This year’s entries were all of a very high calibre and Andrew Collier, Senior Dento-legal Consultant, who presented the awards took time to encourage DCPs from all regions of the UK to participate again next year.

Kevin Lewis, Dental Director of Dental Protection said, “The entries for this year’s Awards have once again exceeded our expectations, with so many different projects being submitted by a wide variety of dental professionals throughout the English-speaking world. The Awards focus on raising the awareness and management of risks within the practice, and we are delighted that so many of this year’s entries were so relevant to many of the hot topics in dentistry.”

If you would like to receive details of next year’s Awards you can register your interest by emailing nicola.photiou@mps.org.uk www.dentalprotection.org

Follow BSDHT

When contacting BSDHT please call: Telephone : 01452 886365 or Fax: 01452 886468

READING THIS ISSUE OF DH CONTACT IS EQUIVALENT TO 1 HOUR OF GENERAL CPD
A date for your diary!

New Venue for 2012!

BSDHT
Oral Health Conference & Exhibition 2012
Liverpool ACC  9/10 November 2012

- New and exciting programme for 2012
- Designed following feedback from BSDHT Members
- Parallell Sessions
- Workshops

BSDHT signs letter to PM

BSDHT has lent its support to the Children’s Food Campaign alongside 29 other organisations in a letter to the Prime Minister, David Cameron.

Ensuring that all children are taught practical food preparation skills could be a mechanism for reducing educational and health inequalities and improving the life chances of children from disadvantaged groups.

The Children’s Food Campaign wants to improve young people’s health and well-being through good food and real food education in every school and protect children from junk food marketing.

With childhood obesity rates in England continuing to rise, and the UK ranked as the fattest nation in Europe, it is clear that empowering the next generation to develop healthy lifestyles should be a priority.

The letter to the Prime Minister highlights the importance of practical food preparation lessons in schools. Mr. Cameron is asked to support this important issue and to ensure it is given careful consideration when phase two of the review of the National Curriculum commences in early 2012.

Over half of children living in poverty are not entitled to receive free school meals. Demand a better system at http://www.sustainweb.org/childrensfoodcampaign/school_meals_action/

Find out more and sign up to support the campaign at www.childrensfood.org.uk

Follow them on Twitter: http://twitter.com/#!/childrensfood
The challenges facing DCPs seeking to undertake research, as well as the opportunities available to them were examined in a symposium entitled ‘The Way Forward’. This event, held on the 3rd December 2011, was the third annual DCP Research Symposium organised by the Faculty of General Dental Practice (UK) and the British Society for Dental Hygiene and Therapy. Over 70 people including over 60 DCPs listened to a succession of speakers sharing their research experiences and findings.

The packed full-day programme featured seven speakers addressing topics including NHS funding for DCP research, undertaking a PhD and the research of dental hygienists in the Netherlands. All of the presentations from this free symposium are available on the FGDP(UK) website (www.fgdp.org.uk).

The speakers were:

- Yvonne Holloway (Dental Hygienist, Manchester): One journey towards a PhD
- Susan Bissett (Dental Hygienist, Newcastle): Winning a Research Prize and Planning a Research Project
- Ian Taylor (Dental Technician, Birmingham): Research Topics Relating to Interaction between Dental Laboratories and Dental Practices
- Marina Harris (DCP Representative on the FGDP(UK) Research Committee): Dental Hygienist Skills Usage Survey
- Saurabh Saraf: Proctor & Gamble Project
- Jenny Lyons (Primary Care Research Facilitator, PCRN South East): How the NHS Can Provide Research Training for DCPs
- Dagmar Slot (Dental Hygienist and Therapist, Amsterdam): The Development of Research for Dental Hygienists in the Netherlands – Lessons to be Learned

In addition to the speakers there was also a poster session, as well as breakout sessions that allowed attendees to discuss issues arising from the presentations. The event was made possible by the kind support of Proctor & Gamble and Woodside Management Services Ltd.

Feedback from the Symposium has been extremely positive. One DCP member of the FGDP(UK) said of the event: “I feel that this alone justifies the paltry membership fee”. Planning is already underway for a 4th DCP Research Symposium late in 2012.

Presentations from the speakers are now available on the FGDP(UK) website. To access them, please click on the link below:

http://www.fgdp.org.uk/research/research-events/fgdpuk-dcp-research-day.ashx
The first presentation was by Dr. Lisa Page entitled ‘Tell me about it.’ Dr. Page is a psychiatrist who specialises in liaison psychiatry. She works as a Consultant Psychiatrist to the facial pain clinic at Kings Dental Institute. Dr. Page discussed some of the problems in contemporary dentistry including trigeminal nerve injury. This injury can be caused by third molar surgery, local anaesthetic, implants, endodontics, orthodontics, fracture and pathology.

Seventy percent of patients have pain which is difficult to treat, in addition to numbness. This pain has a significant impact of the patient’s ability to function normally. This is traumatic for the patient who has no part to play in the onset of this chronic pain. Patients often re-experience symptoms, subsequently avoid the dentist due to anxiety and are initially emotionally numb.

1. Function is extremely important to these patients. This includes social function; being able to eat out, entertaining and kissing.
2. Occupational function; speaking and talking with others
3. Emotional function; a loss of confidence, low moods and anxiety.

How do you identify patients that are at high risk of poor outcomes?

Iatrogenesis:
- Avoid over-investigating because of the need to do something for the patient.
- Avoid over-treatment because of uncertainty re what else to do.
- Failing to treat aspects of health that are potentially treatable by ignoring the emotional aspects.

