Over 600 delegates converged on the conference centre to be part of our annual event in Birmingham last month.

The theme of this year’s two-day event for dental hygienists and therapists was ‘Looking beyond the obvious’ and the jam-packed programme reflected dental hygiene and therapy across all age groups, from cradle to grey.

Inspirational programme
A wide range of inspiring speakers covered a variety of topics on this year’s theme ‘from cradle to grey’ and gave delegates a view of some of the challenges our profession will face in the future including how to deal with the implications of living in a country with an ageing population.

The OHC again offered great value for money and allowed delegates to gain CPD, learn from leading speakers, network with like-minded people and visit a terrific exhibition where more than 50 companies updated our knowledge with new products and innovations.

Speakers included Professor Tara Renton, Mhari Coxon, Deborah Lyle, Professor Clive Holmes, Dr Brid Hendron, Alison Lowe, Val McMunn and Rosennary Wilson amongst others and the fascinating topics varied from Alzheimer’s disease and its impact on oral hygiene, to erosion and eating disorders, stress, perio and adolescents.

President’s reception
The conference celebrated 40 years of regional groups and delegates joined the President’s Reception for a glass of fizz and enjoyed the sounds of the UK’s hottest live disco, funk and soul band ‘Uncle Funk’. The Society was delighted to mark this milestone for Regional Groups with rather a large birthday cake!

Feedback
Of course there are always areas for improvement at any event and delegates will shortly receive a feedback form so that we can make next year’s conference even better!

A full report will follow in January’s issue of Dental Health. In the meantime you can view the gallery of images at http://dentopix.co.uk/clients/bsdht2013/
AVOIDING ORAL CANCER MISDIAGNOSIS

The Dental Defence Union (DDU) is reminding dental professionals of the need to keep their skills and knowledge up to date to reduce the risk of delays in diagnosing oral cancer.

The DDU issued the advice as it revealed that it was notified of 63 cases in the five year period 2008 - 2012 relating to oral cancer. In 53 of those cases, it was alleged that the dental professional failed to check the patient for oral cancer during their examination, didn’t diagnose a suspicious lesion that was present, or there was a delay in referring the patient to a specialist. In at least four cases the patient died from the disease.

Latest statistics suggest there has been a 50% rise in mouth cancer between 2000 and 2011 and the GDC now recommends all registrants complete continuing professional development in early detection of oral cancer.

Of the 63 cases notified to the DDU, 29 were compensation claims of which four have been settled, 12 have been closed with no payment and 13 discontinued. Of the settled claims, the largest damages payment of £40,000 plus legal costs was to a family of an elderly patient who died from oral cancer after a delay in diagnosis.

In addition to the compensation claims, there were 31 complaints and six dental professionals were investigated by the GDC.

The DDU’s advice to dental professionals to help reduce the risk of delayed diagnosis includes:

- Consider asking the patient about their lifestyle so you can assess their risk of oral cancer, but if the patient doesn’t want to respond, don’t insist.
- It’s advisable to have a low threshold of suspicion when it comes to any lesion or swelling, particularly when the patient is in a high risk group. Be prepared to seek a second opinion and investigate further if necessary.
- Record your examination findings, even if negative, in the clinical notes, making a careful note of suspicious lesions or swellings along with your treatment plan and advice. The use of mouth maps and photographs may be helpful.
- If you suspect an abnormality might be cancerous you should make an immediate referral to an appropriate specialist for further investigation, in line with the referral guidelines produced by NICE2 or SIGN3. Your practice should have a protocol in place to ensure referrals are made efficiently and consistently.
- Explain to the patient what you have found and what happens next. It’s a good idea to tell them how long they can expect to wait before receiving an appointment and advise them to call if there is any delay.
- Chase up oral cancer referrals to ensure they have been received and that the patient has been sent a consultation appointment.

• Ensure that your skills are in line with current teaching and practice. The GDC now recommends all registrants complete continuing professional development in the early detection of oral cancer.
Direct Access - clarification is needed

At a recent meeting of dental stakeholders, which include BSDHT, it was agreed that gaps remain in dental professionals’ understanding of the complexities surrounding direct access.

