New President for BSDHT

At the General Assembly of Members, held during the OHC in Liverpool last month, Michaela ONeill was installed as President for a two year tenure.

Michaela qualified as a dental hygienist at King’s College Hospital, London in 1991 and took up a part time staff hygienist post before working in a variety of different practices in London, from NHS to private, then moved back to Belfast in 1997.

On her return to Northern Ireland Michaela worked as a tutor at the School of Dental Hygiene at Queen’s University Belfast and undertook a part time clinical role in practice.

Michaela has lectured throughout the UK and internationally on topics of interest to practising hygienists and therapists. More recently she has held a research hygienist role and currently works as a hygienist in a specialist restorative practice.

It was on returning to Northern Ireland in 1997 that Michaela joined the Society for the first time and has been actively involved with BSDHT ever since. In 2009 she took up her second term as the Northern Ireland Representative on Council. Where she was voted by council to represent them at executive level.

Michaela says:

I am delighted to have been chosen by the members of BSDHT to be their President for the next two years. This is a time of tremendous development for our profession, and it is the intention of the Executive and Council that BSDHT continues to be the progressive organisation that it is today.

Engagement with our members is absolutely crucial for an organisation such as BSDHT. Our future plans include development of a fully integrated membership database and a new website both of which will enable even greater interactivity in the years ahead.
MAKE CHRISTMAS HAPPEN FOR HOMELESS PEOPLE

National homelessness charity Crisis is calling on dentists, dental nurses and hygienists to provide treatment for homeless people at its temporary centres this Christmas.

Crisis at Christmas 2014 runs from 23 – 30 December, with centres set to open across London, Newcastle and Edinburgh. As well as warmth, companionship and hot meals, guests will also receive healthcare and specialist advice on housing, work and benefits.

The dental service relies on qualified volunteers to provide a range of routine dental treatments including check-ups, scaling, polishing and fillings. Last year, 404 dental consultations took place with 304 guests receiving a treatment across all centres. On top of this, 270 guests were directed to where they can access NHS dental treatment in London during the rest of the year.

One such volunteer is our very own Sarah Murray, who has spent several Christmases helping out.

Sarah says: Crisis at Christmas really puts ‘Christmas’ into context for me. I enjoy the variety that the opportunity of working with a broad range of guests and volunteers provides, both at the main base and going out to other ‘outreach’ centres across London. Last year I visited the Women’s Centre and met such an array of individuals who required everything from examinations, through scaling to restorative work. Clinical work is provided in mobile dental units with high quality equipment in various sites across London.

Crisis at Christmas centres are run by thousands of volunteers from all walks of life with registration now open at crisis.org.uk/volunteer
NEW MINDSET ON ORAL HEALTH

The National Institute for Health and Care Excellence (NICE) has published a guideline which could lead to dramatic improvements in the oral health of children in the UK and help eliminate the stark inequalities which have existed for more than 30 years.

The British Society of Paediatric Dentistry (BSPD) has warmly welcomed the new guideline which they say reflects a new mindset and meets many of their own recommendations for improving dental health in children. The Society is keen to support staff whose role it will be to provide oral health promotion and tooth brushing in early years services.

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

“Howver,” she continued, “we would like reassurance that the guideline will translate into local authorities taking action. We need to understand how these initiatives are going to be implemented and measured as well as reassurance that a Specialist-led workforce will be in place to deliver the plans.”

She added: “While fluoridation has been mentioned, it has also been excluded from the scope of the guideline and we would like to understand why NICE hasn’t been bold enough to address the issue.”

“We will be meeting again with the Chief Dental Officer for England next month and fluoridation will be on our agenda along with a request for explanation of how the recommendations in this guideline will be met. We would also like to see an end to cuts of paediatric specialists working in the community service. Overall, however, we are very positive about this new game-changing preventive approach which BSPD members support wholeheartedly.”

The NICE guideline is called Oral health: approaches for local authorities and their partners to improve the oral health of their communities and it contains 21 recommendations of which 12 relate to early years, children and young people, reflecting a new preventive approach.

You can read it here: Oral health: approaches for local authorities and their ... - NIC

ADVICE ON CPD QUALITY

The GDC is reminding dental professionals to be proactive in assuring themselves that the verifiable continuing professional development (CPD) they undertake has adequate quality controls in place.

This follows the GDC’s recent publication of an advice sheet on Quality Controls for Verifiable CPD.