Red flag patients:
- Patients who ‘dentist hop’, moving from practice to practice.
- Multiple treatment modalities with little or no resolution of distress.
- Cosmetic concerns which are disproportionate or difficult to pinpoint.
- Unexplained physical symptoms for which the patient is seeing different specialists.

How do you advise the patient that they need to see a psychiatrist?
- Do not lie about it.
- Pick up on the descriptors, being stressed, or at the end of their tether.
- Point out the link between physical and emotional symptoms.
- Suggest consulting a friendly psychiatrist.
Dr. Page emphasised the importance of communication, in particular the need to remain empathetic and spend time with the patient. Additionally, it is important to offer some feedback on the patient’s emotional state, remain realistic about what you can offer, suggest and facilitate other consultations.

The management of trigeminal nerve injury is a stepped care approach:
1. Diagnosis, education and advice
2. Surgery if indicated
3. Day workshop with other patients
4. Assessment by liaison psychiatrist
5. Active management of injury
6. Individual cognitive behavioural therapy
7. Multi-disciplinary management

Cognitive behavioural therapy uses mindfulness and hypnosis. It helps the patients to examine the situation, their thoughts and feelings, anxiety, avoidance and unhelpful behaviour. Patients often express how life changing a nerve injury can be so it is important to manage them appropriately.

‘Sorry seems to be the hardest word’ was the title of Dr. John Tiernan’s presentation. Dr. Tiernan suggests that when unintended harm occurs we should inform the patients and express regret. There should be acknowledgement, remorse, an explanation and reparation, and an effort to make amends. Sorry is only a part of disclosure but it impacts on how the patient views the practitioner. Patients want to hear “sorry”, they need to experience empathy, to be listened to carefully, to have their experience summarised and, vitally, believe that the practitioner cares. Patients want timeliness, quality of communication, a meaningful apology and an honest open explanation.

Dr. Tiernan stated that 70% of litigation was due to poor communication so an apology, explanation and reassurance is invaluable. Patients not only want to be told what has happened but what will happen to them and how it will be prevented in the future. When patients complain we fear:
- Patients taking action against us
- Damage to our professional reputation
- The difficulty of determining to what degree we are responsible
- Patients’ emotions
- Uncertain what to say
- Managing our own emotions: shame, fear, self doubt, isolation
- Problems accepting we made an error

The research suggests that if practitioners are open about disclosure there are a lower number of claims. If the time of the conflict is shortened then there are fewer claims. Offering money to patients tends to harden their attitude, so an apology should be offered first. Focus on and acknowledge the feeling of being sorry, don’t self justify, admit it if you know you are wrong, be culturally aware and use the patient’s language.

Some pitfalls to avoid include:
- An apology as an excuse, I am sorry ‘but’
- A conditional apology by distancing yourself, I am sorry ‘if’
- Deflect responsibility, ‘how was I to know’
- Express regret and only admit liability if it is right to do so. Do not withdraw the apology.
- A diluted apology, ‘in hindsight’ or ‘I apologise for the inconvenience caused’

Dr. Tiernan advised practitioners not to be afraid or too proud to seek help, take care of your own health and undertake training in communication skills.

The presentation by Dr Caroline Pankhurst was titled The “F” – facts, fiction and the future of infection control. Dr. Pankhurst discussed Creutzfeldt-Jakob disease (CJD) and prions, which eventually kill. The peak susceptibility of the disease is 5-20 years of age, with the median being 13-15. The incubation period is 13-15 years. By November 2011 there were 175 deaths and one patient alive with the disease. However, it is estimated that there are 1-4,000 – 10,000 in the carrier state in the UK population. We do not know how many carriers will develop the disease.

Prions are strongly hydrophobic and bind tightly to steel surfaces. It has a long incubation period and when the disease is contracted the brain tissue gets replaced with protein. There have been some iatrogenic cases reported in the UK from:
- Blood and pooled plasma
- Neuro and ophthalmic surgery, dura mater graft and human growth hormones

There are approximately 6,000 patients identified as having a possible risk of vCJD for public health purposes. Patients need to be asked if they are at risk. Patients at increased risk should be treated in the same way as other patients. However, if these patients need to have the third molar extracted they should be referred as these instruments may need to be quarantined. Dr. Pankhurst discussed the evidence base surrounding the possibility of transmitting vCJD through dental procedures. Trials have been done on mice exposed to vCJD and it was found in their salivary glands, submandibular gland and tongue. There has also been one reported case involving two patients in dental practice.

An instrument should only be reused if the manufacturer determines that it can be reused. Contaminated instruments have been put through several autoclave cycles and prions remained evident. It is essential that the instrument is cleaned thoroughly before sterilisation. Some of the worst results for contaminated instruments being sterilised was from ultrasonic baths solutions not being changed every three hours.

The rationale for a separate decontamination room is that sterilisers can explode, aerosol can contaminate instruments, contamination can stay in the air for up to 30 minutes and there are several high touch areas in the surgery which easily contaminated by blood. Dr. Pankhurst reinforced the importance of water quality because
lime scale affects sterilisers and endotoxins get onto instruments. A legionella risk assessment is a necessity as respiratory pathogens have been found in dental waterlines.

The next presentation was titled The baby and the bathwater by Ms Pat Langley and Mr Jerry Watson. Ms Langley discussed the Care Quality Commission (CQC) and how this affects dental practices’ clinical governance, risk assessment and quality assurance. She explained the need to comply with laws, regulation and good practice guidelines. Laws governing our practice have been around for several years and dental professionals have always had to comply. Recent legislation includes data protection, information governance and equality and diversity. She reiterated that CQC was here to stay; there has been a paradigm shift towards clinical governance so there is no place for denial.