The new arrangements for direct access, which were implemented in May this year by the GDC, have left dental professionals with a number of questions that require clarification, the group believes.

There are many areas still requiring further guidance that are common to all groups; NHS regulations and the variations in legislation between the devolved nations, prescribing and reporting on radiographs, consent and referrals within the dental team to ensure efficient and safe care for patients.

Uncertainty about how the new arrangements can be implemented efficiently, with patients fully understanding the different roles of the dental professionals caring for them needs to be clearer, the group of stakeholders has said.

Its first meeting, which took place at the British Dental Association, agreed that the members would work together to try to resolve lingering uncertainties which stakeholders believe must be addressed for patients and clinicians alike.

Members of the group include the British Association of Dental Nurses, the British Association of Dental Therapists, the British Association of Clinical Dental Technology, the British Dental Association, the British Society of Dental Hygiene and Therapy, and the Faculty of General Dental Practice.

Direct Access in Wales

The Private Dentistry (Wales) Regulations stipulate that any dentist providing private work in Wales must be registered with Healthcare Inspectorate Wales (HIW), the equivalent of CQC in England. However the regulations do not include, or mention, Dental Care Professionals (DCPs).

HIW does not therefore have a remit at present to register DCPs or prevent them from providing private dental services within their defined Scope of Practice (agreed by GDC September 2013). Dental hygienists can therefore set up in private independent practice in Wales without the need for a HIW inspection.

The Chief Dental Officer for Wales, David Thomas, has recently announced that Welsh Government will be consulting on amendments to the Private Dentistry Regulations during 2014. One of the amendments will be dealing with the need for DCPs to register with HIW.

DCPs are reminded that a barrier to the delivery of dental services by Direct Access exist within the NHS in Wales via the Performers List Regulations. All providers of dental services in Wales should be aware of the new standards recently published by the GDC. These standards apply to all registrants.
Antimicrobial Resistance

The growing “antimicrobial resistance” (AMR) is estimated to cause some 25,000 deaths annually and more than €1.5 billion (£1.28bn) in healthcare expenses and productivity losses in Europe alone.

UK researchers are involved in more than a third of the 15 new EU-funded research projects on antimicrobial resistance, recently announced by the European Commission.

The news coincides with the publication of a survey showing a decrease in antibiotic use by people since 2009 and a growing awareness that antibiotics do not kill viruses.

However, the good news is overshadowed by data released from the European Centre for Disease Prevention and Control which shows a marked increase in multi-drug resistant bacteria.

UK researchers
Three of the projects are being coordinated at the Universities of Oxford and Manchester and Royal Holloway and Bedford New College, which is working on an oral vaccination against the hospital bug, clstridium difficile.

Researchers in the UK are also involved in a further three research projects involving the University of Cork, Erasmus universitair medisch centrum, Rotterdam and Institute Pasteur, France.

The EU survey
Slightly more UK respondents (41%) than the EU average (35%) have taken antibiotics in the past year. This represents a slight decrease (1%) since the last 2009 Eurobarometer survey (EU:-5%)

Importantly, fewer UK respondents than the EU average said they had taken antibiotics for flu - 13 and 18% respectively. Some 8% said they had been used for a sore throat (EU:11%).

The main source of information about the unnecessary use of antibiotics comes from GPs (22%), followed by with TV adverts (19%) and newspaper articles/TV news (19%).

Unsurprisingly, doctors were voted as the most trusted source of information (88%), followed by pharmacies (51%).

When questioned on antibiotic knowledge 32% of those surveyed in the UK got all questions correct, compared to an EU average of only 22%.

The announcements coincide with European Antibiotic Awareness Day which was held on Monday, 18th November.

