Jabs for the Boys

Sign HPV Action’s petition asking the government to provide HPV vaccinations for boys as well as girls.

BSDHT has joined HPV Action, a partnership of 28 patient and professional organisations that believes both boys and girls should be vaccinated. BSDHT is particularly concerned about the rising number of oral cancers caused by HPV. The number is increasing even more rapidly in men.

HPV can also cause cervical, vulval, vaginal, penile and anal cancers as well as genital warts (which can sometimes appear in the mouth).

HPV vaccination at the age of 12 or 13 years can significantly reduce the risk of developing disease and vaccinating both sexes provides the highest level of protection. In the UK currently, only girls are vaccinated through a national programme generally delivered in schools.

Boys should now be included in the UK vaccination programme:

- To protect as many women as possible from cervical cancer.
- To protect both men and women from other HPV-related cancers.
- To protect both sexes from genital warts.

It is unethical to exclude males from a straightforward, risk-free and relatively low-cost health programme that would prevent cancers and improve sexual health. Australia has already begun to vaccinate both sexes as part of its national programme.

HPV Action is hoping for 100,000 signatures on its petition so please help if you can. You can access the petition here:


There’s more information about HPV Action at www.hpvaction.org and via Twitter at @HPVAction.
NERG RUBY CELEBRATION

Towards the end of last year the NERG celebrated its Ruby anniversary. The North East Group is the first to celebrate 40 years so is the oldest BSDHT group.

The committee decided that the meeting was to be made special so each delegate received an engraved scaler in ruby red, which was made by swallow Dental Supplies. Later on in the afternoon tea and biscuits were replaced by Bucks Fizz and a piece of anniversary cake, kindly sponsored by Tandex.

The Chair, Mrs Jacqui Smith, who had been President of BSDHT, formerly BDHA, in 1992-1994 stood down from the committee. Our good wishes and thanks go to Jacqui for all her hard work and commitment to the NE group over the years.
Last chance to join Dentaid’s Dental mission to Zimbabwe!

Dentaid is offering an exciting opportunity for all members of the dental team to volunteer in Zimbabwe for two weeks in September 2014. You will work as part of a team to give pain-relieving treatments and oral health in disadvantaged communities and in schools and orphanages. The trip will also include a visit to the wonderful Victoria Falls.

The total cost is £2500 per person. This includes all travel and accommodation and a contribution towards the vital dental equipment necessary for the project.

Dentaid can provide you with resources and advice to fundraise for your trip of a lifetime!

To find out more or to register your interest, please contact Barbara as soon as possible on barbara@dentaid.org.
Tel: 07970 163798
Points from Council

The last Council meeting was held on 6 February 2014, in Birmingham.

Financial Report
Council agreed that with effect from the 1st April 2014, the remuneration guidelines will be raised by 2% in line with the current rate of inflation.

Editor’s Report
• Current consideration is being given to an electronic version of Dental Health for overseas members.
• Pdfs of the clinical papers, clinical quiz, editorial and ‘From the President’ in each issue are now available for members only on the website, along with an index for each issue.
• The Annual Clinical Journal was posted to members, last November and the CPD is now available on the website until the end of the year.
• The Poster Competition was a success with an increased number of entries. It is hoped that this initiative will continue to grow for 2014.
• The BDSHT Research Group held its inaugural meeting at OHC Birmingham. We aim to harness the enthusiasm of all those who attended and build on the momentum to drive this initiative forward.

Regional Group Co-ordinator’s Report
• Due to falling numbers at Regional Meetings there may be an opportunity to combine regional meetings to help with costs etc.
• Results of the survey sent out in Dental Health with regards to whether

members attend meetings and what they would like from them, is currently being analysed.
• Dental Schools visits are continuing and is an important way to engage students and hopefully, new members to BSDHT.

Business Development Manager’s (BDM) Report
• Plans are already underway for OHC 2014. From the Birmingham feedback we have taken note of members’ comments and will look at these as plans move forward.
• We hope to have a new management accounting system in place for the beginning of the new tax year in April.
• Held discussions with Denplan and there are considerable advantages in having them as a business partner both for regional and national meetings as well as marketing and membership drives.
• There will be a link from our website directing members of the public who come to our site to BDHF. This would allow us to formulate our own patient page without the need to give direct advice but give information on what the roles of Hygienists & Therapists do, and give some information on DA if appropriate.