With the advent of CQC there is now a personal responsibility to be compliant and the provider is both accountable and responsible. There is more emphasis on the outcome for patients and the quality risk profile used is formal, ongoing and requires follow up. There is onerous enforcement and inspections can be unannounced giving only 24-48 hours notice. Additionally, CQC will not give advice on how to put things right. Downloading the appropriate policies is not enough and the practice will need to demonstrate how these are applied. There are some useful case studies available from the CQC judgement framework. Practices cannot afford to continue to do the same thing and expect a different result. The focus should be on prevention and robust procedures are needed. Once the practice is compliant this needs to be managed so it is an ongoing process. Dr Watson discussed patient satisfaction surveys, clinical audits and patient record audits.

The final presentation was by Professor Richard Ibettson entitled Restorative accidents waiting to happen. Prof Ibettson encouraged practitioners to discuss the eventual failure of restorations; they will not last forever and will need to be replaced. Prognosis should be discussed along with pros and cons of treatment. Different dentists also have different success rates with restorative work. He encouraged practitioners to preserve the remaining tooth structure. He discussed risks associated with endodontics including not filling the canal properly, fractured instruments; perforations and the possibilities for re-root treatment.

There has been an increase in the number of cases before the GDC regarding veneers and tooth whitening. The complaints were mainly about poor communication, poor diagnosis and poor treatment outcome. There are also concerns with the modern marketing of dentistry and the celebrity culture. Consequently patients’ expectations have become more difficult to satisfy. He discussed risks associated with endodontics including not filling the canal properly, fractured instruments; perforations and the possibilities for re-root treatment.

The four clinicians, who include three orthodontists and a psychologist with a special interest in dentistry, have now launched a website to disseminate their findings and provide advice for both parents and adolescents who are being bullied due to the presence of a malocclusion. The clinicians are also requesting such people who have been bullied to fill in a web based questionnaire to enable them to continue to monitor the extent of the problem.

The website link is as follows: https://sites.google.com/site/bullyingandorthodontics/

Bullying associated with “sticking out teeth”

A recent UK based study looked at the relationship between being bullied and the presence of a malocclusion, and its effect on an individual’s self-esteem and ‘Oral Health Related Quality of Life’. Three hundred and thirty six adolescents aged between 10-14 years of age were included.¹

Key findings show that:

- Nearly 13% of adolescents aged between 10-14 years examined for orthodontic treatment had been bullied. This equates to thirteen of every one hundred young people who need orthodontic treatment.
- Being bullied is significantly associated with “sticking out teeth”.
- These individuals have a higher need for orthodontic treatment based on an aesthetic assessment.
- Adolescents who are being bullied due to the presence of a malocclusion reported a negative impact on both self-esteem and Oral Health Related Quality of Life.

The findings of this study show for the first time that there is a clear link between being bullied and the presence of malocclusion. More importantly the negative impact on a child’s psychological status is reported. It is clear that being bullied can have both short-term and long-term effects on physiological and psychological well-being.

The four clinicians, who include three orthodontists and a psychologist with a special interest in dentistry, have now launched a website to disseminate their findings and provide advice for both parents and adolescents who are being bullied due to the presence of a malocclusion. The clinicians are also requesting such people who have been bullied to fill in a web based questionnaire to enable them to continue to monitor the extent of the problem.

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New Year resolutions - with a dento-legal twist

We may be into February but if you’ve stalled with your resolutions to lose weight/get fit/reduce stress, the DDU suggests some more achievable goals to get your professional new year off to a good start:

Improved communications
A common theme among the complaints made to the DDU involve poor communication, and while effective communication with patients is vital to building good relationships, it is also important to be an effective communicator with colleagues. The GDC advises as one of its principles that dental professionals should ‘communicate effectively and share [your] knowledge and skills with other team members and colleagues as necessary in the interests of patients. In all dealings with other team members and colleagues, make the interests of patients [your] first priority’.1

According to an article in the DDU journal effective communicators often use the following techniques:

- Active listening – focus on what the patient has to say and avoid interrupting until they have finished speaking.
- Appropriate body language – try to match your non-verbal signals to your verbal ones. If you are speaking in a sympathetic tone, ensure that your body language reflects this also.
- ‘Reflecting back’ – that is, using the same language as your patient. For example, if a patient refers to a ‘loss of feeling’ in the mouth, describe it as this yourself and resist the temptation to use the term paraesthesia. Jargon and dental terms that a patient is unlikely to understand can create a divide and may leave the patient feeling confused.

Safer data
Keeping patient data safe and secure is a legal requirement under the Data Protection Act 19983(DPA). Extra care should be taken with electronic data as this can be easily accessed and copied if not stored securely. The DDU advises that you should take care to back up electronic data and ensure that only those who are authorised to access patient records can do so. Reckless breaches of the DPA can lead to a penalty of up to £500,000 from the Information Commission Office and a breakdown in trust with your patients.

Prompt response to complaints
Hopefully, you won’t be starting the New Year with a complaint but if you do receive one, it is important that you provide the patient with a prompt, sensitive and constructive response. This can be effective in reducing or removing the risk of a complaint escalating to a claim. A significant number of claims start life as a simple complaint.