Follow the link for further information: http://ec.europa.eu/unitedkingdom/press/frontpage/2013/13_130_en.htm

VISIT THE BSDHT ONLINE
See below for details of how to log on to the members’ area

- Logging on to the members’ area, you will see the box below on the screen
- Complete the boxes using the following information:
- User name: your full name, no abbreviations, no spaces, all in lower case eg. danamarysmith. Password: your BSDHT membership number.
- If you need clarification of the details we have on file – first name, middle name (if provided) and membership number – please contact BSDHT on 01452 886 365.
- Let us know what you think about the new site by clicking the ‘contact us’ button in the top right hand corner.
The GDC has updated its ‘Scope of Practice’ guidance to reflect recent decisions on direct access and the new ‘Standards for the dental team’.

Scope of Practice was first published in 2009 and sets out the skills and abilities which each registrant group should have on qualification; and further skills which registrants in each group may go on to develop during the course of their careers.

The updated version is available on the GDC website and all registrants are urged to download a copy. http://www.gdc-uk.org/dentalprofessionals/standards/pages/standards.aspx

Key changes for specific registrant groups include:

**Dental nurses:**
- amending the wording on the application of fluoride varnish to take account of direct access.

**Orthodontic therapists:**
- the addition of IOTN screening in line with the direct access decision.

**Dental hygienists:**
- amendments to take account of direct access, including being able to treat patients direct, carrying out clinical examination and diagnosis within their scope of practice;
- the inclusion of the care of implants and treatment of peri-implant tissues in core skills.

**Dental therapists:**
- amendments to take account of direct access, including being able to treat patients direct, carrying out clinical examination and diagnosis within their scope of practice;
- direct restorations now includes secondary teeth;

**Dental technicians:**
- amendments to take account of direct access, including being able to treat patients direct, carrying out clinical examination and diagnosis within their scope of practice;
- direct restorations now includes secondary teeth;

**Clinical dental technicians:**
- the amendment of providing complete dentures direct to patients to include prescribing the dentures;

**Dentists:**
- the inclusion of providing non-surgical cosmetic injectables in additional skills.

Registrants must only undertake a task or type of treatment or make decisions about a patient’s care if they are sure they have the necessary skills and are appropriately trained and indemnified.

The UK’s dental regulator has appointed the final member to its new 12 member body which will lead the General Dental Council (GDC).

The first appointed Chair of the GDC was announced in May and since then 10 further Council members were appointed as part of a new, streamlined leadership system and this more board-like Council took effect on 1 October 2013.

Kirstie Moons has been approved by the Privy Council as the member from Wales (one member who lives or works wholly, or mainly, in each of the four nations of the UK is included on the Council).

She started her career as a dental nurse and has since worked with the University Dental Hospital in Cardiff, where she held the roles of Dental Nurse Training Officer and then Dental Nurse Manager.

Kirstie also spent brief periods as Directorate Manager for the University Dental Hospital and then as Directorate Manager for Community Dental Services with Cardiff and Vale NHS Trust.

She is currently Associate Director for DCP Education within the Dental Postgraduate section at Cardiff University, Wales Deanery and an External Examiner for the Certificate of Higher Education in Dental Nursing and the Foundation Award in Science and Dental Therapy at Portsmouth University.

The next meeting of the General Dental Council (GDC) will take place on 5 December 2013.
My Experience Of...

Setting up a Collaborative Smoking Cessation Clinic in Dental Practice

Dee Benton

This is the first of a new series of articles that showcase some of the oral and general health initiatives that are being carried out by our members in everyday practice. By sharing their experiences it is hoped that we can encourage more of our dedicated clinicians and their teams to broaden their scope of practice. We also think that it is important to give a forum for sharing the highs and lows of working in the wider health arena.

I have spent my career giving smoking cessation advice but in my experience this group of patients do not generally follow up my referrals to the NHS Stop Smoking Service (SSS), or to their GMP. So my dental nurse, who is also an Oral Health Educator, and I were delighted to discover NHS SSS courses and readily signed up, with the aim becoming Smoking Cessation Advisors. In March 2011 we completed part one and part two of the designated courses only to discover that we could not become part of the NHS SSS, as there was no funding for this initiative within dental practice. Furthermore dentists are not allowed to prescribe the necessary NRT. I was disappointed and not prepared to leave it like that and discussed this anomaly with the course organiser who agreed to look into it.