Election of Council Members to Executive Team
• The following Council reps were voted onto Executive Team:
  Helen Minnery – North West Rep  and Sarah Lawson – Eastern Rep

Heart Your Smile
Heart your Smile is a dental charity which has four key goals:
• Change the public’s perception of Dentistry
• Increase attendance and uptake of care
• Emphasise the dental team’s position as trusted members of the local community
• Restore positive morale in the profession
• The BSDHT President attended a committee meeting which involved a wide range of dental professionals, including Past President Sally Simpson who is an Ambassador, BSDHT Hon Vice President Nigel Carter BDHF, Henry Schein, Prof Nairn Wilson and Dentistry Show representatives.

The BSDHT App has now been launched, with 455 downloads to date since January. We are considering an android version as a future project and will be collating the need for this. If you have any suggestions of what else could be included on the app let your Rep know. If you haven’t down loaded it yet—do it today and see what you are missing!

4
There are some issues around terminology currently used. The GDC Scope Radiography the Ben Walton Trust would benefit from monies raised. This charity supports BSDHT should consider one relevant to our profession. It was decided that BSDHT would like to support the team by joining them along the way. We are currently investigating the possibility of BSDHT members t-shirts; a button on the website to direct people to 500miles4smiles; and encourage local BSDHT members to join sections of the walk.

Employment Insurance
Research is being undertaken into the possibility of including employment insurance in the membership fee to help those with employment issues.

BSDHT – getting involved...
• Health Education England Advisory Group (HEEAG) provides expertise and advice on strategic workforce planning and education development across the dental profession – Diane Hunter is our DCP member.
• Strategic Framework for Commissioning Primary Care plans the delivery of primary care dental services in the NHS for the next 10 years. Our involvement will provide a platform for BSDHT to highlight the problems of providing services as a dental hygienist or hygienist-therapist under the NHS, especially for vulnerable groups, and domiciliary care
• Dental Local Professional Network for Leicestershire/Lincoln area team – this has been set up to engage with clinicians for clinical input into NHS and is to include DH/DTs.
• Westminster Health Forum Keynote Seminar – President has been invited to speak at this meeting in July. They would like further engagement on improving public health and the role of DH/DTs in the wider dental sector.
• Annual Welsh Rural Dental Conference in June. The President is speaking at this conference on the subject of responsibilities and opportunities for DH/DTs.

OHC 2016
• The President Elect is considering venues for OHC 2016. She gave a presentation on choosing Belfast as a venue, utilising two high quality venues in the city. Council considered benefits to delegates including cost of attending, which may be lower than mainland UK. There may be the possibility of a grant from the City Council to hold the OHC there and the opportunity for members to bring family with them as there were many activities on offer.

Tutors’ Representative
• The current representative, Liz Bannister, stood down this year. The President is now looking at the way in which the Tutors’ Rep is voted onto Council. At present they are peer elected which means they cannot be considered for Executive Team. To open it up to a full member vote would allow this and give all tutors the opportunity to be considered for Council.

BSDHT Charity
• The Council considered a range of charities to support as it was felt that BSDHT should consider one relevant to our profession. It was decided that the Ben Walton Trust would benefit from monies raised. This charity supports Action Against Oral Cancer in the Young.

Radiography
• There are some issues around terminology currently used. The GDC Scope of Practice does not use the same terminology as IR(ME)R, which confuses this important issue.
• The radiography examination devised for dental nurses was only intended as a “take and process” training (i.e. operator roles), so those who took this qualification top up training as hygienists are not trained to do the extended scope of practice and would therefore need additional training comparable to that received by undergraduate dental students.
• As Registered Healthcare Professionals, we are certainly eligible under IR(ME)R to take on the new roles, but eligibility does not equal training or competence.
• Dental hygienists and therapists can act as a referrer, practitioner, and operator if they can demonstrate they have the appropriate training and competence.
• In the case of hygienists and therapists, those students who obtain their education alongside BDS students (and get separate teaching as well) might be expected to have had the required training. But we cannot be sure that they all are examined on a practitioner role. So it remains a grey area. We will continue to work with the GDC and indemnity companies on this and will be providing some courses in the next few months for our members to be able to undertake in the areas they feel they need to ‘top up’ training.

