake after a few hours training. There is also the ill-conceived perception that the dental profession just wants to keep this 'nice little earner' for themselves and the whole profession was just trying to stop the 'little guy' from earning a living and the concerns are not about public safety.

TWIG is made up of members of dental professional bodies and representatives from leading manufacturers (see boxes).

Members

- British Dental Health Foundation
- British Dental Association
- British Society of Dental Hygiene & Therapy
- British Academy of Cosmetic Dentistry
- British Association of Dental Nurses
- British Dental Bleaching Society
- British Association of Dental Therapists

Representatives

- British Dental Industry Association
- Philips Oral Healthcare
- Henry Schein
- SDI
- Dentsply
- Voco
- Enlighten
- WY10

'FOLLOWING ON THE HIGH COURT RULING OF MAY 2013, ALL CONFUSION ABOUT WHO CAN PROVIDE TOOTH WHITENING HAS BEEN CLEARED UP'

The main aims of TWIG are:

- To protecting the public and provide information on how to achieve safe tooth whitening with effective and long-lasting results
- To support official bodies to prosecute unqualified people carrying out illegal tooth whitening, and companies that sell illegal and harmful products.

The problem

As the problem is two-fold, depending on whether the report is about a person or a product, this determines where I send the report onto. Following the High Court ruling of May 2013, all confusion about who can provide tooth whitening has been cleared-up. Tooth whitening has been ruled the act of dentistry, and as such cannot be provided by anyone other than a dentist or a dental hygienist on the prescription of a dentist. This makes it easier to identify potentially suspect products.

If the report is concerning a person suspected of providing illegal tooth whitening, I would initially try and find out a little more using the internet and social media. I will then send all of this to the General Dental Council (GDC).

Some beauticians that are using pre-filled trays claim that as they are not touching the client, this ruling does not apply to them, however by prescribing and administering the tray to the client, they are still deemed to be practicing dentistry, therefore it is still illegal.

The GDC will then out a warning letter explaining the law and asking the individual to stop their illegal practice. If they do not stop, more evidence is gathered and further legal action could result. We are seeing many more cases being brought by the GDC against people carrying out illegal tooth whitening.

The GDC have taken many cases to court over the last 12 months and have been successful in every case that has gone to court in regard to this problem.

Perhaps the most high-profile of these to date is the case involving beautician Caroline Sumpter. Ms Sumpter bought the Megawhite system at a beauty trade show and began to advertise tooth whitening as one of her services. She received a warning letter from the GDC about the legality of tooth whitening, so she requested a refund from Megawhite for the equipment and training that she cannot legally use. Megawhite refused, so Caroline took the company to the small claims court.

When the case was heard in October 2014, the Judge ruled that the procedure was not entirely self-administered as handing the product to a client and giving instructions on use, taking a 'before' and 'after' shade, handing the client goggles, placing the 'laser' device against the teeth and removing whitening tray after treatment where all hallmarks of dental practice and therefore falls within the 'practice of dentistry'. Ms Sumpter won her case and has subsequently received a full refund from Megawhite.

TWIG members were able to provide Caroline with invaluable information to help her put together her case.

Education

I have a certain sympathy with the beautician that have been unwittingly been 'sold' a tooth whitening course by an unscrupulous provider. It is the beautician/illegal provider who is not only risking their reputation but also the possibility of a criminal record and a fine, not the person who provided the so-called training or the products.

Therefore TWIG is committed to working with the beauty industry to educate non-qualified persons from parting with their hard-earned cash for a training course which could leave them open to prosecution. We also intending to put together a training package for schools and colleges providing beauty therapy training and we have been in contact with the main providers of this training, such as BTEC and City and Guilds. We feel that if we can educate the beauty therapists of the future they will not be conned into attending one of the very expensive so-called tooth whitening training courses.

It is amazing when you have a conversation with someone who is either thinking of or is providing illegal tooth whitening about the problems and effects that this so-called simple, 'cosmetic' procedure have not only for the person having the procedure, but also for the provider.

I speak to them about the importance of taking a full medical history and what implication not doing so could have. I recall a member of the public who contacted the British Dental Health Foundation's Dental Helpline following a tooth whitening procedure at her local hairdressers. She is a type-1 diabetic which was not noted as no medical history questions were asked in her consultation. The provider then proceeded to over-fill the non-custom made tray, using a chemical (which is unknown) liberally applied during the treatment causing chemical burns to her gums and lips. Obviously with her history of type-1 diabetes, she was slow

to heal, leaving her in discomfort for several weeks.

When I discuss the issue of cross infection and HTM 01-05, it genuinely seems that this has never crossed their minds that not only could they pass infection to their client, but possibly worse, the client could pass infection to them! By the time I get to hepatitis B vaccinations they are usually hanging up their 'laser' lamp and ditching the 'high quality' non-peroxide, whitening gel!

Suspect products can be reported to the local Trading Standards office of where the company supplying the product is trading. As the majority of the suppliers are based overseas, they are not in the jurisdiction of Trading Standards. On the website www.safetoothwhitening.org there is a clip from the BBC television programme, *Fake Britain*, where one UK based supplier was eventually brought to justice.