The advice sheet provides guidance for dental professionals and also to those who design, deliver and commission CPD in dentistry, about approaches to quality control. It provides suggestions about quality control measures for verifiable CPD activities and emphasises they should be present at all stages of provision - before, during and after.

The advice sheet can be downloaded from the GDC website.

The advice sheet is a fuller version of the existing advice available within the Frequently Asked Questions on the GDC website. It is advisory only and does not change the current CPD requirements for dental professionals.

The GDC continues to remind those who provide CPD for dental professionals that they should ensure they robustly quality assure their CPD products and services and that ‘quality control’ is a legal requirement of verifiable CPD.

The GDC also continues to call upon the CPD industry in dentistry to be proactive in working together to develop industry-led quality standards.
There are many remote areas in the UK but the most remote is the Shetland Islands. Over 100 miles north of the UK mainland and situated in the North Sea, this sub-arctic archipelago is populated with over 23,000 people and has some unique logistical challenges when providing health care to this widespread and diverse population. In July 2013, I decided that this new location suited me and moved lock, stock and barrel to these intriguing islands. I believe that I am now the most northerly practising dental hygienist in the UK - a somewhat bizarre claim to fame but one I am happy to own!

Shetland

There are some 2000+ “islands” in the Shetlands; this description is of any formation that remains visible at high tide. There are 14 permanently inhabited islands and the largest is simply known as Mainland and has, as would be expected, the bulk of the population. Whalsay is the next most populous and the others range from 1000+ people down to as few as two on the island of Vaila. Some are connected by road bridge (Trondra and Burra) but the vast majority have to be visited by boat. There are Shetland island council run ferries that run between the more populous islands and there are also flights to some (Fetlar and Fair Isle); Fair Isle is the most remote, permanently inhabited island in the UK.

Meeting the health needs?

The logistical issues raise the question of how the dental needs of this widespread, but relatively small population are met? There is one small private dental practice in Lerwick (the main town of the Islands) but the vast majority of the population access the NHS Salaried Service. The service currently has 13 dental chairs which are spread across the islands but the majority are in Lerwick. The most northerly dental clinic in the UK is situated on the island of Yell and has a one chair clinic, as does Whalsay; there is a three chair clinic in the village of Brae and then in Lerwick there is one main clinic (Montfield) with four (stretching to five, as will be explained later) chairs, a two chair clinic in the Gilbert Bain Hospital and finally St Olaf Street clinic which has three chairs.

The remit of the Salaried General Dental Service is exactly the same as the General Dental Practitioner service: provided by independent business with the obvious exception that all staff, including the dentists, are directly employed by the NHS and are not paid by “volume” of work that is the norm in independent businesses. This allows a certain amount of leeway when treating patients as there is no financial driver in place; whilst business needs a steady throughput of patients the salaried service is privileged to be able to deliver high quality care without compromise or indeed extra financial burden to the patient. This is obviously balanced against the need to provide value for money.
to the NHS as well as being aware that a certain volume of patients must be seen to prevent large waiting lists.

Other demands

As well as meeting the basic dental needs, the salaried service is also obliged to fulfill the requirements placed on it by the Scottish Government which requires implementation of the Child Smile programme and more recently Caring for Smiles as well as the annual screening and data collection of the decayed, missing and filled scores (DMF) of all primary aged children, commonly known as the National Dental Inspection Programme (NDIP). Shetland does follow the UK national average with registered patients (Scotland still registers patients unlike the English UDA system) inasmuch that approximately 45% of the adult population is currently accessing the service but thanks to the diligent work of some of the Childsmile team, the percentage of children is at 59% 3. There are currently 10 dentists (not all full time), two dental hygienists and one therapist. The problem lies in the other demands that the service has to provide including secondary care services such as General Anaesthesia. All these can draw down the service in meeting its basic dental treatment.

Oral Health Education

As a salaried service we are very lucky to have a team of dental nurses trained as Oral Health Educators and these valuable team members have a vital role to play in delivering the very best of care as they provide a middle step from examination to delivering interventions. The author’s personal opinion is that these are an under used resource and there is a plan to develop the role and raise their profile among clinicians. Perhaps one very obvious drawback for the staff is that no company reps ever visit the islands and the staff rarely visit conferences or meetings off the islands. CPD needs are met by NHS Education Scotland which funds speakers visiting the islands and Basic Life Support, hand hygiene, child and vulnerable adult training all met by NHS Shetland. The author has made sure that all the OHE staff are aware of various learning portals offered by the larger companies that enable them to source samples and learning about innovations.