Free Membership for Newly Qualified Students
• To continue to grow the BSDHT membership it is important to encourage student members. Some organisations provide free membership to students and 1st year qualified: we give free membership to students and during the 1st year post qualification they are offered membership at 50% reduction.
• Options for further discussion include:
• Students length of training varies between 2-4 years
Free membership with electronic journal
• Free membership to students with hard copy journal and first 6/12 newly qualified, then pay full subscription

Diary Dates
• CPD Public Consultation – GDC website 21 Mar 14
• BDA 10-12 April 2014
• BSP Gateshead 10-12 April 2014
• OHC Liverpool 21-22 November 2014

BSDHT Oral Health Conference & Exhibition, Liverpool ACC 21/22 November 2014
• Fabulous venue on the Albert Dock in Liverpool
• Easy transport links from all parts of the UK
• A great weekend destination
Are you a star?

Building on the success of last year’s inaugural ceremony, the prestigious awards will be held at the Glasgow Science Centre on Friday 9 May 2014.

Part of the Scottish Dental Show, which is taking place at Braehead Arena in Glasgow on Friday 9 and Saturday 10 May, the Scottish Dental Awards were established to showcase and celebrate the very best of Scottish dentistry.

Nomination forms can be found on Scotland Dental Show’s Website. As always, the more detail provided and the more creative the entry, the more likely it is to catch the judges’ attention.

As well as traditional categories the organisers have introduced new categories including DCP Star: which Dental Care Professional has made an outstanding contribution to dentistry?

The aim is to reward and recognise the people that make a difference and ensure that Scottish dentistry remains a beacon of innovation and professionalism.

Bruce Oxley, editor of Scottish Dental magazine, whose publisher Connect Publications organises the Scottish Dental Show and Awards, said: “The Scottish Dental Awards are one of the most eagerly awaited highlights of the Scottish Dental Show. Now in its third year, the free show continues to go from strength-to-strength. This May, more than 1500 dental professionals are due to attend alongside 130 trade show exhibitors.

“The Scottish Dental Show provides a unique opportunity for all UK dental professionals, including the 10,000 Scots working in the industry, to learn about new developments and opportunities, trial and purchase the latest products and network under one roof.”

There is also the valuable opportunity to gain eight hours of free, verifiable CPD. Spread over eight sessions on Friday 9 and Saturday 10 May, 24 world-class speakers will be giving talks and providing hands-on workshops. From CORE topics such as radiography and medical emergencies through to endodontics, facial aesthetics and composites, there is something for every member of the dental team.

Public Health England (PHE) has published new guidance for dental health professionals on how to help their patients to quit tobacco.

PHE published new guidance for dental health professionals on national ‘No Smoking Day’, on how to help their patients to quit tobacco and in doing so, save lives.

The guidance explains how you can offer very brief advice, using a 30 second approach, to tobacco users and signpost them to local stop smoking services, by following three simple steps:

ASK - establish and record smoking status

ADVISE - on the personal benefits of quitting in light of findings in the mouth

ACT - offer help and signpost to local stop smoking services

The guidance encourages dental teams to routinely engage users of tobacco as dental health professionals have a unique window of opportunity to reduce tobacco use due to their large patient base of generally healthy people, who may have limited contact with other health services.

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WORK WITH THE GDC TO PROTECT PATIENTS

The General Dental Council (GDC) is looking to recruit up to 35 Investigating Committee panel members, comprising approximately 13 dentists, 11 dental care professionals and 11 lay members.

The Investigating Committee (IC) plays a critical role in the GDC’s work to protect patients in considering complaints about the fitness to practise of dentists and dental care professionals. Investigating Committee members individually consider significant amounts of written information and evidence and then, as a panel, decide whether a matter should be closed, advice or warning letters issued or the case referred to a Practice Committee.

To be successful as an IC member, candidates will have excellent analytical skills and judgement. They will be able to consider large amounts of information and confidently express their assessment of a case. They will enjoy working as part of a panel, making reasoned decisions with objectivity and integrity.

Anyone who is interested in contributing to the GDC’s role in protecting patients and believes they have the particular mix of skills to be a member of the IC should visit the GDC’s recruitment website, here they will be able to access full information about the roles.