This supply of counterfeit products is also a problem for many of the legitimate

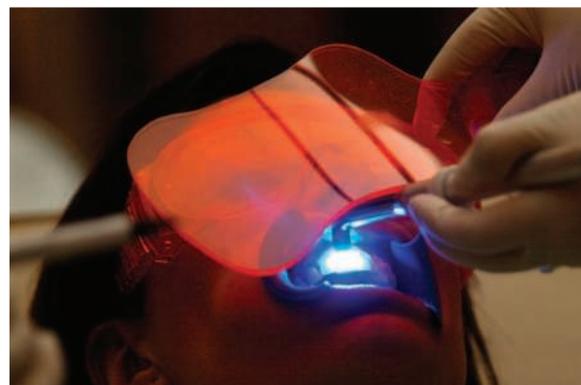
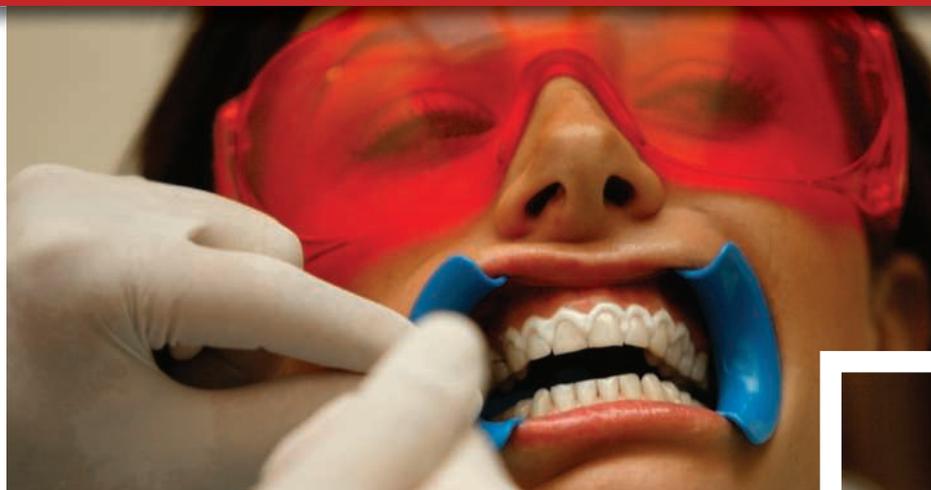
only can their efficacy not be guaranteed, the very high percentage of hydrogen peroxide is potentially harmful to the teeth and gums.

If we can provide this information and the warnings about these illegal products perhaps we can reduce the demand and protect the public this way. To this end we are preparing articles for the 'lifestyle' type magazines, explaining about how to safely improve the appearance of your teeth and the laws surrounding tooth whitening.

'TWIG REMAINS COMMITTED TO PUTTING A STOP

TO ILLEGAL TOOTH WHITENING AND THE

SUPPLY OF ILLEGAL TOOTH WHITENING PRODUCTS'



manufacturers of tooth whitening products. There are many of the largest manufacturer's products available to purchase over the internet, and as the supply chain is extremely difficult to trace, there is no guarantee that these products are the genuine article or a fake. They could therefore be detrimental to the health of the teeth and gums and also damage the reputation of the manufacturer.

As the laws on tooth whitening differ outside of Europe, tooth whitening products which contain over the UK legal limit of 0.1% are often obtained by the wholesale suppliers from an outside Europe source to sell to the UK market via the internet. Controlling these is akin to herding cats – as soon as one website is closed down, another is opened and so on.

So again, we are look towards educating the public through the profession of purchasing non-verifiable products over the internet not

The future

TWIG will continue to work away and in the coming year, funding permitting these are the areas that we are looking to pursue.

- We are looking to test suspect produces which we can then pass onto Trading Standards which, hopefully will lead to prosecution and removal of this product from sale
- Produce 'Infobites' on tooth whitening to explain how to safely and legally whiten your teeth
- Continue to work with the beauty industry, schools and colleges to educate beauty therapists of the implications of illegal tooth whitening
- Continue to liaise with the GDC and Trading Standards by collating report forms from the website.

- Attend dental exhibitions to inform the dental profession of the progress so far and how we intend to move forward.

TWIG remains committed to putting a stop to illegal tooth whitening and the supply of illegal tooth whitening products.

On the website, www.safetoothwhitening.org you can sign up as a supporter of the campaign. By signing up as a supporter this will allow us to send you regular updates on how the campaign is moving forward. With more and more people seeking to exploit loopholes, your support is more valuable than ever.

bdjteam2015109

Suspect products

Anyone who has ever looked online for tooth whitening products will be met with array of products, the majority claiming to meet the European legislation and containing 0.1% hydrogen peroxide, which unbeknown to the user will not have any effect on the natural colour of the teeth and at best may remove staining on the teeth. However there are lots of products which are available to the public which contain significant levels of hydrogen peroxide and carbamide peroxide over the legal limit.



PATIENTS WITH



pacemakers

Desrin Dionne Conteh EDT* clarifies the issues surrounding artificial pacemakers and the treatment of patients within dental practice.

An adequate heartbeat

An artificial pacemaker is a medical device which maintains an adequate heartbeat by delivering electrical impulses to the heart. They are indicated when the natural impulses (from the sinoatrial node [SAN]) are absent or too slow. Most recent ones are controlled externally and some include an inbuilt defibrillator.¹

Around 25,000 people in the UK have a pacemaker fitted each year.² Pacemakers are fitted to people who experience symptoms of heart failure. A common use is for cardiac arrhythmia (irregular heartbeat).