Sourcing cleaning aids

The islands are served by two reasonably sized supermarkets as well as a few pharmacies and numerous country shops; the service has no influence over what these stores/shops stock and this has been a challenge in its own right; the ability of the service to sell sundry items was always a tricky issue as the NHS cannot be seen to promote one product over another yet this is almost impossible as any clinician is allowed to prefer one product over another. Once settled in the service, I challenged the pre-conceived idea that the service could not directly sell sundry items and some investigation soon uncovered that the service can indeed sell items to its patients. It is important that any product we sell is evidence based rather than a commercial interest as demonstrated by the shops/stores. The direct selling of products promoted discussion and receptionists felt they were already burdened so a novel solution had to be found; how to overcome this knotty problem? I thought long and hard and whilst working in the hospital noticed a vending machine that was not in use. I contacted those who were responsible and they agreed to a move from the hospital to Montfield clinic; being the NHS this was not as simple as just moving it but it did appear in the waiting room and is now stocked with toothbrushes, interdental brushes and single tufted brushes all at a very reasonable cost with a very small profit being made. Any OH product to be stocked was chosen by me and my colleague Morag, the other dental hygienist in the service.

The advent of the internet and mail order has allowed our patients access to a huge range of products and like many health professionals, we spend a proportion of our time having to ensure our patients are fully informed of the value (or not) of products they may choose to source themselves.

Tricky Logistics

To ensure the best possible dental hygiene care is delivered to our patients, my colleague and I tend to be, like so many other dental hygienists, peripatetic and travel from surgery to surgery. However, this will change shortly for me as I will become stable at Montfield dental clinic. My colleague will continue to travel between Yell, Whalsay and Brae to provide dental hygiene to these patients. My colleague still faces the logistical problem of travel as Yell and Whalsay require a ferry journey and Brae is some 20 miles north of Lerwick and in winter can prove tricky. It also requires the movement of equipment as our scalers are “issued” and travel with us. Historically, the service had mobile clinics which were in caravans; these were slowly decommissioned. One remains, is static and based in Lerwick and has now become my clinical home. This is how the service increases to 14 chairs; it appears I am the only one willing to work in the caravan permanently but it suits me perfectly and is very secure, even during the harsh storms that can hit the islands.

References

FDI World Dental Federation has launched the World Oral Health Day 2015 (WOHD 2015) ‘Smile for life’ campaign to remind people everywhere about the importance of looking after their teeth and gums.

World Oral Health Day is celebrated on 20th March each year with a wide range of awareness-raising activities organized by dental professionals, National Dental Associations (NDAs) and corporate partners.

Over 90% of the world’s population will suffer some form of dental disease in their lifetime but many of these can easily be treated or prevented with a good oral care routine. The WOHD 2015 ‘Smile for life’ is supplemented by the call to action ‘It’s time to…’, which campaigners can adapt to their local needs and circumstances.

FDI President Dr Tin Chun Wong commented: “The ‘Smile for life’ campaign reminds us that oral disease can be prevented by practising good oral hygiene throughout life, from childhood to mature adulthood.

After tripling the number of countries celebrating World Oral Health Day between 2013 and 2014, we are now looking to reach an even larger audience in even more countries as well as online.”

FDI’s Executive Director Jean-Luc Eiselé added: “We want to encourage everyone to celebrate this important day. Participants can download materials such as logos, posters and toolkits to plan their activities from the ‘Smile for life’ campaign website – where they can also read inspiring stories from last year’s campaign to help them plan their World Oral Health Day 2015.”

For more information, visit: www.worldoralhealthday.org

In addition, FDI confirmed that the four key global partners of World Oral Health Day – LISTERINE®, Unilever, Henry Schein and Wrigley Oral Healthcare Program – have renewed their commitment to support the campaign in 2015.

Visit: www.fdiworldental.org
Open letter
The Ben Walton Trust

This year The Trust will be 20 years old. Those of you who support, or have worked with us before, know well what our aims are and how we have attempted over those 20 years to fulfill them. You will know that, whilst having an interest in mouth cancer at all ages and wherever it occurs, our particular focus has been in the younger age group; especially of interest are those cases where the traditional causal factors may be absent. This can lead to missed cases and misdiagnosis as the disease is simply not looked for.

As a contribution to MCAM 2014, we have worked with BMJ Learning to update and extend the current online module, ‘Mouth cancer: recognising it and referring early’. The module has been fully revised and updated and, for the first time, there is a podcast by a patient speaking of her journey. A five minute video of a full mouth examination, which may be especially helpful to the dental profession, has been produced and can be viewed on our Examination page (http://www.benwaltontrust.org/examination.html). This video has been made available courtesy of the copyright holder, Dental Channel (http://www.dental-channel.co.uk).