If the complaint is about treatment provided under the NHS, the NHS complaints procedure requires you to provide the patient with a timely and appropriate response. For treatment provided privately, dental professionals should follow the guidance from the Dental Complaints Service. The GDC’s guidance in ‘Principles of Complaints Handling’5 states that dental professionals should ‘give patients who make a complaint about the care or treatment they have received a helpful response at the appropriate time. Respect the patient’s right to complain.

Make sure that there is an effective complaints procedure where you work and follow it at all times. Co-operate with any formal inquiry into the treatment of a patient.’

Finally, remember that saying you are sorry for something that has happened to the patient is not an admission of liability. In most cases, an honest and sincere apology may be all the patient wants to hear.

References
1. GDC Standards for Dental Professionals[1].pdf
3. Data Protection Act 1998

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 Monday 3rd September 2012.

To register your interest please contact the President on 01452 886365 or email enquiries@bsdht.org.uk
Patients’ confidence in dental professionals is high

New research, commissioned by the General Dental Council (GDC), has found 94% of patients are confident in the dental treatment they’re receiving and 95% are satisfied.

Two independent opinion surveys, one targeting dental professionals and the other patients and members of the public, have looked into issues surrounding the regulation of dentistry and the standards of treatment.

In the last 12 months alone 65% of those asked had visited a dentist and 70% were very or fairly confident that if they needed to make a complaint it would be resolved fairly, whether by the GDC or another appropriate body.

The surveys found that the public believe regulation and registration of dentists is important, but 44% of dental patients do not check whether their dentist or dental care professional is properly registered1, which anyone can do on the GDC’s website www.gdc-uk.org

A significant majority of those asked (68%) are confident that the GDC is an effective regulator. Many identify with the GDC’s aims2 and agree that the GDC protects the patient (80%), has a clear regulatory role (72%) and is trustworthy (66%). 48% of dental professionals believe the level of regulation as a whole is about right, with 39% saying it is too much.

The research featured a series of questions that explored registrants’ views about standards and professionalism. The key drivers of patients’ confidence included: behaviour, quality of care and good communication. The results are being fed into the GDC’s wider review of its ‘Standards for dental professionals’ guidance.

There is an open call for feedback on the GDC’s website: www.gdc-uk.org

1. Details of this question can be found in Figure 5.1, Page 17 of the Annual Patient and Public Survey 2011 which is published on the GDC website.

2. Details of this question can be found in Figure 10, Page 24 of the Annual Survey of Registrants Report 2011 which is published on the GDC website.
In just over two months a host of expert speakers, exhibitors and professionals from across the dental family will come together in Manchester for one of the biggest events in the dental calendar, the 2012 British Dental Conference and Exhibition. With a range of training sessions, lectures and events of specific interest to dental hygienists and therapists, as well as those that will be of interest to the whole dental team, this really is an event not to be missed.

Highlights of the event include...

Keynote speeches by eminent brain scientist Professor Susan Greenfield on Thursday 26 April and the Minister for Health, Earl Howe on Friday 27 April. Professor Greenfield will explore the importance of understanding science in the world of business whilst Earl Howe will provide delegates with an insight into the Government’s vision for the future of dental services.

A two-part radiography team session on Thursday 26 April focusing on radiographic audit and image evaluation, and radiography tips for challenging patients. The first part will be led by Richard Deacon, Senior Lecturer at the Birmingham School of Dental Hygiene and Therapy whilst the second part will be led by Gill Greenwood, Consultant in Special Care Dentistry at City Healthcare Partnership CIC in Hull.

A session on preventive endodontics on Thursday 26 April. This session will examine materials and techniques for preserving the life of the tooth.

A presentation on essential periodontics taking place in the main Exchange Hall on Friday 27 April. In his presentation Dr Anthony Roberts from the University of Manchester will discuss how to identify high-risk patients as well as the rationale behind correct diagnosis and recording.

BSDHT hosted session

A seminar session on professional regulation and accountability hosted by the British Society of Dental Hygiene and Therapy on Friday 27 April. This session will be led by Rupert Hoppenbrouwers, Head of the Dental Defence Union.

A session exploring tax saving tips for the dental team, hosted by the British Association of Dental Therapists on Saturday 28 April.

A presentation by Jenny Harris, Specialist in Paediatric Dentistry, Sheffield Salaried Primary Dental Care Service and Honorary Senior Clinical Lecturer, University of Sheffield on Safeguarding vulnerable children on Saturday 28 April.

Also over the course of the three days, the Training essentials theatre programme will offer a variety of 30 minute sessions covering topics such as child protection, treating phobic patients, photography and record keeping, ethics in dentistry, and successful communication. Add to this the Demonstration theatre with sessions on managing dental anxiety, sedation techniques, integrating dental photography into everyday practice and medical emergencies and it’s easy to see why it will be hard to fit everything in.

And there’s far more to the event than just the programme of talks and seminars - visit the large exhibition to learn about new products and services from a huge variety of exhibitors and don’t forget to visit the BSDHT stand!

British Dental Conference & Exhibition 2012

Manchester Central Conference Centre, 26-28 April 2012

Further information and registration information is available at www.bda.org/conference or by calling 0870 166 6625. For the full terms and conditions of the special offers for 2012, visit: www.bda.org/conferencetandc.
Fined for illegal tooth whitening

A Devon-based, ‘cosmetologist’ has been successfully prosecuted for offering tooth whitening treatment and ordered to pay a total of £1,872.

Tooth whitening is the practice of dentistry and only those registered with the General Dental Council (GDC) may lawfully offer it as a treatment.