Having heard about a trial within dental surgeries somewhere in the UK, I then pursued this avenue requesting we become involved. I was informed that if the pharmacies would agree to prescribe for us then a similar trial could take place in North Devon. It was not until summer that we were informed that some pharmacies had come on board but unfortunately for us none in the immediate area. However, we were so committed that, following further letter writing to our local pharmacies, we finally managed to engage the support of one just across the road from our practice. Finally, by autumn 2011, the trial scheme was launched and lasted for a period of six months.

We decided to offer an after work clinic between the hours of 6 and 8pm, with one to one consultations. It was our plan to meet with eight clients per session initially and increase this number as we improved our techniques, and clients required less time for reviews.

We then set about advertising our service with posters and invitations to local dentists. Our clinic was also added to the NHS SSS website and to their literature. All that was left to do then was to wait.

Unfortunately, January 2012 came and went without a single uptake! February brought three clients, March one and April two more. Despite more training, more posters and changing the evening and time the situation has not improved. The trial period ended and NHS SSS decided that the scheme would remain. Statistically our scheme has a 40% success rate - do the maths! Disappointingly, this was the norm in other dental practices as they too were unable to attract clients. However, on a positive note I have increased my confidence when discussing smoking cessation with my clients and have many successes!

If I were asked if it had the outcome we were hoping for I would say that most definitely it did not. However, despite the problems we believe in what we are trying to achieve and would definitely do it all again!

DHContact: What was your main motivation for starting this initiative?

Dee Benton: I thought that sending patients elsewhere for help with smoking cessation was a bit of a cop out for our profession but I just did not have enough clinical time to do more. But even when I could give all the verbal advice but had to stop short of prescribing NRT and send them elsewhere, and rarely did they pick up the service elsewhere, I believe it is vital to maintain the momentum and motivation to stop.

DHContact: On reflection, what would you consider were the main barrier to its success?

DB: I honestly don’t know. Dentists, hygienists and oral health educators recommended it, posters are up in various parts of the...
practice, our clinic appears on line and in NHS Stop Smoking Service literature and yet the take up is appalling. We have been back to the trainers for more advice but are still unable to encourage clients through the doors.

**DHC:** If you were to attempt to do this again, is there anything that you might do differently?

**DB:** Actually, I am at a loss as to what we could do differently as the same regulatory, fiscal and administrative procedures are still extant.

**DHC:** If you had access to unlimited resources for this project what would you have used and why?

**DB:** I think that it needs more national/media coverage from the NHS SSS so that clients would see a dental surgery as an easy place to access help. Money needs to be available to place adverts in local press from the NHS SSS regularly to drip feed the idea to its readers.

**DHC:** What advice would you offer any BSDHT members wishing to attempt to incorporate a formal SSS within dental practice?

**DB:** I would suggest that the key thing is to establish a good relationship with their local NHS SSS and work closely with them to try to put in place improved local media coverage to make sure that the local population knows where the help is and are clear that it is not just for their patients but for the community. It needs to be seen as a much wider health promoting initiative that incorporates dental health within general health.

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**The British Dental Trade Association (BDTA) has announced it will be changing its name to the British Dental Industry Association (BDIA), effective from 1 January 2014.**

As the UK’s largest and most authoritative industry body representing manufacturers and suppliers of dental products, services and technologies, the new name reflects a broadening of the Association’s member base in recent years. Over 20% of member companies are now involved in business, financial and publishing services.

The next five years will see the Association building upon the main services that members have identified as being of most value, namely: lobbying; statistics and information; exhibitions, training and opportunities for networking and partnerships.

The Association is a non-profit organisation run by its members for its members and any surplus funds generated from successful commercial ventures, such as Dental Showcase, are entirely used to support and promote the dental industry.