The BMJ Learning module we believe will indicate that there has been a worrying increase in numbers of people developing mouth cancer, and the fact that it can occur at almost any age in either sex. This calls for increased vigilance and rapid detection. Module link: http://goo.gl/foYNxS

This module would not have been possible without the tremendous fundraising support from cyclists; runners; walkers; garden openers; coffee mornings; bakeathons; slave auctions of staff at dental schools; and the ingenious and unflagging support of dental students from many dental schools, individuals, and organisations such as FGDP (Scotland) and BSDHT, throughout the UK. Thank you everyone.

The realisation of this module would not have happened without our very able contacts at BMJ Learning, including Jonathan Black, Dr Jacqueline Batson and Rosie Worrall. Thanks also for the tireless work of Liz Grant, Saman Warnakulasuriya, Christine Gundry, Graham Ogden and the Dundee dental students who have been long-term supporters of the Trust. Lastly, thanks to the module peer reviewer, Paul Speight, who also joined the Sheffield dental students’ initiative in taking to the streets during MCAM 2013 to publicise awareness events.

Please note that the BMJ Learning module is intended primarily for medical professionals, and the video for dental professionals. However, we trust that both professions will find it helpful. Our understanding is that this module will be eligible for CPD for both medical and dental professionals.

We sincerely hope that this module will be even more successful than the last and go some way to raising awareness of mouth cancer.

I hope that you may join us in this by circulating this information to colleagues, societies and organisations you are connected to and friends with an interest in mouth cancer and its prevention.

Many thanks and best wishes

Michael Walton
Founder / Chair, The Ben Walton Trust

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VISIT THE BSDHT ONLINE
See right 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. dianamarysmith. 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.
A new charity to help educate the general public and dental professionals in the management of dental trauma was officially launched last month.

The charity – Dental Trauma UK – has been set up to help improve the care and treatment options for patients following traumatic dental injuries.

Too many people are losing teeth unnecessarily after dental trauma, mainly because they are unaware of basic preventative steps to take in the aftermath of dental injury, such as re-implanting it, or putting it in milk and seeing a dentist urgently.

Dental Trauma UK will work to raise awareness among the general public, but also those who are often ‘first on the scene’ when dental injury occurs – including teachers, youth workers, paramedics, police, and sports coaches.

The charity will also collect research information on the number, causes and types of traumatic dental injuries throughout the UK as well as provide specialist support and advice to dental professionals to disseminate best practice in this area.

Miss Serpil Djemal, Consultant in Restorative Dentistry at King’s College Hospital, London, and founder of Dental Trauma UK, said: “More teeth can be saved if we can better educate the public about what to do in the immediate aftermath of dental trauma injury. Patients are still losing teeth, or undergoing expensive reconstructive work, unnecessarily, and we can prevent this from happening through better education and information campaigns. We are really excited about getting started.”

Further information about the charity’s aims and plans will be published on its new website shortly: http://www.dentaltrauma.co.uk/
If you are positive and passionate about the dental profession, join our campaign and help people to love their smiles. Heart Your Smile is a registered charity that is dedicated to changing the public’s perception of dentistry, increase attendance to practice and reinstate the dental team’s position as trusted members of the local community. We approach our goals with fun and humour to create a powerful and uplifting message that can make a real impact on the dental profession.

We are already supporting innovative projects across the UK through our Innovation 360⁰ grants and Dental Hygienists and Therapists have played a huge part in these projects. Siobhan Kelleher from Ireland secured a grant early in 2013 and her workshops continue to grow and expand into all areas of her community. These workshops are award winning and come highly recommended by all who attend. Siobhan told us: “My innovation 360 experience has brought the dental hygienist led workshops to another level. The encouragement and support from Heart Your Smile has instilled in me the conviction that I am on the right path.”

Nicola Shaw from Hampshire was inspired to apply for Innovation 360 when she found her daughters’ friends and their parents were totally unaware of the amount of sugar in their diet and the importance of dental health care. Nicola’s workshops are interactive and fun for the children and the hand-outs for parents are informative and engaging. Nicola went on to develop a sugar free recipe calendar which she sold to raise money for Heart Your Smile. Nicola said: “Heart Your Smile’s Innovation 360 has helped me get my project up and running. It has given me the resources, mentoring and encouragement to make my vision a reality.”