Electromagnetic interference occurs when one electromagnetic field from one device interferes with the operation of another device.

There do not appear to be any clear guidelines on treating patients with fitted cardiac pacemakers and defibrillators. In November 2007 a paper in the British Dental Journal said 'To our knowledge, no previous studies have been performed on the possible effects of dental devices on ICDs³ (implantable cardioverter defibrillators).



**Desrin Dionne Conteh qualified from the University of Sheffield in June 2007 as a dental hygienist/therapist.*

Types of pacemaker

Some pacemakers are used during emergency lifesaving procedures, such as the external defibrillator.

Pacemakers work by sensing the beats of the heart, and stimulating the atrial/ventricular chambers when a beat is sensed as missed.

Fitting a pacemaker is a simple 1-2 hour operation carried out under general or local anaesthetic under antibiotic cover.¹

External pacing (temporary)

A pacemaker wire is placed into a cardiac vein and placed into either the right atrium or the right ventricle of the heart. The wire is connected to an external pacemaker. This technique is used as a temporary measure before a permanent pacemaker is implanted.¹ This may be used after types of myocardial infarction (heart attacks).⁴

Internal pacing (permanent)

During surgery, one or more electrode is placed in the heart chamber(s). The attached lead is passed through a suitable vein. The other end of this lead is then connected to the pacemaker body (usually titanium), which is around 4 cm, which is usually placed below the fat of the chest wall often just below the left collar bone.¹ Permanent pacemakers are usually fitted for persistent symptomatic bradycardia.⁴

A biventricular pacemaker (also known as cardiac resynchronisation therapy) is a type of pacemaker which can synchronise both sides of the left ventricle. This is indicated when the two walls of the left ventricle do not contract at the same time, which is the case for 25-50% of heart failure patients. These biventricular pacemakers have at least two leads. They reduce mortality rates and improve quality of life for people with heart failure symptoms.¹

Modern dual chamber pacemakers control the atria and the ventricles. They are more

expensive but improve pumping efficiency and are good for congestive heart failure.

New developments incorporate systems to take into account physical activity by measuring body temperature, CO2 levels and adrenaline levels, all to produce a more natural heart rate.

Unshielded pacemaker

- Older type
- Reliable
- Less insulated
- Still used in some countries.

Shielded pacemaker

- Uses a chamber, filter and isolation circuit to provide shielding to the pacemaker
- More modern
- More technology incorporated.

Most modern devices are now designed with safeguards that include electronic filters or shields that insulate the pacemaker from electromagnetic interference (EMI).⁵

Types of scaler

Sonic

- For example Titan and other air scalers
- Vibrating metal plates
- Low power, 3,000-9,000 cycles per second.

'Sonic scalers do not operate electrically, so they have no effect on pacemakers.⁶

Ultrasonic

- High power, 25,000-30,000 cycles per second
- High frequency, cavitation (bubbles)
- Piezoelectric eg EMS, Satelac. Vibrations caused by a quartz crystal in the handpiece. Piezoelectric scalers do not produce as much EMI and may be seen as safe to use on shielded pacemakers⁵
- Magnetostrictive eg Cavitron. Uses metal

- stacks in insert to produce vibrations.
- Generates a lot of heat.

C. S. Miller *et al.*⁷ showed that 'Atrial and ventricular pacing were inhibited by electromagnetic interference produced by the electrosurgical unit up to a distance of 10 cm, by the ultrasonic bath cleaner up to 30 cm, and by the magnetostrictive ultrasonic scalers up to 37.5 cm.'

The ultrasonic scaler emits a large electromagnetic field, which can interfere with older (unshielded) types of pacemaker.⁸

Implications to patients

Electromagnetic interference could cause the pacemaker to:

- Inhibit pacing – stimuli not provided when needed
- Asynchronous pacing – pacing occurs at a fixed rate regardless of the heart's need for therapy
- Inappropriate stimuli – shock therapy provided when not needed.⁸

Modern pacemakers last between 5-12 years; changing them is quite a simple operation but patients may be advised by their cardiologist to avoid dental treatment for a few weeks if possible, or to use antibiotic cover if unavoidable.

The patient should have a Pacemaker Identification Card, listing the doctor, hospital, date, type, etc, which may be useful to dental professionals if we need to correspond with the cardiologist regarding dental treatments.

Patients with congestive heart disease should not be laid flat in the chair due to increased strain on the heart.⁹

Hand scaling

Practices without sonic scalers may prefer to use hand instrumentation on patients with fitted pacemakers.

Patient safety

The field of interference is around 1 metre⁶ so any patients attending the surgery should be kept at least 1 metre away from equipment which may interfere with their pacemaker. This may include avoiding using equipment such as sonic baths until the patient has left the surgery. Some scaler units contraindicate their use on patients with pacemakers fitted.

DENTSPLY 'recommend that the handpiece and cables be kept at least 6-9 inches (15-23 cm) away from any pacemaker and pacemaker leads during use' and also that clinicians should consult the patient's physician.¹⁰

An *in vitro* study showed that the ultrasonic scaler failed to produce EMI at 2.5 cm,³ however,

this was not a study carried out in humans, and the exact type of scaler was not specified.

Magnetostrictive Cavitron-branded scalers may cause single beat inhibition on unipolar (older) pacemakers. Using a lead apron will offer some protection from electrical interference.¹¹ Care must be taken to keep the working end at least 6 inches away from the implant, which would be extremely difficult given the usual site of placement under the left collarbone.