**For more information on the BDTA/BDIA visit www.bdta.org.uk.**
NEW ORAL-B ‘UP TO DATE’ SEMINARS

Oral-B have released the dates for their next ‘Up To Date’ scientific exchange seminars and are inviting clinical dental professionals to attend a free CPD accredited evening event at one of ten locations:

- **Bristol**  (Marriott College Green, 13 Feb 2014)
- **Plymouth**  (Duke of Cornwall, 27 Feb 2014)
- **Warrington**  (Park Royal Hotel, 13 Mar 2014)
- **Newcastle**  (Hilton Gateshead, 27 Mar 2014)
- **Leeds**  (Queens Hotel, 1 May 2014)
- **Edinburgh**  (Heriott Watt University, 22 May 2014)
- **St.Albans**  (Sopwell House Hotel, 5 Jun 2014)

This year Prof Iain Chapple will critically appraise the “Brave New World” of 21st Century Dentistry by discussing care pathways, risk and oral health assessment and addressing the taxing issue of “over-regulation”. He will start by discussing why everything must be measured, but how unless it is done in a “proportionate” manner, it can waste time, money and create stasis in healthcare provision. He will discuss wellness models of care and illustrate a light-touch risk-based approach to oral health assessment that has received excellent feedback from primary care pilot practices out with the NHS (published autumn 2013 in the BDJ). He will also discuss risk factors for periodontitis, peri-implantitis and periodontitis as a risk factor for systemic diseases.

He will be joined by Prof Avijit Banerjee whose focus this year will be on the advances that have been made in those operative technologies used in the dental surgery that complement the minimally invasive (MI) tooth preserving approach to caries management. He will outline the development in those technologies available to detect and diagnose caries lesions in our patients more objectively. Scientific and clinical evidence will be discussed about the use of more selective operative caries excavation techniques promoting the biological approach to conserving tooth structure and so maintaining pulp vitality in carious teeth. The evening will be hosted by Dr Stephen Hancocks.

As well as two and a half hours of verifiable hours of CPD every delegate is invited to enjoy a complimentary meal at the beginning of the evening. Registration and buffet is from 5.45pm with the first lecture starting at 6.45pm. The evening will finish at 9.15pm.

Spaces at these events are limited and are allocated on a first come, first served basis; so, if you would like to attend, contact Julia Fish on 07585-508550 or e-mail julia@abcommunications.com or register online at www.dentalcare.com.
Unregistered dental hygienist in Kent admits illegal practice

The General Dental Council (GDC), has successfully prosecuted a woman for the illegal practice of dentistry.

The General Dental Council (GDC), has successfully prosecuted a woman for the illegal practice of dentistry.

Amy Brownlee appeared at Canterbury Magistrates’ Court on 29 October 2013 and pleaded guilty to unlawfully practising dentistry contrary to section 38 (1) and (2) of the Dentists Act 1984.

Ms Brownlee was registered with the GDC as a dental hygienist from 21 June 2006 to 6 August 2012, when she was removed from the GDC register for non-payment of the Annual Retention Fee (ARF).

On 10 January 2013 the Laurel House Dental Practice was inspected by the Care Quality Commission. During that inspection, it was discovered that Ms Brownlee was working as a dental hygienist whilst unregistered with the GDC. It was then revealed that she had also been working part time at two other dental practices: Dirksen Dental Clinic and Sandlinds Dental Centre.

Ms Brownlee was given a six month conditional discharge, ordered to pay a £15 victim surcharge and £100 towards prosecution costs.

Patients can check their dental professional is registered by logging on to the GDC’s website. http://www.gdc-uk.org/Pages/SearchRegisters.aspx

Call to action!

Christina Chatfield and her team are calling on the profession to get involved in the 500miles4smiles challenge, to raise awareness of mouth cancer and widen access to dental care.

This idea has grown as a result of Christina’s passion and infectious enthusiasm, so it is not surprising that lots of you want to become involved - whether you join with her on the walk from Kirriemuir to Brighton - or at any point in between - or promote the campaign through work.

With six months until National Smile Month, Christina is asking her colleagues to actively plan to become involved and encourage your practices to promote the campaign with flyers and posters, and sell the wristbands.

Such is her passion for what she believes in - improving the oral health of her community and widening the access of care for everyone - that, to date, Christina has funded the production of advertising literature and wristbands.