These projects not only engage the whole dental team and their patients, but reach out to the wider community taking the oral health message to groups that are often overlooked. If you have an idea for a project and want to get involved with oral health promotion then it’s time to contact Heart Your Smile.

Our Mentoring programme has already connected 20 mentees with mentors. Our mentoring lounges at the Dentistry Show and the BDIA Dental Showcase have been supporting newly qualified dental professionals and connecting them with experienced mentors and coaches. Lucy Williams, who was part of our original speed mentoring group, had this to say about Heart Your Smile mentoring. “Doing HYS speed mentoring has not only inspired me but has helped me to push myself to be the best I can be. Before I took part in, I felt ‘stuck’ and that what I wanted was out of reach. After having sessions with my Mentor, I soon realised that the so called ‘silly ideas’ were actually realistic. A year on I have achieved so much - had an article published, pushed my interest at work, started a mentoring certificate and a postgraduate certificate in education, I have also got involved in BSDHT Midlands regional group council. Without the support of HYS and the opportunity of having a mentor and the support given by my mentor I wouldn’t have had the confidence to achieve what I have and to continue with it. It’s well worth getting involved with HYS as a mentor or mentee.”

Our aim is to provide everyone in the dental team with the tools to effectively engage with their local community, celebrate their success and guide them to deliver a positive dental experience to their patients.

Visit www.heartyoursmile.co.uk for more information on Innovation 360, mentoring, volunteering and more. For free oral health downloads, visit our resources section and download a selection of Adult, Child and Dental team documents, including our new Diabetes leaflet.
A REVIEW OF THE ORAL B TEST DRIVE

HAYLEY LAWRENCE

An important part of my role as a dental hygienist is to help my patients place value on good oral hygiene. When advising a patient about an electric toothbrush it is helpful to demonstrate how it works on the model, but in my experience I get better results if I can observe a patient using it. I usually ask my patient to bring their toothbrush to our next appointment. Recently I discovered that Oral-B has launched TestDrive, which now provides me with the opportunity to demonstrate toothbrushing at their very first appointment. I decided to trial the TestDrive with my patients.

What is TestDrive?

TestDrive is a power brush programme that has been launched by Oral-B. The kit includes the toothbrush, charging unit, protective barrier sheaths and brush heads. The brush heads for the trial unit are specifically for this brush and will not fit the commercially available brushes. I was keen to ensure that I was maintaining appropriate standards of infection control and was quickly satisfied - each toothbrush head is disposable, protective barrier sheaths are used for each patient and the brush is also disinfected after each use.

My experience

I believe that most dental hygienists have their personal preferences: I favour the rotating, oscillating electric brush because the research suggests that it is significantly better than others. I prefer the small round head to the alternative and have a further preference for the Precision Clean head. One advantage of the TestDrive is that being able to observe the patient using it at the first appointment means that we can establish a good technique before a particular habit is formed. Furthermore, the patient has the advantage of trying the brush before deciding to purchase it.

I usually ask my patients to bring their toothbrush to the next appointment but even with my best efforts they sometimes forget. The TestDrive was really helpful in this case because I had the opportunity to concentrate immediately on the patient’s oral hygiene. It was also useful for the more challenging patients who are convinced they are brushing well and do not need to bring their brush to our next appointment.

The brush needs to be cleaned and disinfected carefully by a three stage process which takes about seven and a half minutes. However, it is immersed for five minutes of this time (during which time you can undertake other tasks). Oral-B has also specifically recommended using Mikrozid. One area that I thought the brush could improve is for the brush heads to be designed to allow use on the commercial brushes. I would then be able to give the heads to the patients rather than disposing of them, which seems such a waste. I guess that the heads have been specifically designed to meet stringent cross infection criteria, which is why they don’t fit the regular handles.

I would recommend that you try the Test Drive because I believe there is a benefit to patient education over and above what can be achieved from using a model. I also think that patients are more likely to invest in an electric toothbrush if they have felt for themselves the benefits afforded by its use. I tell them that the more they do at home, the less I will need to do at their next visit. This innovation will definitely help improve oral hygiene for those who are able to afford it, who might otherwise question the investment. Once they feel how clean the Oral-B electric toothbrush makes their mouth feel, they might just add it to their Christmas list!

Reference

CENTRE FOR WORKFORCE INTELLIGENCE

The CfWI’s *Securing the future workforce supply*: Dental care professionals stocktake report has been published. You can read it here: [http://www.cfwi.org.uk/publications/dental-care-professionals-stocktake](http://www.cfwi.org.uk/publications/dental-care-professionals-stocktake)

Stay up to date by following Health Education England (HEE) on Facebook and Twitter.