Applications must be made online and through this website. Please call our consultants GatenbySanderson on 0113 205 6090 only if an information pack is required in another format.

The closing date for applications is: Noon on 11 April 2014

A number of existing members have shared their experiences of going through the application process and of being IC members. You can read these at www.gdccommitteemembers.com/sections/role_of_the_investigating_committee.

High earners face higher tax bills due to pension tax changes

High earning dental hygienists and therapists are advised to review their pension provision due to HMRC changes.

From 6 April 2014, the Lifetime Allowance (LTA) - the maximum amount of pension savings that an individual can amass and still qualify for tax relief over their lifetime - will reduce from £1.5m to £1.25m. Individuals who accumulated pension pots over £1.25 million may face a tax charge of 55% on any excess.

The Annual Allowance (AA), which is the maximum annual contribution allowed into a pension scheme that qualifies for tax relief will also reduce from £50,000 to £40,000 in any one year.

While these figures appear substantial, in reality many dental services personnel could be affected. Any dental workers in the NHS Pension Scheme retiring on a pension of £62,500 or more could breach the new LTA. A dental hygienist or therapist earning over £45,000 a year could breach the annual allowance if he/she has over 20 years’ service.

In reality, most people now work for several employers in their working careers, both public sector and private and will therefore have both what are known as Defined Contribution (DC) and Defined Benefit (DB) schemes. DC schemes are ones where the employee and often the employer put in a specified amount, which is invested, allowing the member to buy a pension when they retire.

Pension pots

Importantly, if you have worked for a number of employers it’s the sum of all the pension pots accumulated that counts. However, the calculation is less obvious for Defined Benefit scheme members as most won’t appreciate the notional pot of money that sits behind their final salary pension, which the HMRC calculates to be 16 times the pension for annual allowance purposes and 20 times the annual pension for lifetime allowance purposes.

The same issue applies to the reduction in the Annual Allowance to £40,000. Most people will be aware if they are likely to be contributing such a large amount in a single year, but it’s easy to get it wrong, especially if you work for 2+ employers, or your work has a performance basis which also qualifies for pension benefits.

As a matter of urgency, anyone who thinks they may exceed the £1.25 million allowance can apply for what is termed ‘Fixed Protection 2014’ to retain their current Lifetime Allowance of £1.5m, but this must be done before 5 April 2014 and the consequences of fixed protection need to be considered carefully.

These issues are complex and we would advise contacting your employer or pension scheme if you think you may be affected. MyCSP offers a service to employers wishing to provide support to affected members.

Virginia Burke, Business Development Director, MyCSP, has over 20 years’ pensions experience from a wide variety of roles in both the public and private sector, including a trade union, a police force and a life assurance company.
As a foundation dentist, I am keen to develop my communication skills and also extremely passionate about educating children about their oral health. The combination of these factors led me to approach several local primary schools – as what better way to learn to communicate with children than throwing yourself completely in at the deep end!

With the first primary school thoroughly excited at the prospect of a dentist visit, my nurse and I hesitantly made our way there for what promised to be an interesting afternoon! The school we were visiting was an infant school, with 60 children aged between 4 and 7 years. I had arranged with the school for an information letter and consent form to be sent to the parents beforehand. This had stressed that our visit would not be a ‘check-up’, and also mentioned the use of disclosing tablets. I had also asked for the children to bring in their own toothbrushes. Our visit would be tailored to this age group: they would be moving towards brushing their own teeth, should be using adult toothpaste and often also starting to make their own decisions about what they eat.

We began our afternoon with the 5-6 year olds. We had planned similar activities for each group, but tailoring our language and the depth of information slightly depending on their ages. After a brief discussion of the importance of teeth (including some very funny talking without the children’s tongues touching their teeth!) and how to look after them, we played a game using flash cards of different foods and drinks and letting the children argue amongst themselves about whether they were good or bad for their teeth. Apparently cheese could contain mice!