Please have a look at the Facebook page and share it: www.facebook.com/500miles4smiles
The website is also live: www.500miles4smiles.org - this has been designed and managed by The British Dental Health Foundation.

The charity, Heart Your Smile are helping with social media.
One month – National Smile Month
One amazing challenge – 500 miles

A charity event led by Christina Chatfield to walk 500 miles 4 smiles…

Did you know?
47% of the adult population have moderate to severe gum disease, that’s nearly 30 million people…
Could you help change this?

www.500miles4smiles.org

The walk is a national event starting in Kirriemuir, Scotland (where Christina began her career as a dental nurse on a Youth Training Scheme) ending in Brighton (where she is now a successful business owner and hygienist). It’s from May 19th until June 19th 2014, during National Smile Month.

The event is championed by Welsh actor Steve Speirs and supported by Juice FM.

The aim is to raise awareness of mouth cancer and to widen the access of dental care. This event will be in aid of the following charities:

British Dental Health Foundation

Mouth Cancer Action Month
500 miles 4 smiles challenge

This began as a personal challenge for Christina, walking 20 miles a day over the course of National Smile Month. She then wanted to expand the idea and ‘500 miles 4 smiles’ was born. Christina feels passionately about improving oral health and well-being of her community, widening the access of care for everyone.

The event, through a series of national roadshows is an opportunity to raise awareness on a much broader scale including: health benefits of a healthy mouth, mouth cancer, highlight issues such as HPV virus, diabetes and heart disease, as well as addressing the self-esteem of people suffering with dental anxiety.

In the UK, mouth cancer kills more people than testicular or cervical cancer put together. One person is dying every five hours from mouth cancer.

Did you know?

50% of the adult population do not go to the dentist regularly and 12% do not go through fear or anxiety

Can you make a difference?

Would you like to get involved in the event and be a part of this important campaign to change people’s dental health? Any small help can make the difference, from sponsorship to walking 1, 5 or even 10 miles along the route. Or are you a professional who would like to get involved in the roadshow and support your local community?

Get in touch with Christina on www.facebook.com/500miles4smiles, www.twitter.com/500miles4smiles or email info@500miles4smiles.org www.500miles4smiles.org
Comprehensive Preventive Dentistry
Edited by Hardy Limeback
Wiley Blackwell
£66.95
Reviewed by Emma Pacey

Comprehensive Preventive Dentistry brings together evidence and clinical practice in all areas of preventive dentistry with a patient centered, minimally invasive philosophy.

Written for practising clinicians, support staff and students; the style is reader friendly with easily accessible, subdivided chapters and clinical photographs of procedures.

The editor is based at the University of Toronto; therefore some of the legislation, facts and figures are Canadian. The upside of this is that one might argue Canada is a step ahead of the UK with regards to preventive practice, which perhaps provides an insight to the future of dentistry here and specifically evolution of the hygienist and therapist’s role.

Subjects include:

• Dental diseases; an overview, predominantly dental caries
• Dental caries; detection and diagnosis
• The periodontium; an overview and periodontal disease diagnosis
• Oral cancer; risk factors and screening
• Conducting research; study design and the hierarchy of evidence
• Diet and oral health, including periodontitis
• Probiotics and their effect on dental caries
• Mechanical plaque removal. Very thorough
• Xylitol; in the prevention of dental disease, evidence for and application
• Chlorhexidine; in preventing dental disease, pharmacology and application
• Ozone therapy; in preventing dental disease and evidence for
• Sports dentistry; types of trauma and protective mouth guards, including how the gold standard is made
• Dental erosion. There is minimal mention within this chapter of abrasion and attrition. Considering diagnosing tooth wear is notoriously difficult due to its multifactorial aetiology, in the reviewer’s opinion this is an oversight.
• Hypersensitivity; aetiology, diagnosis, differential diagnosis and management
• Dental caries risk assessment; risk factors, models and tools
• Fluoride therapy; modes of action, application and toxicity
• Sealants; rationale, selection, materials and placement protocol
• Strategies for remineralisation; systems and application
• Oral health promotion in infants and pre-school children; models and evidence based answers to common questions from parents/carers
• Elderly patients in long term care; the challenges to provision of care and effect on quality of life
• The preventive team; professional roles, preventive procedures and an overview of the variety of professional settings one might work
• The independent dental hygienist; setting up in practice. This is especially topical in the UK presently and relevant because dental hygienists in Canada and North America have direct access as well as the freedom to set up independent practice.