Our Strategic Intent: *Join the conversation*

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INVITATION TO BECOME BSDHT COUNCIL OBSERVERS

BSDHT Council would like to invite any interested BSDHT members to apply for the role of Council Observer.

Council agreed that it would make the work of the BSDHT Council more transparent to members if Council meetings were to be opened to invited observers. A number of members of the Society may attend full Council meetings purely as observers, although numbers will be limited due to space. Applicants will be accepted on a first come basis and no expenses will be paid. Meetings are held twice a year in Birmingham.

THE NEXT MEETING WILL BE HELD ON FRIDAY 9TH JANUARY 2015.

To register your interest please contact the President, Michaela ONeill on 01788 575050 or email enquiries@bsdht.org.uk
Research from the University of Kent has discovered a link between prenatal enamel growth rates in teeth and weaning in human babies.

Incisor teeth grow quickly in the early stages of the second trimester of a baby’s development, while molars grow at a slower rate in the third trimester. This is so incisors are ready to erupt after birth when a baby makes the transition from breastfeeding to weaning.

Weaning in humans takes place relatively early compared to some primates, such as chimpanzees. As a result, there is less time available for human incisors to form, so the enamel grows rapidly to compensate.

This research can increase our understanding of weaning in our fossil ancestors and could also help dental professionals as dental problems do not register in all teeth in the same way. Enamel cells deposit new tissue at different times and different rates, depending on the tooth type.

Exactly when early weaning in humans first began is a hotly debated topic amongst anthropologists. Current dental approaches rely on finding fossil skulls with teeth that are still erupting – which is an extremely rare find. Anthropologists will now be able to explore the start of weaning in an entirely new way because ‘milk teeth’ preserve a record of prenatal enamel growth after they have erupted and for millennia after death.

The research, funded by a Royal Society equipment grant, was conducted by Dr Patrick Mahoney from the Human Osteology Research Lab in the University’s School of Anthropology and Conservation.


LESS ANTIBIOTICS IN DENTISTRY - SHOW YOUR SUPPORT!

This year the Association of Clinical Oral Microbiologists is supporting the Faculty of General Dental Practitioners Thunderclap at:


All you have to do is pledge your support to reduce the overprescribing of antibiotics (just one click on the above link).

INTERESTED IN KNOWING MORE?

Have a look at the following open access articles from the British Society of Antimicrobial Chemotherapy to support EAAD 2014

Laura J. Shallcross and Sally C. Davies

http://jac.oxfordjournals.org/content/69/11/2883.full.pdf+html?sid=77517bf2-01e0-47e4-bde7-10fa704c189d


http://jac.oxfordjournals.org/content/69/11/2886.full.pdf+html?sid=77517bf2-01e0-47e4-bde7-10fa704c189d

The World Health Assembly resolution on antimicrobial resistance

Laura J. Shallcross and Sally C. Davies

http://jac.oxfordjournals.org/content/69/11/2883.full.pdf+html?sid=77517bf2-01e0-47e4-bde7-10fa704c189d

Developing the first national antimicrobial prescribing and stewardship competences D. Ashiru-Oredope, B. Cookson and C. Fry on behalf of the Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection Professional Education Subgroup

http://jac.oxfordjournals.org/content/69/11/2886.full.pdf+html?sid=77517bf2-01e0-47e4-bde7-10fa704c189d
PREGNANCY, A MISSED OPPORTUNITY TO INFLUENCE LATER HEALTH

Report by the Infant and Toddler Forum calls for nutrition guidance in pre-conception and pregnancy to be a public health priority

Backed by stakeholders in early life nutrition, including baby charity Tommy’s, Borne and the Pre-school Learning Alliance, the report, ‘Early Nutrition for Later Health: Time to Act Earlier’, acknowledges the emerging evidence that a mother’s weight and nutritional status before, during and between pregnancies can have a long lasting effect on the health of her children and the risk of disease later in life. In fact good nutritional status of mothers could pave the way for improving the health of future generations.

The reality, however, is that we are not doing enough to take advantage of this opportunity. The report paints a picture of confusion and lack of training and information on nutrition and healthy lifestyles in pregnancy for healthcare professionals (HCPs) to advise mums.

The first factsheet in the new pregnancy series, Healthy Eating in Pregnancy is available to download from the ITF website. To find out more information on health and development from pregnancy to pre-school, visit the ITF website www.infantandtoddlerforum.org and sign up for monthly email bulletins with news and information about the Forum.