If the patient experiences symptoms such as light-headedness, increased heart rate, a defibrillation shock, or hears beeping tones from their device, increasing the distance between the pacemaker and the source of the EMI will usually allow the device to return to its normal function.⁸ No pacemaker interference has ever been reported to DENTSPLY.¹⁰

The Medicines and Healthcare products Regulatory Agency (MHRA) is an executive agency of the Department of Health. They regulate a wide range of materials and medical devices and are responsible for ensuring that they work safely.¹² The MRHA have not published any incidents of adverse reactions reported, however, they did publish a paper in 2002 identifying a problem with under-reporting of adverse reactions. No alerts were found on the NHS National Patient Safety Agency, who operate a national safety reporting system.

If a practice does not possess a sonic scaler, it would be wise to liaise with the consultant first. Also, obtain full informed consent from the patient, which would involve an explanation of risk versus benefit. If a patient is forewarned of potential symptoms, they can interrupt treatment immediately.

With the increasing evidence emerging of a link between oral health and cardiovascular disease, it is also extremely important to educate patients on the importance of maintaining excellent oral health. Patients with periodontal disease are more likely to experience heart disease, in particular stroke and coronary artery disease.¹³ Antibiotic cover is not recommended unless a doctor says otherwise.⁵ Plain local anaesthetic may be used as a precaution.

Magnets affect pacemakers. A recent article suggests that if a dental chair has a magnetic headrest with a strength over 10 gauss, there may be interference with a pacemaker. However, the magnet is usually in the removable pillow, so it can be taken off and moved away from the patient.¹⁴

Summary

Sonic scalers have been shown not to produce EMI and are safe to use on patients fitted with pacemakers. Other ultrasonic scalers and ultrasonic baths do produce EMI and may pose a risk to such patients. Clear guidelines are

required for dental professionals to adhere to. These may include:

- Remove magnetic pillow from headrest
- Turn off ultrasonic baths
- Sonic scalers are safe to use
- Other scalers should be used with caution – you may need to contact the cardiologist to ask if it is safe to use an ultrasonic scaler on that patient. Also lead aprons may be useful. Keep the tip and lead 6-9 inches away from the implant. Always explain symptoms of interference to the patient
- Date of receipt is not a reliable way of deciding whether the pacemaker is shielded, as unshielded pacemakers are still sometimes used¹¹
- You may want to use a plain local anaesthetic and make sure the patient does not lie completely flat.

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10 top tips how to create cohesive team harmony



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'I'm 22 years into working with dental teams, and I've solved every business challenge there is with the exception of one – performance and behaviour.'

Chris Barrow has spent his life working with dental practices across the country offering them tips and advice on how to become more successful. From robust financial systems to sophisticated marketing techniques, many of the teams have 'cracked the nut' when it comes to making their business more profitable.

Yet the human aspect of being a successful practice still lags behind. According to Chris, he doesn't believe the art of managing a team of people has progressed throughout his 22 years in the industry, partly due to economic pressures and partly due to emotional pressure.

To deal with the complex, challenging situations performance and behaviour can throw up, Chris offers his 10 top tips on how to create a successful yet cohesive team harmony.

1. Create a clear vision

You have to differentiate between management and leadership. You can lead people and manage a system, but you can't do

the opposite. People require clear leadership, so make sure every member of your team knows exactly where you want to go as a practice and how you will get there. You may not like to think it, but it's only natural for some people to think 'what's in it for me?' It's a very important question, and the answers help to map out your clear, defined vision for making the practice a successful one.

2. Communicate those visions!

I have a strongly-held belief that all problems exist in the absence of conversation. It's applicable to all forms of life – home, relationships, work. I have so many clients call up asking me for their help, telling me team morale needs to improve. My first question is always when was the last time you sat down as a team after a day in clinic and talked about how it went, what issues they had or did not have. So often they can't answer, either because it was so long ago or it simply has

not happened. As a leader you have to tell staff how you plan to achieve success and clearly define their role in that process.

Talking and communicating is so important in any industry, and dentistry is no exception. I often tell people the first thing they should do is just talk! Have a daily huddle, a weekly review, a monthly update. Every quarter take the team out of the office for training and every year celebrate. These things are so crucial to forming the backbone of success.



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3. Hold group conversations

Make these informal and relating to performance. Have an open forum among the team to find out what they think. They can be anything from identifying patient likes, dislikes and potential future income to how the team can function more smoothly. It might not be a big thing, but if a staff member thinks it could be for the benefit of the team, let them share it.

of a drum. You're doing your job, but you have no idea where you're going. The next is a Viking Longboat. Everyone knows exactly where they are, exactly where they're going and what they need to do to get to their destination. I ask practices to emulate those longboats.

6. Celebrate

Being a practice manager can be a lonely post at times. There will be times as a practice

interpretations. Lies are evil, disruptive and only ever a negative, which can destroy team unity to the point of no return. A de-motivated group will not help you achieve success. Too often I have found performance and behaviour of some staff has fallen well below expectations yet management are turning a blind eye. The short-term pain of confrontation is taking precedence over the long-term gain of dealing with the situation. It's human nature to do so, but the successful teams and happy teams tackle problems head-on.