Once we had all decided what was good for teeth, we had a chat about dentists, where the children described what had happened to them at the dentist and I talked a bit about why it is so important to go regularly. Hopefully this will reduce the element of fear some children may have, and it was important to make it sound as fun an outing as possible. The final aspect of our visit involved disclosing the children – this certainly provided an element of entertainment! In small groups, we could disclose them with tablets, show them their purple teeth in the mirror and they then could use their own toothbrush to clean it all off. It was really useful to point out to the children any areas they had missed once they thought they had finished brushing, and this helped reinforce the importance of two minutes of tooth brushing, as said by one girl – “it takes sooo long to get all this purple off!”. After summarising the main learning points again with the children, we gave out the almost-obligatory stickers and said goodbye. My nurse and I had such an enjoyable afternoon, and really thought that we were making a difference. Prevention of dental disease in children is so important, and it only takes a small amount of time to help develop good habits and awareness. We can’t wait for our next sessions with the other schools!

Address for correspondence: s.v.thornton@hotmail.co.uk
Making a Point – The Use of Safe Sharps

Following the introduction of The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 in May last year there still seems to be some confusion regarding the interpretation of the Regulations and the role of risk assessments in relation to the use of safer sharps and recapping.

Edmund Proffitt, Policy and Public Affairs Director at the BDIA comments, “From May last year all dental practices have to ensure that they comply with the ‘Sharps’ regulations. This means that dental practices must avoid the unnecessary use of sharps and where this is not possible a safer sharp must be used where reasonably practicable”.

He adds, “We believe from the discussions we have had with our members, practitioners and the HSE that for the majority of dental activities there will be safer devices available and that risk assessment would deem them reasonably practicable to use.

Therefore, it will be in very limited cases that ‘traditional’ devices can still be used, and this should be justified by the risk assessment process. Ultimately, it is for a practitioner to justify to the courts why they did not use a safety device, and it would be very difficult for a court to agree with the practitioner if there was a safety device on the market and others were using them”.

In terms of the ‘recapping’ of needles, the Regulations clearly state that needles must not be recapped after use unless the employer’s risk assessment has identified that recapping is itself required to prevent a risk (e.g. to reduce the risk of contamination of sterile preparations). In these very limited cases appropriate devices to control the risk of injury to employees must be provided.

As a result of the constant development of devices and technologies by BDIA members and others it is suggested that if a practitioner has decided that it is not reasonably practicable to use a safer sharp in a specific circumstance the decision is regularly reviewed to see if a different or new product is suitable.
WE DID IT - ALL THANKS TO YOU!

Dear supporter,

We’re delighted to write and tell you that today, exactly 8 weeks since launching our urgent appeal, we have reached our target of £50,000!

This is all thanks to you - our generous supporters - and we really can’t thank you enough. We’ve been overwhelmed by your response to our emergency appeal and are humbled by the generosity and kindness shown by so many of you. Visit www.bridge2aid.org/urgentappeal to view a thank you video from Bridge2Aid Patron and Champion Jockey AP McCoy.

As CEO Mark Topley commented earlier this year – Bridge2Aid is not an institution propped up by a faceless donor. Instead, we are a family of passionate people, committed to a huge, hidden and under-served need. Last month we reached a milestone by training our 300th Health Worker in emergency dental care. This means that there are now over 3 million people, in East Africa, living with access to safe and sustainable treatment because of our work.

Again, thank you so much for your support; we really could not have done this without you. We have big plans for the future and sincerely hope that you are able to join us on our journey – be it as a Volunteer, Fundraiser, Friend of Bridge2Aid or by becoming a Unity Partner. There are many ways for you to get involved and continue supporting our dental training programmes, and we’re confident that there is an opportunity for everyone.

Wishing you a fantastic week and thanking you for your continued support.

With kind regards,

The Bridge2Aid team

VISIT THE BSDHT ONLINE

See below for details of how to log on to the members’ area

• Logging on to the members’ area, you will see the box below on the screen
• Complete the boxes using the following information:
• User name: your full name, no abbreviations, no spaces, all in lower case eg. 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.
5 EASY WAYS TO GET INVOLVED IN THIS EXCITING AND INNOVATIVE VENTURE:

1. Book a walk - Walk a section of the 500 Mile route by signing up for a nominal registration fee, then develop your own fundraising page.

2. Volunteer your time - Get involved with community projects such as oral health promotion in nurseries.

3. Use your clinical skills - Undertake oral cancer screening in your practice & gain CPD!

4. Be a fundraiser - Raise money through your own projects.

5. Text donation - text SMLE54 to 70070 followed by the amount you wish to donate (£1, £2, £3, £4, £5 or £10). Please text carefully.