The guidance on preventive management of oral health, both in the surgery and at home is a continuous theme in Comprehensive Preventive Dentistry and makes this book a practical tool to have at your disposal.

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Key: Average ** Good *** Excellent **** Absolute must!
**Oral Medicine and Pathology at a Glance**

Editors: Crispian Scully, Oslei Paes de Almeida, Jose Bagan, Pedro Diz Dios and Adalberto Mosqueda Taylor  
Blackwell publishing Ltd  

Reviewed by Helen Westley

This book is from the publishers’ ‘At a Glance’ series which is intended for the use of students who are at the beginning of a module or for revision by undergraduates. It will however provide an invaluable reference book for any practicing Dental Professional who works clinically.

Oral pathology varies across the world’s populations but with global travel and migration commonplace, many conditions can be seen universally and not just related to race or the geographical location of the patient.

The book offers an overview with an emphasis on oral health care provision in general practice.

There are 60 chapters in the book with several chapters covering sub sections of topics. For instance there are 5 chapters on blisters, 4 chapters on red and purple lesions and 6 chapters on salivary conditions. All aspects of pathology are covered from those seen commonly like apthous ulceration, geographic tongue and mucoceles through to those less commonly encountered such as Bells Palsy, manifestations of HIV infection and oral squamous cell carcinoma.

Each condition is examined in the same format from definition and prevalence through diagnostic features and finally to management and prognosis. Good quality photographs accompany most conditions along with easy reference tables and boxes to aid diagnosis.

Whilst the book is fairly large (22x27 cm) and easy to handle I would have liked the photographs to have been a little larger. I also think the text size would benefit from being larger, especially as this is intended for ‘At a Glance’!

As all Hygienist/Therapists are aware, we are not permitted to diagnose conditions in the oral cavity but we do have a duty to our patients to be extremely well informed and vigilant when working clinically.

Our patients expect and deserve us to be knowledgeable on the oral cavity in health and disease and to advise on the common conditions and know when to refer to our prescribing dentist or oral medicine consultant when appropriate.

I would recommend this book to all Hygienist/Therapists whether they be a student or a mature experienced practitioner. This is a subject that we can never be complacent about.

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## SPRING 2014 BSDHT REGIONAL GROUP MEETING DATES

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<td>Juliette Reeves</td>
<td><a href="mailto:gjr50@talktalk.net">gjr50@talktalk.net</a></td>
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<td>London</td>
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<td>Holiday Inn, Solihull</td>
<td>Joanna Ericson</td>
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<td>North West</td>
<td>22nd March 2014</td>
<td>Park Royal Hotel, Stretton</td>
<td>Kate Reading</td>
<td><a href="mailto:ksr@moorlands.net">ksr@moorlands.net</a></td>
</tr>
<tr>
<td>Scottish</td>
<td>29th March 2014</td>
<td>Radisson Blu Hotel, Argyll Street, Glasgow</td>
<td>Jane MacConnell</td>
<td><a href="mailto:bsdht.scottishsecretary@gmail.com">bsdht.scottishsecretary@gmail.com</a></td>
</tr>
<tr>
<td>South East</td>
<td>5th April 2014</td>
<td>David Salomon’s Centre, Tunbridge Wells</td>
<td>Janet Scott</td>
<td><a href="mailto:janet.scott@sky.com">janet.scott@sky.com</a></td>
</tr>
<tr>
<td>Southern</td>
<td>15th March 2014</td>
<td>Holiday Inn, Winchester</td>
<td>Gloria Anne Perrett</td>
<td><a href="mailto:secsouthern@gmail.com">secsouthern@gmail.com</a></td>
</tr>
<tr>
<td>S West &amp; South Wales</td>
<td>22nd March 2014</td>
<td>Holiday Inn, Newport, Wales</td>
<td>Joanne Wilkinson</td>
<td><a href="mailto:wilkinson.joanne609@gmail.com">wilkinson.joanne609@gmail.com</a></td>
</tr>
<tr>
<td>South West Peninsula</td>
<td>5th April 2014</td>
<td>Exeter Golf &amp; Country Club</td>
<td>Joanna West</td>
<td><a href="mailto:jowest60@gmail.com">jowest60@gmail.com</a></td>
</tr>
<tr>
<td>Thames Valley</td>
<td>29 March 2014</td>
<td>The Hotel (formerly Puma) Oxford</td>
<td>Karrie Archer</td>
<td><a href="mailto:karrie.archer@btopenworld.com">karrie.archer@btopenworld.com</a></td>
</tr>
</tbody>
</table>