On Thursday 22 December 2011 Mr Carl Espano, of 29 Western Road, Torquay, Devon, TQ1 4RJ pleaded guilty at West London Magistrates’ Court to practising dentistry when not registered with the GDC, contrary to section 38 (1) and (2) of the Dentists’ Act 1984.

He has been fined £1,000 and ordered to pay a £15 victim surcharge. He has also been ordered to pay full costs to the GDC of £857.

Mr Espano, in mitigation for his actions, raised the House of Lords judgement in the case of ‘Optident and Another v Secretary of State for Trade and Industry and Another (2001) UKHL 32. However, the magistrates’ appeared to give this argument little or no weight when determining his sentence.

The Magistrates told Mr Espano: “This is a serious offence, particularly for potential victims as you didn’t have any indemnity in place for any damage you might have done to any teeth. In addition, should you have damaged the adult teeth, a patient only has one set. Accordingly we view this as a serious offence.”

Chief Executive and Registrar of the GDC Evlynne Gilvarry said: “We are committed to taking action against people who offer tooth whitening unlawfully. They are a risk to the people they treat and it is our duty act to ensure public safety.”

BSDHT Midlands Spring Meeting

Date: Saturday 12th March 2011
Venue: Eastwood Hall, Nottingham
Speakers: Professor Geoff Craig, Ms Ann Gilbert, Mr. Mark Greenslade and Mr. Martin Parsons.

This was another resoundingly successful meeting with over 111 delegates. We were strongly supported by a vast trade exhibition, the majority of whom kindly donated a raffle prize, the proceeds from which raised £142 towards our chosen charity “Saving Faces”.

Due to the sensitivity of his topic; forensic dentistry, Professor Geoff Craig requested his lecture was not recorded, but was happy to be acknowledged at our conference.

Ms Ann Gilbert RDH was sponsored by Curaprox in a “bite-size” presentation, a sponsor based lecture following the success of this format at our previous conferences. Ann introduced delegates to the ITOP concept with infectious enthusiasm and generated interest amongst delegates. She also focused on how we need to work as a team with dentists, dental nurses and oral health educators in transforming patients’ perception away from a “scale and polish” into “hygiene therapy”. Ann’s zest for her topic provided constructive thoughts to take back and try out in our practices and hopefully achieve excellent patient OH and improve communication.

Mr. Mark Greenslade, Police Officer /Operational Firearms Officer, presented two lectures. The first was entitled, “Stalkers and Fixed Persons”. Alarming figures of reported verbal and physical abuse towards health care workers and stalker characteristics and behaviour patterns were discussed. Mark provided essential advice on how an individual should conduct themselves should they feel threatened by a stalker, and ways in which to keep themselves safe and their identity secure.

Officer Greenslade’s second lecture, “Safety first, You can look after yourself,” looked more in depth at ways in which we as individuals can make small changes to ensure a higher level of personal safety within the workplace. He stressed that it was much more effective to address unacceptable behaviour when it initially occurred, and that we as DCPs should not allow the patient to excuse his or her behaviour, regardless of whether they are in pain or anxious. Mark suggested the implementation of a patient charter, displayed clearly and stating consequences of abuse to staff.

Our final lecture was presented by Mr. Martin Parsons, Clinical Coordinator / Hygiene Therapy and Clinical Coordinator / Clinical Teacher at Sheffield Dental Hospital. This lecture was entitled, “To numb or not to numb”. Martin began with a brief history of anaesthetics, from 1884 when the extract of coca leaves was used, widely known as cocaine, and then replaced in 1898 (due to toxic effects, death and addiction) with safer Amino Amide Local Anaesthetic. He reminded delegates that local anaesthetic works by diffusing into the nerve and blocking the entry of sodium, thus preventing “firing”, and that the LA acts as a chemical road block to the transmission of electrical pulses.

Although LA has a remarkable safety rate in dentistry, we must never be complacent and continue to always take a detailed medical and drug history. Key unfavourable outcomes include: physical trauma, chemical trauma, inappropriate site deposition, toxicity, allergy, medical conditions and drug interactions.

Martin concluded that serious side effects, although rare, can occur with potential toxic reaction in children and the elderly, and reiterated the importance of medical and drug history taking for each patient at every visit.

Mari Morris
joanna.ericson@hotmail.co.uk
Dentaid Ugandan Expedition in June 2012

Dentaid is one of the leading oral health charities in the world, having supported over 210 oral health programmes in 58 countries. In recent years, the charity has expanded its work from just supplying refurbished dental surgeries for charitable projects, to playing vital roles in oral health promotion, such as establishing innovative school prevention programmes. It has initiated various training schemes encompassing disciplines from equipping rural health workers to carry out basic dental care in remote communities to teaching governments on fluoride advocacy and writing national oral health strategies. Dentaid is also working hard to lobby governments, companies and health organisations to adopt more oral health friendly policies and practices.

In June Dentaid is organising a 17-day dental mission to Uganda. This will be led by Barbara Koffman whose experience in taking similar missions (for Christian Relief Uganda) will be very valuable. The team will conduct pain relief clinics on Kalangala Island during the first week, followed by a free weekend in the Ssese Islands with the options of visiting the Ngamba Island Chimpanzee Sanctuary and other attractions. The second week will include oral health education by the team in Entebbe schools, and the visit will be concluded with an optional 10 km run!

The fees for the trip will be £2500 (£1500 to cover individual expenses; £1000 for transport and other expenses). Places are limited.