References


Language controls for nurses, midwives, dentists, dental care professionals, pharmacists and pharmacy technicians - proposed changes to the Dentists Act 1984, the Nursing and Midwifery Order 2001, the Pharmacy Order 2010 and the Pharmacy (Northern Ireland) Order 1976.

The proposals set out the UK Health Department’s intention to amend legislation to prevent patients being put at risk through the poor English language skills of a minority of health care professionals. The law currently allows language checks on overseas non-European applicants and on EEA doctors.

The proposed changes will allow the Nursing and Midwifery Council, General Dental Council, General Pharmaceutical Council and Pharmaceutical Society of Northern Ireland to put in place systems for carrying out proportionate language controls on European applicants and for taking fitness to practise action where there are concerns about the English language skills of an already practising professional.

The Consultation closes Monday 15 December 2014. We would appreciate your views on these proposals.

Complete the online consultation response document at: http://consultations.dh.gov.uk

RESEARCH OPPORTUNITY - FUNDED PHD

Risk communication in General Dental Practice as means to support behaviour change in adults with poor oral health - fully funded 3 year, full time PhD studentship available at King’s College London.

Risk communication as a tool to change health behaviour has been used successfully in medical settings and has started to be explored within dentistry too. Although there is a lack of a convincing evidence base to support how best to communicate risk of oral disease, risk rating of dental diseases is becoming widely adopted in clinical dental settings both in the UK and internationally. As a result, there is a gap in knowledge in how oral disease risk ratings can be best communicated to patients to support oral health behaviour change.

The project seeks to examine how best to communicate risk of poor oral health as a means of supporting patient behaviour change in primary dental care. We aim to provide evidence that basing communication on psychological principles will increase the effectiveness of risk communication. The project will use quantitative research methods and will seek to test the best ways of communicating risk to primary dental care patients, using the best available evidence and current NHS guidelines as well as to develop a toolkit for dental professionals aiming to support their communication of risk in a way that will underpin patient behaviour change in the dental surgery.

A 3-year full time PhD studentship funded by the Vivienne WohI Fund is available to support this research. The project will be based at King’s College London Dental Institute and will be supervised by a team of health psychologists and dental practitioners. The studentship consists of MPhil/PhD fees (EU/Home rate) in addition to a stipend of £15,863 per year, for four years.

Applications by way of a 2-page CV and an 1-page letter expressing interest are invited from Psychology, Medical, Dentistry or Nursing graduates. A good first degree (at least 2.1) and a relevant postgraduate qualification (e.g. MSc in Health Psychology) at Merit or above are essential. Experience with either risk communication or dentistry research would be advantageous.

If you would like more information about this project, please contact Dr. Koula Asimakopoulou, King’s College London, Dental Institute, Unit of Social and Behavioural Sciences, Guy’s Hospital, Guy’s Tower, Floor 18, Great Maze Pond, London SE1 9RW or tel: 0207 188 4382 (koula.asimakopoulou@kcl.ac.uk) or Dr Blánaid Daly, Division of Population and Patient Health, King’s College London Dental Institute, Denmark Hill Campus, 5E5 9RW or tel 0203 299 4942 (blanaid.daly@kcl.ac.uk). Deadline for receipts of expression of interest 28th November with interviews expected on 12th December.
## BSDHT Regional Group Spring Meeting Dates