8. Identify strong suits

This isn't talking about suits of armour. The great teams are those who utilise their skills to the max. Every member of the team has a strong suit. For some people it is communication and for some it's analysing figures. The key is to position those people where their skills have the most impact. You wouldn't have a great communicator stuck in the back office, and likewise you wouldn't have someone great with numbers front-of-house. This idea comes from Strategic Coach in Toronto and is a fantastic way of maximising the potential of every member of staff.

9. The buddy system

In a dental graduate's foundation years, mentoring stops after 2 years. I have always thought this was a mistake, as continued mentoring can teach valuable lessons not found on any educational syllabus. Developing individuals can be a difficult process. That is why I suggest implementing a 'buddying up' scheme. If you have an extrovert and an introvert, pair them up to bring out the best in each other's talents. Associates can spend day after day after day in practice operating in their own silo. This isn't conducive to a successful business.

10. Humour and fun

My final point is straight forward – have some fun. You will spend a lot of time at work, and if you can't find humour and fun in it then over a period of time it will become unsustainable. The great teams know how to party and have fun. There's camaraderie about their day, but when it's time to work and toe the line, they can do that with aplomb. Every team is different, but these tips will definitely bring about a change in atmosphere and environment.

'IF YOU'RE EXCEEDING EXPECTATIONS, MEETING THEM OR NOT QUITE PERFORMING GOOD ENOUGH, THEN EVERYONE NEEDS TO KNOW.'

4. Bullet point everything

We're not talking about professional minute-taking. Something far less formal that picks up on every member of the team to make them feel included is a great idea. It will certainly help.

5. Share and share alike

From a management perspective, it's really important for all of the team to know exactly where the practice is in order to know how to get there. If you're exceeding expectations, meeting them or not quite performing good enough, then everyone needs to know.

When people ask why – which is a valid question because accounts and matters of finance are often highly sensitive – I offer up two situations. The first is a Roman ship where you're chained in the galley, rowing to the beat

manager where you may have to discipline staff, and discipline has credibility if it is balanced with praise. With that in mind, one of my golden rules is to celebrate the mini wins. If you make a sale, ring a bell, say well done, pat each other on the back. The journey from a stranger to a prospect to a patient to a customer involves every single member of the team and an awful lot of hard work. The balance between professionalism and trust is a fine one, and striking that with customers means more chance of earning their trust.

7. Tell the truth

This one is interesting, because from experience it's a common problem in practice. It is the only way to dispel gossip, rumours and problems festering. In the absence of conversation, it is only natural for people to start making their own assumptions and

Don't be fooled by a title – *you need more than a crystal ball*



Andy McDougall will be delivering the popular BDA Training Essentials course *Getting better results with business planning* at the British Dental Association on Friday 18 September. To book your place, call the BDA Events team on 020 7563 4590.

Finance and business planning – it doesn't sound very exciting does it? But you would be wrong to dismiss this course out of hand! Lend us your attention for a few moments and let us convince you that this will be one of the most compelling courses you will ever attend – and definitely better than using a crystal ball.

Compelling: it means to evoke interest, attention, or admiration in a powerfully irresistible way and we have no doubt this is

how you will feel within minutes of the course beginning. Andy will hold your attention for the day and by the end you will be in awe of how much he has imparted and how much more you know about your practice and about managing it better in the future.

Business planning is really about determining how to achieve a significantly more profitable future than you would otherwise achieve. It's about teaching you to lead and run your business in order to deliver the results you previously only dreamt imaginable.

It's not airy-fairy either. Like dentistry, it is derived from tried and tested principles and techniques that enable you to make better decisions, the right decisions, in a specific order and sequence that underpins success. And most importantly, because it prompts you to make decisions and to take action by delivering change – your circumstances change.

Andy will cover the whole spectrum: the strategic plan, how to underpin your vision with a means of achieving it, your break even point, the difference between profit and

Head to Glasgow in September for this year's ***BDA Scottish Scientific Conference and Exhibition*** – lots of learn

The programme has now been finalised with some of Scotland's leading dental experts confirmed to address delegates in Glasgow.

The event, sponsored by MDDUS, takes place on 4 September 2015 at Glasgow's Crowne Plaza Hotel. It will include a special address by the Chief Dental Officer for Scotland, Margie Taylor, who will present on the current challenges facing dentistry in Scotland.

The programme includes a number of sessions of interest to dental therapists including:

- Food, drink and dental erosion
- Tips on achieving patient adherence
- Dementia and its impact on oral health
- Managing and resolving conflict in the team
- Stress vs. wellbeing in the dental profession

Plus a number of Core CPD sessions on child protection, medical emergencies, infection control and oral cancer.

Further benefits of attending include the event exhibition, with a range of dental suppliers, and access to a CV Clinic, a new

feature for 2015, offering one to one advice and guidance on how to present yourself on paper within your chosen career path.

The DCP early bird price is just £80 which includes lunch and all course materials. Up to six hours verifiable CPD is available to delegates.

For full programme and booking information visit www.bda.org/scottishscientific

You can also book your place by calling the BDA Events team on 020 7563 4590.

cash, the correct associate remuneration, moving away from the antiquated hourly rate pricing, setting up the business plan, monthly monitoring of what's going to make the difference, assessing your brand position, delivering the necessary growth and closing the sales gap by taking your team on the journey with you.

This course underpins the premise of Andy's company, Spot On Business Planning, essentially giving you a recipe to double your net profit every three years.