For further details telephone Barbara Koffman on 07970 163 798 or email bkoffmancru@hotmail.com, www.dentaid.org, email info@dentaid.org or tel. 01794 324249.

The Dental Awards

The Dental Awards, the nation’s leading dental awards event, is inviting individuals and practices across the country to enter the ‘Best National Smile Month Event’ at one of the most prestigious awards ceremony on the UK dental calendar.

The winners will be announced on Friday 20 April 2012 at a black-tie dinner held at the illustrious Royal Lancaster London Hotel.

Last year’s ‘Best National Smile Month’ event winners Thompson and Thomas won the award for their ‘Better Late Than Never, Dentists’ on Tour’ campaign, beating off stiff competition from Northumberland based Guidepost Dental Practice, who were highly commended for their campaign.

Practice Manager Jane Armitage said: “The ‘Better Late Than Never, Dentists’ on Tour’ event was held in October and as it was so close to Mouth Cancer Action in November, we combined the two Foundation campaigns so both could benefit. We found ourselves dressed up as Courage the Cat wearing National Smile Month t-shirts running a stall filled with various competitions, raffles, and of course, information on all aspects of dental care. The response was quite breathtaking. It’s a great honour to have won this award. National Smile Month means so much to the practice as it’s a great way to spread the message of good oral health.”

To enter the awards, please contact Celine Peacock on 01689 899170 or email celine.peacock@purplems.com. Alternatively, look out for the entry forms in The Probe.
## Diary dates

### BSDHT Spring 2012 Meeting Dates

<table>
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<tr>
<th>Regional Group</th>
<th>Date</th>
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<td>24th March 2012</td>
<td>West Suffolk Hospital Postgrad.Centre Bury St.Edmunds</td>
<td>Carly Dibden</td>
<td><a href="mailto:carly.dibden@gmail.com">carly.dibden@gmail.com</a></td>
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<td>London</td>
<td>31st March 2012</td>
<td>Cumberland Hotel London W1H 7DL</td>
<td>Annette Quamina</td>
<td><a href="mailto:londonbsdht@gmail.com">londonbsdht@gmail.com</a></td>
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<td>Midlands</td>
<td>17th March 2012</td>
<td>Copthorne Hotel Merry Hill, Dudley DY5 1UR</td>
<td>Joanna Ericson</td>
<td><a href="mailto:Joanna.ericson@hotmail.co.uk">Joanna.ericson@hotmail.co.uk</a></td>
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<td>Northern Ireland</td>
<td>24th March 2012</td>
<td>Radisson Hotel Ormeau Road, Belfast</td>
<td>Deidre Flynn</td>
<td><a href="mailto:dee_flynn@yahoo.co.uk">dee_flynn@yahoo.co.uk</a></td>
</tr>
<tr>
<td>North West</td>
<td>10th March 2012</td>
<td>Alder Hey, Postgraduate Centre, Liverpool</td>
<td>Patricia Rimmer</td>
<td><a href="mailto:triciarmr@btinternet.com">triciarmr@btinternet.com</a></td>
</tr>
<tr>
<td>Scottish</td>
<td>21st April 2012</td>
<td>Grand Central Hotel Glasgow, G1 3SF</td>
<td>Sarah Walker</td>
<td><a href="mailto:bsdhtscottishchair@gmail.com">bsdhtscottishchair@gmail.com</a></td>
</tr>
<tr>
<td>South East</td>
<td>28th April 2012</td>
<td>David Salomons 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>10th March 2012</td>
<td>Salisbury District Hospital Wiltshire</td>
<td>Gloria Anne Perrett</td>
<td><a href="mailto:secsouthern@gmail.com">secsouthern@gmail.com</a></td>
</tr>
<tr>
<td>S West &amp; S Wales</td>
<td>31st March 2012</td>
<td>Village Hotel, Cardiff CF14 7EF</td>
<td>Kelly Palmer</td>
<td><a href="mailto:bdha_swsw@yahoo.co.uk">bdha_swsw@yahoo.co.uk</a></td>
</tr>
<tr>
<td>South West Peninsula</td>
<td>24th March 2012</td>
<td>Exeter Golf &amp; Country Club, Exeter</td>
<td>Joanna West</td>
<td><a href="mailto:jowest60@hotmail.com">jowest60@hotmail.com</a></td>
</tr>
<tr>
<td>Thames Valley</td>
<td>18th February 2012</td>
<td>Barcelo Oxford Hotel, Godstow Road, OX2 8AL</td>
<td>Karrie Archer</td>
<td><a href="mailto:karrie.archer@btinternet.com">karrie.archer@btinternet.com</a></td>
</tr>
</tbody>
</table>
**BSDHT Eastern Spring Meeting**

**Dates:** Saturday 24th March  
**Venue:** West Suffolk Hospital, Postgraduate Centre, Hardwick lane, Bury St Edmunds  

**Programme:**  
8.30 – 9.30 Registration  
9.00 – 10.00: Dr Brenda Murray - Radiation protection and quality assurance for DCPs – what you need to know  
11.00 – 11.30: Trade exhibition & Refreshments  
11.30 – 12.30: Dr Brenda Murray - Radiographic features of periodontal disease and caries  
12.30 – 14.00: Lunch & Trade Exhibition  
14.00 – 15.00: Ms. Julia Brewin - In order to succeed we must first believe we can......  
15.00 – 16.00: Mr. Chris West - Title to be confirmed  
16.00 – 16.15: Closing remarks & Raffle  