## COPY DATES FOR DH CONTACT - 1ST JANUARY FOR THE FEBRUARY ISSUE

The Editor would appreciate items sent ahead of these dates when possible. Send your contributions to:
The Editor, Heather Lewis, 19 Cwrt-y-Vil Road, Penarth, Cardiff CF64 3HN or Email: editorofdh@ntlworld.com
Save The Date!
The Eastern Regional Group is delighted to announce the date of our Spring Scientific Meeting.

The meeting will be held on Saturday 8th March 2014 at Menzies Hotel, Bar Hill, Cambridge. Menzies Hotel is set amongst a picturesque 200 acres of parkland, just five miles from the famous University city of Cambridge. Visit www.menzieshotels.co.uk/hotels/south-central/cambridge/ for more information.

Confirmed Speakers include:
1. Tim Ives – Shut Your Mouth: Mouth vs Nose Breathing
2. Dr Manish Bose – Differential Diagnosis in Periodontics

Other Topics to be confirmed include:
- Oral Health of the Elderly
- LA/Radiography Update.

Contact us:
Chairperson - Hannah Shaw hannah.shaw88@yahoo.co.uk
Secretary - Juliette Reeves - gr50@talktalk.net
Treasurer - Nicola Bartley - nickishewan@hotmail.co.uk
Council Rep - Sarah Lawson – lawson170@btinternet.com
Trade Liaison- Patricia Voda – p.voda@btinternet.com

Look out for the Scientific Program and Speakers coming soon!

**Recruitment**

**BRISTOL**

**Saltford.** Dr Gaston King, Bath & Bristol Periodontal Clinic is looking for a motivated, clinically astute & skilled hygienist to join our committed team in our award winning specialist periodontal clinic. Possibly part/full time required. All enquiries please email your CV to wendy@gumhealth.co.uk or call 01225 874444.

**CAMBRIDGESHIRE**

**St Neots.** Hygienist required for one day per week for busy practice. Preferably Saturdays though can be flexible. Pay is 50% of the patient fee. Please email avtar.p1@gmail.com if you are interested.

**HAMPSHIRE**

**Farnborough.** Hygienist wanted for friendly, family, private practice for three Saturdays per month. To start January 2014. Please telephone 01483 736673 or email andrewpritchard@lineone.net for further information.

**Kent**

**Chislehurst.** Private practice in Chislehurst is looking for a fully qualified dental hygienist to work every Monday initially, please contact Sylvie on 020 8467 5139 for further information.

**SUFFOLK**

**Bury St Edmunds.** Part time hygienist required for Wednesdays and Fridays. Other sessions possible. Existing list of patients. Purpose built practice. Computerised records. Excellent working environment. Please contact 01206 747100 / h.morillo@btinternet.com for further information.

**North Hampshire.** Part time hygienist required for very friendly, well established six surgery, busy private practice. Initially Fridays and three in four Saturday mornings and/or to cover maternity leave on Tuesdays and Thursdays. Please email your CV to hrook@guineacourtdental.co.uk
CALL FOR PAPERS

If you would like your research featured in the fourth issue of the Annual Clinical Journal of Dental Health, please contact the editor:

editorofdh@ntlworld.com