Whether you're starting up, kick starting a stagnated practice, preparing to buy or sell, taking your existing practice to the next level or digging your business out of trouble: this course is a must for everyone who plans to own, or who owns a dental business.

But don't take our word for it. Here's what previous delegates had to say about what they liked about the course!

- *It explained what a business plan is and how to put it into play; to make and to see where the practice is going the whole course was very useful and informative for me.*
- *Enjoyed all of the course and feel very motivated to implement some of the things I have learnt.*
- *The speaker was extremely interactive and engaging. Thoroughly enjoyed it.*

Also coming up in London...

The essentials of staff management: a two day intensive course

Thursday 24 - Friday 25 September

This comprehensive two day course will provide new managers with the fundamental skills needed to succeed and will also refresh the skills of existing managers, providing updated tools and techniques to use in this ever changing industry.

Please note this course is not included as part of the offer.

Special offer from the BDA: buy one *Training Essentials* course get another free!

The British Dental Association offers a range of training courses, entitled *Training Essentials*, for the whole dental team to help you to meet all your verifiable and core CPD requirements. These one day, cost-effective courses cover a range of topics including all regulatory updates, business management and personal development.

For one day BDA Training Essentials courses this September only we have a special offer which enables you to book one course and attend another free of charge.

Courses coming up to which this offer applies:

Safeguarding children and vulnerable adults - core CPD

Friday 4 September

This one day course will cover the important key standards of safeguarding children and vulnerable adults focusing on Regulation 11 and outcome 7 of the CQC Essential Standards.

An IRMER course in dental radiography and radiation protection - core CPD

Friday 11 September

Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) impose significant requirements for patient protection. This course will bring you up to date with changes to legislation concerning dental radiography and ensure you are aware of statutory responsibilities.

Management of medical emergencies for the whole team - core CPD

Friday 11 September

This interactive one day course addresses the practical aspects of managing medical emergencies in the dental practice, and brings you up-to-date with the latest standards and procedures. Increase your confidence with hands-on basic life support training, and ensure you understand the importance of how, and when to administer emergency drugs.

Getting better results with business planning

Friday 18 September

Areas to be covered in this one day course include pricing, profitability by clinician and income stream, effective stock control, break event point analysis and performance management of your business and your team.

The DCP rate is £135 for a one day course but book before the 14 August and you get two courses for just £135! Call 020 7563 4590 to book. Visit www.bda.org/events for further information



Follow @BDAevents for all things BDA and events

THESE COURSES TAKE PLACE AT BDA, 64 WIMPOLE STREET, LONDON, W1G 8YS.

This offer for September courses cannot be booked online, excludes two day courses and cannot be applied to events already booked.

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BDJ Team continuing professional development



CPD questions – July 2015

CPD ARTICLE: Patients with pacemakers

- How many people are fitted with pacemakers in the UK each year?
 - 2,500
 - 25,000
 - 250,000
 - 2,500,000
- Under what circumstances would an external pacemaker be used?
 - After certain types of heart attack
 - Cost control
 - Not possible to fit an internal one
 - None of the above
- How many cycles **per minute** does an ultrasonic scaler have?
 - 25,000 – 30,000
 - 70,000 – 150,000
 - 400,000 – 750,000
 - 1.5 – 1.8 million
- How far away should you keep hand pieces and cables from pacemakers?
 - 3-4 inches
 - 5-7 inches
 - 6-9 inches
 - 8-10 inches



How do I take part in BDJ Team CPD?

BDJ Team is offering all readers **TEN hours of free CPD** in 2015 through our website. The ten free hours of free CPD that we offered in 2014 are also still available until the end of 2015.

Just go to www.nature.com/bdjteam/cpd to take part!



Missed **core** CPD?

You can complete *BDJ Team* CPD through our website, any time in 2015.

Just go to www.nature.com/bdjteam/cpd to find out how!

Topics covered so far

► April 2014: **Disposing of clinical and dental waste**



► May 2014: **Emergency oxygen therapy in the dental practice**



► July 2014: **Needlestick and occupational exposure to infections**



► August 2014: **Medical emergencies: the drug box, equipment and basic principles**



► October 2014: **Radiation protection in dental X-ray surgeries**



If for any reason you are unable to access CPD, please contact bdjteam@nature.com or subscriptions@nature.com

BDJ Team CPD – through the post



Can I take part in *BDJ Team* CPD through the post?

YES! Just print off this page, complete the form and send it with your payment of £6, to cover administrative costs. **Send to: BDJ Team CPD, Nature Publishing Group, 4-6 Crinan Street, London, N1 9XW.** We will check your answers to the CPD questions, process your payment and send you a certificate through the post.

You can now participate in this *BDJ Team* CPD through the post until the end of December **2015**.

BDJ TEAM POSTAL CPD FORM

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First name: _____ Last name: _____ Title: _____

Address: _____

Postcode: _____

Job title: _____

GDC registration no.: _____

2. Payment details – SUBMISSIONS SENT IN WITHOUT PAYMENT WILL NOT BE PROCESSED

I enclose a cheque for £6 made payable to Nature Publishing Group for **ONE** hour of CPD

I would like to pay for more than one person and enclose a cheque for £_____ made payable to Nature Publishing Group (£6 per person for an hour of verifiable CPD).