**Contact:** Sharron Parr email sands.parr@ntlworld.com

**BSDHT North West Spring Meeting**

**Date:** March 10th  
**Venue:** Alder Hey Postgraduate Centre, Liverpool  

**Programme:**  
8.00 – 08.45: Registration & Trade Exhibition  
9.00 – 10.00: Mr. Craig Barclay - Managing the failing dental implant – 10.00 – 11.00: Mr. Julian Satterthwaite - Why restorations fail  
11.00 – 11.30: Coffee  
11.30 – 12.30: Mr. Lesley Longman: Emergency drugs in the dental surgery  
12.30 Lunch & Trade and Optident exhibition. Shiatsu head, neck and shoulder massages will be available  
11.45 – 12.00 Trade lecture  
12.00 – 13.00 Mr. Wayne Edmunds - Medical emergencies CORE CPD  
13.00 – 14.00 Lunch  
14.00 – 15.00 Dr Robert Bate - Orofacial malignancy - a guide for Dental Hygienists and Therapists  
15.00 – 15.30 Coffee and raffle  
15.30 – 16.00 Mr. Leo Briggs, Dento Legal Adviser for DDU - Complaints handling. 16.30 Closing remarks.  

**Contact:** Jo Ericson Secretary email: joanna.ericson@hotmail.co.uk

**BSDHT London Spring Meeting**

**Date:** March 31st  
**Venue:** Cumberland Hotel, London W1H 7DL  

**Programme:**  
8.00 - 08.45: Registration, trade exhibition and coffee  
16.15 Raffle & Close  

**Contact:** Patricia Rimmer email triciarrr@btinternet.com

**BSDHT Midlands Spring meeting**

**Date:** Saturday March 17th  
**Venue:** Copthorne Hotel, Merry Hill, Brierley Hill, Dudley, West Midlands, DY5 1UR  

**CPD:** 5 hours verifiable (including core topic)  

**Programme:**  
8.15 – 08.45 Registration, trade exhibition and coffee  
8.45 – 9.00 Opening meeting and council update  
9.00 – 10.00 Ernie Boxall, Shiatsu Practitioner - Is life killing you? 4 ways to stop life killing you.  
10.00 – 10.15 Trade lecture  
10.15 – 11.45 Coffee and trade exhibition. Shiatsu head, neck and shoulder massages will be available  
11.45 – 12.00 Trade lecture  
12.00 – 13.00 Mr. Wayne Edmunds - Medical emergencies CORE CPD  
13.00 – 14.00 Lunch  
14.00 – 15.00 Dr Robert Bate - Orofacial malignancy - a guide for Dental Hygienists and Therapists  
15.00 – 15.30 Coffee and raffle  
15.30 – 16.30 Mr. Leo Briggs, Dento Legal Adviser for DDU - Complaints handling. 16.30 Closing remarks.  

**Contact:** Jo Ericson Secretary email: joanna.ericson@hotmail.co.uk
DIARY DATES

you get a place register early
Please use car park 8 which is a pay on exit car park – approx £6. The South entrance lift goes straight to the Education department – Level 5
Contact: Gloria Anne Perrett email secsouthern@gmail.com

BSDHT South West Peninsula Spring Meeting
Date: Saturday March 24th
Venue: Exeter Golf and Country Club
Registration:
8.30 onwards with 2 hrs to visit the trade stands
Speakers:
Mr. David Winkler on behalf of Discus/Philips - Laser peri and soft tissue therapy 1.5 hrs verifiable CPD
Mr. Peter Davis ,Specialist Endodontist - The peri /endo lesion. 1hr verifiable CPD
Mr. Steve Walkden from Optident - 21st century peri and oral cancer screening. 1 hr verifiable CPD
Mr. Mike Starkey from Dental Protection - Risk management for the Hygienist and Therapist. 1.5 hrs verifiable CPD
Contact : Joanna West email williampenny.s@gmail.com

BSDHT South West South Wales Spring Meeting
Date: Saturday March 31st
Venue: Village Hotel Cardiff
Programme:
8.30 – 09.15: Registration, Coffee and Trade Exhibition
9.15 – 09.30: Direct access update
9.30 – 11.00: Clinical Update on Local Anaesthesia
11.00 – 11.30: Coffee and Trade Exhibition
11.30 – 12.30: Alison Chapman RDH - Undergraduate training - overview of combined training programme Bristol Dental School
12.30 -14.00: Lunch and Trade Exhibition
14.00 – 15.00: Dr Heather Franknell - Care of the elderly (TBC)
15.00 – 16.00 Mr Mike Price - Pharmacology update – Title to be confirmed
Contact : bdha_ssws@yahoo.co.uk

Periodontics
A practical team approach
Date: Friday 16 March 2012
Venue: London
The BDA is hosting an interesting seminar on periodontics this spring which will focus on helping to create a team driven approach to periodontal treatment, hearing from both dentists and dental hygienists. Ian Needleman, Paul Baker, Sarah Balian and Keily Roiser work together at PerioLondon in a specialist practice. The practice is built upon effective team work to help patients achieve their goals of periodontal health.

The one-day seminar will explore how to achieve success and respond to failure. The morning will start by looking at practice protocols, from the initial assessment through to care pathways and referrals. It will then move on to investigate effective non-surgical periodontal therapy. The day will close with a session addressing how to manage and respond to failures, identifying common cause and key risk factors.