<table>
<thead>
<tr>
<th>Regional Group</th>
<th>Date</th>
<th>Venue</th>
<th>Contact the Secretary</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern</td>
<td>Saturday 7th March</td>
<td>Menzies Hotel, Cambridge CB23 8EU</td>
<td>Juliette Reeves</td>
<td><a href="mailto:gir50@talktalk.net">gir50@talktalk.net</a></td>
</tr>
<tr>
<td>Jersey</td>
<td>Tuesday 10th March</td>
<td>The Savoy Hotel, Jersey</td>
<td>Katie Park</td>
<td><a href="mailto:katieparky@yahoo.co.uk">katieparky@yahoo.co.uk</a></td>
</tr>
<tr>
<td>London</td>
<td>Saturday 20th March</td>
<td>Holiday Inn, Coram St, Blooms-bury, London</td>
<td>Mala Kanan</td>
<td><a href="mailto:londonbsdht@gmail.com">londonbsdht@gmail.com</a></td>
</tr>
<tr>
<td>Midlands</td>
<td>Saturday 21st March</td>
<td>The Holiday Inn, Solihull B91 3QD</td>
<td>Joanna Ericson</td>
<td><a href="mailto:joanna.ericson@hotmail.co.uk">joanna.ericson@hotmail.co.uk</a></td>
</tr>
<tr>
<td>North East</td>
<td>Saturday 20th March</td>
<td>The Holiday Inn, Wakefield Road, Garsorth, Leeds LS23 1LH</td>
<td>Tracey Chambers</td>
<td><a href="mailto:nergsecretary@gmail.com">nergsecretary@gmail.com</a></td>
</tr>
<tr>
<td>North West</td>
<td>Saturday 14th March</td>
<td>Mandec, Manchester</td>
<td>Karen McBarron</td>
<td><a href="mailto:karen.nwbsdht@gmail.com">karen.nwbsdht@gmail.com</a></td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>Saturday 21st March</td>
<td>Radisson Hotel, Ormeau Road, Belfast</td>
<td>Trudi Fawcett</td>
<td><a href="mailto:secretarybsdhtni@gmail.com">secretarybsdhtni@gmail.com</a></td>
</tr>
<tr>
<td>Scottish</td>
<td>Saturday 14th March</td>
<td>Radisson Blu, Argyle Street, Glasgow</td>
<td>Jane MacConnell</td>
<td><a href="mailto:bsdhtscottishsecretary@gmail.com">bsdhtscottishsecretary@gmail.com</a></td>
</tr>
<tr>
<td>South East</td>
<td>Saturday 28th March</td>
<td>David Soloman'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>South West &amp; South Wales</td>
<td>Saturday 14th March</td>
<td>Hilton Hotel, Newport, Wales</td>
<td>Joanne Wilkinson</td>
<td><a href="mailto:bsdht.swsw@gmail.com">bsdht.swsw@gmail.com</a></td>
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<tr>
<td>South West Peninsula</td>
<td>Saturday 21st March</td>
<td>Exeter Golf and Country Club</td>
<td>Sandra Tredwin</td>
<td><a href="mailto:s.tredwin@btinternet.com">s.tredwin@btinternet.com</a></td>
</tr>
<tr>
<td>Southern</td>
<td>Saturday 7th March</td>
<td>Holiday Inn, Winchester</td>
<td>Donna Brien</td>
<td><a href="mailto:secsouthern@gmail.ocm">secsouthern@gmail.ocm</a></td>
</tr>
<tr>
<td>Thames Valley</td>
<td>Saturday 28th February</td>
<td>The Oxford Hotel, Godstow Road, Oxford</td>
<td>Karrie Archer</td>
<td><a href="mailto:karrie.archer@btopenworld.com">karrie.archer@btopenworld.com</a></td>
</tr>
</tbody>
</table>

### ORTHODONTIC THERAPIST TRAINING PROGRAMME
The Edinburgh Dental Education Centre is pleased to announce that it will run this programme starting in 11th May 2015.

Further details and the application process is now available and can be found on NHS Education for Scotland’s website:


The closing date for receipt of applications is Monday 31st December 2014.
**Recruitment**

**DORSET**
Part time/ full time therapist required for a mixed/private/independent work in North and East Dorset. For further information please email 123dental@dr.com

**NORTHAMPTONSHIRE**
**Northampton.** GDC registered hygienist required to start November, excellent rate. An excellent opportunity has arisen for a hygienist to join a busy dental practice in Northamptonshire. This lovely dental practice offers excellent progression opportunities for a motivated hygienist. Full or part time. Salary negotiable. If you would like to apply for the position, please submit your CV to manager@shamsmoopendentalpractice.co.uk

**SURREY**
**Caterham.** Hygienist required for Thursdays 8:30am-5:00pm in Caterham. Three surgery mixed practice with one other hygienist on Monday. Own car park. Please send your CV to firdental@yahoo.co.uk

**WEST MIDLANDS**
**Solihull.** Part time experienced dental hygienist required every Monday for busy private practice. Please email your CV to phl@totaldentistry.co.uk

**WEST SUSSEX**
**Rudgwick.** Dental therapist/hygienist required for Tuesdays, mixed practice on West Sussex/Surrey border. Must have experience of Exact. Starting early December 2014. Email covering letter and CV to info@rudgwickdental.co.uk

**WILTSHIRE**
**Devizes.** Forward-thinking and attractive practice in Devizes looking for additional hygiene/therapy sessions, temp or permanent, Saturday mornings & other days available. To start ASAP. Payment 40% gross. Send your CV to fiona@ferndaledentalclinic.co.uk

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**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