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Q3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please add any comments or feedback that you might have below or email bdjteam@nature.com.



DCP COURSE DIRECTORY 2015

THE SOUTH-WEST

Absolute Dental Training

Absolute Dental Management Intensive Training days
Absolute Dental Management and Nurse Intensive Training
'Only one chance to make a first impression'

Absolute Nurse Training

Location: Kingsbridge, Devon

Summary: Absolute Dental Training offer a powerful resource to support dental practices in the crucial areas of front desk, practice management and first class chairside nursing assistance.

Details: http://absolute-dental.co.uk/training/training_courses.html

Telephone: 01548 854894

Email: training@absolute-dental.co.uk

Cotswold Dental Training

NEBDN Diploma

Post-qualification courses in radiography, oral health, endodontic nursing and impression taking

CPR training combined with medical emergencies and in-surgery scenarios
Distance learning available

Location: Minchinhampton, Stroud, Gloucestershire

Details: <http://www.cotswolddentaltraining.co>

Telephone: 01453 883867 or 07762 241138

Email: jackiegazzard@hotmail.co.uk

Dental Nurse Training from Pinhoe Dental Centre

Diploma in Dental Nursing

Certificate in oral health education (online)

Certificate in dental radiography

Distance learning available

Location: Exeter

Details: <http://www.dental-nurse-training.co.uk/>

Telephone: 01392 466113

Email: hilary@dental-nurse-training.co.uk

City College Plymouth

Advanced Apprenticeship - Health (Dental Nursing) - City & Guilds level 3

Summary: This apprenticeship will give students the opportunity to earn, learn and then apply that learning in a real work environment. The Advanced Apprenticeship meets the requirements for registration with the GDC.

Duration: 18 months minimum

Details: <http://www.cityplym.ac.uk/courses/dental-nursing>

Telephone: 01752 305300

Email: info@cityplym.ac.uk

Elite Dental Nursing

Dental implant nurse/coordinator training (in your practice)

NEBDN National Diploma in Dental Nursing

Location: Richard Huish College, Taunton, Somerset

Details: <http://elitedentalnursing.co.uk/>

Telephone: 07706 017629

Email: amy@elitedentalnursing.co.uk

University of Bristol Dental Postgraduate Department

Extended duties training for dental nurses:
Plaque and debris scoring/Topical fluoride varnish (see website for dates)

Details: <http://www.bristol.ac.uk/dentalpg/dcp/extendeddutiesdentalnurses.html>

Local CPD groups list: <http://www.dental.southwest.hee.nhs.uk/about-us/dental-care->

[professionals/local-cpd-groups/#localcpd](http://www.dental.southwest.hee.nhs.uk/about-us/dental-care-professionals/#localcpd)
Post registration training courses: <http://www.dental.southwest.hee.nhs.uk/about-us/dental-care-professionals/#postreg>

Telephone: 0117 342 4524

Email: dentalpg-enquiries@bristol.ac.uk

University of Bristol Faculty of Medicine and Dentistry

Diploma in Dental Hygiene

Summary: A full time course enabling you to become a skilled clinician registered with the GDC.

Number of places: 8

Details: <http://www.bristol.ac.uk/study/undergraduate/2015/dental-hygiene/dip-dental-hygiene/>

Diploma in Dental Therapy

Summary: A part time course providing qualified dental hygienists with the opportunity to train as register as a dental therapist. Admission details will be posted on the website.

Number of places: 6

Details: <http://www.bristol.ac.uk/study/undergraduate/2015/dental-therapy/dip-dental-therapy/>

Telephone: 0117 342 4136

Email: donna.parkin@uhbristol.nhs.uk

BDJ Team also recommends checking your local colleges and online.

If you would like your course or education provider to be included in *BDJ Team*, please send the details to bdjteam@nature.com.

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Sharing with others made easy

In this month's *President's Column*, **Fiona Sandom**, President of the British Association of Dental Therapists (BADT) gives us her views on the latest in dentistry

As president of the BADT, I have learnt of late that my world of dentistry very much expands beyond my places of work. This recent expectation upon me to attend as many conferences as I can has become a key part of my professional development – both as a representative of dental therapists and as a clinician. Travelling to meetings far and wide – the Dentistry Show, the BDA Conference, EuroPerio to name but a few – has broken down boundaries in a profession I often felt had little understanding of what dental therapists had to offer in the delivery of dental care.

it is easy to carry on 'doing dentistry' as we have always done, without opening up our minds to fresh ways of thinking and to new clinical skills. Sometimes, taking time out of practice to attend meetings seems to add pressure to our already busy working lives and prove costly if we have to surrender precious hours to do so. But, your attendance at dental conferences *is* important. It is an essential vehicle to learning – and, often, these meetings provide the perfect opportunity to gain verifiable CPD hours, mix with your colleagues, hear new thinking from key speakers and experience hands-on clinical sessions.

'COLLABORATION IN PRACTICE IS ESSENTIAL IN THE DELIVERY OF EXCELLENT DENTAL CARE BUT HOW BEST TO EXCHANGE KNOWLEDGE WITH OUR PEERS OUTSIDE THE FOUR WALLS OF THE SURGERY'

Talking among colleagues, I understand that many of us face an on-going battle in the workplace to utilise all the skills a dental therapist is qualified to undertake; skills that we all worked hard to achieve.