Like them on Facebook, www.facebook.com/500miles4smiles and share with your friends and follow them on Twitter, www.twitter.com/500miles4smiles to keep updated.

Register for a BSDHT tee shirt.

EARN UP TO £350 A DAY WITH OPRO MOUTHGUARDS

OPRO Mouthguards offer unbeatable protection against sporting injury to the teeth. We would like to recruit dental professionals to visit schools and clubs across the country to take impressions.

- Earn up to £350 for you and your team
- Full training given
- Assistants do not require dental training

For more information please contact dentaladmin@opro.com

See the making of the mouthguard film at opro.com
WHAT WILL THE EASTER BUNNY BRING THIS YEAR?

Easter will soon be upon us and it will be open season for chocolate lovers. It is important, therefore, to ensure patients understand what eating chocolate means for oral health.

Here are some reminders that can help patients to enjoy a chocolaty treat at the same time as reducing the negative impact on their oral health:

• The higher the cocoa content of chocolate, the less sugar is present.
• Avoid chocolate with sticky centres
• Limit chocolate consumption to dessert time or as a snack with a drink, such as a glass of milk or water.
• Brush teeth at least twice per day as usual, during this ‘naughtier’ time and rinse for a minute with a fluoride mouthwash.

It is also worth noting that cacao powder is a healthier alternative to conventional, processed cocoa powder and perfect for home baking.

Cacao is full of antioxidants, magnesium and iron, as well as free from sugar and artificial additives. It can be mixed with ingredients such as nuts, coconut butter and stevia or xylitol to make delicious, nutritious and tooth-friendly treats.

With National Smile Month (19 May to 19 June) also coming up, there is no better time to get your patients to take ownership of their oral health.

The battlefield comes to the lecture theatre at the BDA!

As part of this year’s conference programme, GSK are sponsoring two lectures:

Thursday 10th April – 12.30pm-1.30pm:
From the battlefield to chairside – the use of NovaMin® in combating dentine hypersensitivity - presented by Dr David Greenspan, co-inventor of NovaMin® & Dr Jonathon Earl, Principal Scientist, GSK.

This lecture will present the history of NovaMin® and how it was developed for use in oral care products.

Friday 11th April – 9.30am-10.30am:
What is the acid truth? Helping you in the search for undiagnosed tooth wear - presented by Professor David Bartlett, Head of Prosthodontics, Kings College London Dental Institute.

Professor David Bartlett explains the role of the Basic Erosive Wear Examination (BEWE) tool as a fast and simple method for identifying patients at risk and provides guidance on patient management strategies.

Visit stand B03 to receive FREE sample boxes and to discover more about the unique technology of Sensodyne® with NovaMin®, as well as the Pronamel® range of products which are proven to protect your patients from the effects of Acid Wear.
BSDHT SOUTH WEST PENINSULA GROUP
SPRING SCIENTIFIC MEETING

DATE: Saturday 5TH April 2014
VENUE: Exeter Golf & Country Club
CPD: 5.25 hours

PROGRAMME:
08.00: Registration and Trade Exhibition
08.45: Simon Heywood - Bisphosphonates
10.00: Trade exhibition and coffee
11.30: Carly Bowd from Swallow Dental on instrumentation with particular reference to implants
12.30: Lunch
13.00: Julie Rosse - Direct Access – How did we get here and what happens next?
14.30: Gill Jones and Clare McIlwaine - The new school for Hygiene and Therapy at Peninsula

BRITISH SOCIETY OF PERIODONTOLOGY
On-line booking for both the BSP Spring Meeting and the BSP Autumn Meeting is now open.
The Society will be holding 2 major conferences during 2014, as 2015 will see the Society hosting EuroPerio8 in London.
Full information on both conferences can be found on the website: www.bsperio.co.uk

BSP SPRING MEETING
10 & 11 April 2014
SAGE Gateshead, Newcastle Gateshead

BSP AUTUMN MEETING
21 - 23 September 2014
Birmingham

SPECIAL DISCOUNT FOR BSP MEMBERS
(terms and conditions apply - detailed on the website)
BOOK FOR BOTH THE 2014 SPRING MEETING AND 2014 AUTUMN MEETING AT THE SAME TIME AND RECEIVE
60% DISCOUNT OFF THE BASIC REGISTRATION FEE FOR THE AUTUMN MEETING

THE BIG EVENT TO PUT A SMILE ON YOUR FACE

DATE: Thursday 3 July 2014
VENUE: Altitude 360, Westminster
CONTACT: sales@conferenceshop.com or call 0845 873 6299.