The seminar cost to attend is £195 for Dental Therapists and Hygienists. This fee includes refreshments, a standing buffet lunch and all course documentation. If you would like to attend, please seminar please contact: Rebecca Hancock, Events Executive, tel: 020 7563 4590

The seminar meets the educational criteria set by the GDC for CORE CPD (5 hours 30 minutes) and is certified by the British Dental Association.

Europerio 7 is online!
Date: 6th – 9th June 2012
Venue: Vienna
A very promising scientific programme has almost been finalized, the faculty list has been extended and key dates and registration fees have been set.

To give you an idea of the addressed topics, find some of them below:
- Periodontology: Aetiology and Diagnosis
- Advances in Non-Surgical Therapy
- Periodontal Surgery
- Latest Therapies and Emerging Technologies
- Implant Dentistry: Rapid treatment protocols — surgery and prosthodontic Computer-aided treatment
- Implants for compromised situations
- Treating the periodontitis patient with implants
- Focused Sessions for Hygienists: Behaviour, psychology and quality of life
- How does understanding aetiology influence management
- Toothbrushes, toothpastes and mouthrinses
- Themed Research Sessions: Periodontal therapy
- Periodontal medicine
- Periodontal regeneration

Key dates:
End of early registration fee: Monday, February 27, 2012
Log on to www.europerio7.com for more information

ADI Study Clubs
ADI meetings provide verifiable CPD certificates. ADVANCE BOOKING FEE IS DISCOUNTED

To find out where your nearest meeting is contact ADI, 98 South Worple Way, London SW14 8ND Tel: 020 8487 5555, Fax: 020 8487 5566, email: info@adi.org.uk or visit the website at www.adi.org.uk
You can now register online for events between January and June 2012
Lecturer in Oral Health Sciences

£36,862 - £44,016

A full-time position is available for a Lecturer in Oral Health Sciences in The University of Edinburgh, based in the Edinburgh Dental Institute. The Institute has a global reputation in teaching postgraduate students and Dental Care Professionals, and is delighted to be at the forefront of dental education in offering the first four year BSc(Hons) degree in Oral Health Sciences in the UK. This degree leads to dual qualifications in Dental Hygiene & Therapy and allow undergraduates to gain extensive practice in routine clinical dentistry, substantial research experience and significant involvement working in specialised areas of dentistry.

The Edinburgh Dental Institute is part of the School of Clinical Sciences & Community Health within the College of Medicine. This is an exciting opportunity to be involved in an innovative and dynamic programme which will be based in the Dental Education & Training Centre which has state-of-the-art technology and clinical facilities.

Applicants must hold a primary qualification in Dental Hygiene & Therapy and be registered with the GDC, and should possess substantial experience of working in a clinical environment. Experience of teaching in higher education and possession of a recognised teaching qualification would be an advantage although not essential, as this can be developed in-house with the successful postholder. They should be an enthusiastic team player and be committed to developing and supporting this degree and its undergraduate students.

For an informal discussion, please contact Margaret Ross, Senior Lecturer and Programme Director on 0131 536 4997 or email Margaret.K.Ross@ed.ac.uk.

Ref: Closing date: Friday 24th February 2012

Changes to the BSDHT Legal Advice Helpline Services

From 1 January 2012 the legal advice helpline service provided to members will transfer to a new provider – DAS Legal Expenses Insurance Company Limited.

Why have we made this change?
This service has been provided for BSDHT members by the same company for several years and we felt the time was right to ‘test the market’ to ensure we were still getting value for money for members.

In the current economic climate companies are very keen to acquire business and as a result we’ve been able to obtain significant savings including a price freeze for the next three years.

Who are DAS?
DAS Legal Expenses Insurance Company is the leading Insurer of Legal Expense products and Assistance Services both in the UK and across Europe with over 100 offices in 16 countries. Their Head Office in the UK is in Bristol.

What services are provided to members?
The services to members are unchanged and can be summarised as follows:-

- Personal Legal Advice 24 hours a day/365 days a year.
- Access to qualified lawyers.
- Advice on all personal legal matters including:-
  - Employment
  - Contract
  - Matrimonial
  - Property/Landlord/Tenant
  - Motoring.

How do members contact DAS?
Members should contact DAS by ringing 0117 934 0553.

What is the unique reference number that members should quote?
Members should quote BSDHT policy reference HL/6690429.
CORNWALL
Lostwithiel. Part time hygienist required to join recently expanded practice in Lostwithiel. The working hours are Monday 9.00am-5.00pm and Friday 8.00am-1.30pm. Please contact the Practice Manager on 01208 873290 for an application form.

LONDON
W11. Maternity locum required for practice in West London. To cover March 2012 to August 2012. To work two or three days a week. Please send your CV to courtneybarkle@hotmail.com

NORFOLK
Cromer. Part time hygienist wanted for a friendly, prevention-focused practice. Please send your CV to Corner House Dental Practice, 24 Norwich Road, Cromer, NR27 0AX, or telephone 01263 512390 or email info@cornerhousedp.co.uk for details.

OXFORDSHIRE
Banbury. Private dental hygienist required for two days a week (Tuesday and Thursday). To start in March 2012 in a five surgery town practice. Please contact 01295 261566 for further information.

Chipping Norton. Hygienist required, full or part time. Good remuneration, very busy list. For an interview please telephone Sara on 01608 646620 or email info@dentalimplantsclinic.com

Watlington. Part time hygienist required for two to three days per week. Nice working conditions in a friendly private practice in Oxfordshire. Please telephone 01491 613159 or email brendanhagan49@aol.com for further information.

Visit the British Society of Dental Hygiene and Therapy on the web
www.bsdht.org.uk