But, discussions with representatives of the BDA, with chief dental officers and with fellow members of our profession from abroad, for example, have offered up opportunities that are helping in the BADT's endeavours to raise the profile of the role of the dental therapist. With luck and perseverance, this engagement with others may empower us all in our bid to change the mindset of the profession and enable us to carry out the treatments set out in the GDC's Scope of Practice.

Fresh ways of thinking

The job of a dental professional is a lonely one; we only really having one-to-one conversations with the patients we treat and

Your future, your hands

The BADT is making it easy for you to share knowledge and experience with others. With all eyes on the future role of the dental therapist, when Birmingham will play host to *Your Future, Your Hands*, the BADT Conference this year (25-26 September). It offers a unique programme looking to the future of dental therapy, along with hands-on sessions combining theory and practical skills.

Taking place at Aston Conference Centre, the two-day event promises a look at the road ahead for us all, with opportunities to hear from some inspiring speakers and learn new skills in some challenging hand-on clinical sessions. Highlights include former Chief Dental Officer for England, Barry Cockcroft – who, it was announced recently, has joined the board of the IDH Group as a non-executive director – discussing *What Now?*, as he looks at the part DCPs can – and should – play in improving oral health and services in the



future; Dev and Amit Patel of Dental Circle, who will address the issues of *Posting online and building a clinical portfolio – a reminder of the GDC Standards*; Amit Patel, looking at *Peri Implantitis: A Future Timebomb*; and Dr Anousheh Alavi, specialist in periodontology and Scientific Affairs Manager for Colgate, who will review the key elements of oral health assessment with regards the diagnosis and management of periodontal diseases. Let's all make a small step out beyond the four walls of our workplace and, in doing so, make a massive stride towards promoting our role and skillmix.

Early bird rates

- Members £190.00 (presidential dinner £50.00)
- Newly qualified/ student members £150.00 (presidential dinner £50.00)
- Non-members £220.00 (presidential dinner £60.00)

These early bird rates are only available until 28 August 2015.

Friday is dedicated to lectures, followed by a series of hands-on workshops throughout Saturday. On registration, delegates will be able to select a workshop of their choice on a first come, first served basis. The presidential dinner takes place on Friday evening and tickets are available online. For further information and to make your secure payment, visit www.badt.org.uk or telephone 0161 665 5878.

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Products & services

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YOUR PARTIAL DENTURE PATIENTS ARE ALMOST TWICE AS LIKELY TO LOSE MORE TEETH

Wearing a partial denture almost doubles the patient's risk of losing more teeth than non-partial wearers.¹

Tooth loss can have a profound effect on the lives of patients both physically and emotionally – 45% of patients experience difficulties accepting the loss of their teeth.² As their trusted dental professional, your advice can have a huge impact on a patient's wellbeing, whilst also helping them to avoid losing more teeth.

What's more, as the population ages, and the chance of wearing a denture increases with age,³ you will be seeing more denture patients on a day-to-day basis. Within the next 35 years, it is expected there will be 2 billion people aged 60+.⁴

Request your



FREE Poligrip Partial Wearer Starter kits now while stocks last at www.gsk-dentalprofessionals.co.uk.

You will receive:

- 'Preparing for your partial denture journey – a guide to starting life with partial dentures' – advice and support for patients considering a denture or requiring tooth extraction
- 'A patient education tool' – a flip chart designed to help you to explain the process to new denture patients, with helpful illustrations and graphs
- Partial Wearer Starter Kits – these discreet wash bags each contain advice for the first few days with a new denture, denture bath and brush, product samples and a money off coupon.

1. Preshaw PM *et al. J Dent* 2011; **29**: 711-719.
2. Davis DM *et al. Br Dent J* 2000; **188**: 503-506
3. Steele JG *et al. Br Dent J* 2000; **189**: 598-603
4. UNFPA & HelpAge International, 2012.

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To learn about effective techniques for impression taking visit www.dentsplyacademy.co.uk and access the FREE CPD webinar.



CELEBRATING INITIAL MILESTONES

After only a couple of months since the announcement of its launch The European Aligner Society (EAS) is already celebrating several exciting milestones as it progresses towards fulfilling its initial aims. The Society was created to provide continuing information about developments in clear aligner therapy, and develop a strong backup to the formal training that takes place at postgraduate level.

As an over-arching members' Association, EAS aims to provide membership services which will form the basis of the 'aligner' community; provide support to members; offer advice and guidance; and make resources available to support and develop education in clear aligner therapy. This is an invitation to join us and be involved with an Association which is solely for aligner providers and those interested in becoming aligner providers.

Landmarks

The EAS will formally launch at the World Federation of Orthodontists Congress at Excel in London between 27-30 September, 2015. Potential members are invited to visit stand 548 to meet the Society founders and sign up.

It has just been announced that the EAS' inaugural conference – Aligners, a clear new era in orthodontics – will take place in Vienna on 13-14 February, 2016. The directors of the Society have put together a programme of lectures and workshops led by some of the world's foremost aligner exponents. A full programme will be available at the WFO meeting.

Membership of EAS is open now. As an incentive to clinicians to support EAS as early as possible, subscription for the first year will only require renewal a year after the formal launch – September 2016. Visit www.eas-aligners.com and join the Society on an ever expanding aligner journey.



If you would like to promote your products or services direct to the dental industry in *BDJ Team*, call Andy May on 020 7843 4785 or email a.may@nature.com.