During this two-day event, leading speakers, including Chris Orr, Robbie McConnell and Gianluca Gambarini, will discuss the latest in restorative dentistry, endodontics and equipment.
Dental professionals can choose from a range of lectures to suit their needs, accruing 6 hours of verifiable CPD.

PERIO-NUTRITION MASTER CLASSES FOR HYGIENISTS AND THERAPISTS.
Perio-Nutrition is pleased to announce four new dates for Nutrition and Implant Master Classes coming soon through May-November 2014.

The focus of the nutrition study day is an introduction to clinical nutrition for the dental hygienist/therapist to enable the inclusion of nutrition in the management of chronic inflammation and periodontal disease in clinical practice.
Back by popular demand, the implant hands-on course, hosted by Opident and supported by EMS, TePe and Philips Oral Healthcare will focus on the essentials of implant care and maintenance of the surrounding soft tissues.

For more information and to book your place visit: www.perio-nutrition.com/Courses.html

CORE CPD FOR DENTAL CARE PROFESSIONALS
5 hours of verifiable CPD including lunch for £49
DATE: Saturday 17th May 2014
LOCATION: Birmingham
SUBJECTS: Disinfection and Decontamination; Radiography; Oral Cancer: Improving Early Detection; Child Protection; Medical Emergencies; and, Legal and Ethics.
Please email for availability: info@cpd4dentalhygienists.co.uk

BRISTOL SCHOOL FOR DENTAL CARE PROFESSIONALS
Course Details for Extended Duties Courses 2014 for Qualified Hygienists & Therapists
Each course has a maximum of 12 participants and places allocated on a first come, first serve basis.

COURSE: Temporary Dressings.
DATE: Friday 6th June 2014
COST: £120.00
TIME: 9.30pm to 1pm

AIM: To give the hygienist or therapist theoretical knowledge and confidence to place temporary restorations. It includes a practical element of selecting, mixing and placing correct restorative materials in different types of cavities on phantom heads.
In addition the course enables the participant to remove composite and cements with rotary instruments particularly for post orthodontic treatment and recementing crowns with temporary cement.

OBJECTIVES:
Describe types of materials available and perform effective placement
Removal of cement with rotary instruments
Re-cementing crowns with temporary cement
The BSDHT app is now available to download free from i-tunes. Visit the app store and click on ‘BSDHT’ to download the app to your iphone or ipad.

There are currently 8 modules available: News; About BSDHT; My CPD; My PDP; Facebook; Twitter; BSDHT Website; Contact us.

Your Society is one step ahead of the rest!
Collaborative research and opportunities for the dental team

A joint FDS / FGDP(UK) research symposium

MONDAY 30 JUNE 2014
The Royal College of Surgeons
35–43 Lincoln’s Inn fields
London WC2A 3JE

PRACTICALPERIO.ORG
BESPOKE DENTAL EDUCATION FOR DCPS AND DENTISTS

Advanced Periodontology Course – LAST 5 PLACES!

We are pleased to announce that our four day Advanced Periodontology Course is coming to Durham. Further increase your perio knowledge and skills with this must-do course covering all aspects of periodontology.

With the new regulations regarding direct access and the upcoming changes to the NHS contracts, periodontology is being placed at the heart of dentistry. Patient demands are changing and there is the expectation for risk assessment to be the norm.

Our small-group teaching format mimics that of specialist training, which encourages discussion and interaction. This ensures that the course is tailored to the needs of the delegates, and that take home learning is maximized.

Course Venue: Redworth Hall Hotel, County Durham, DL5 6NL

Dates:
9th May – Module 1
6th June – Module 2 (including mini iTOP)
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Saturday 28 June 2014 Holiday Inn, READING RG2 0SL
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Southampton. Hygienist required for one or two days a week in a busy family run practice in Southampton. Please contact 02380 870066 to request an application form.

Southampton. We are a single handed private practice in Hedge End near Southampton. We will require a dental hygienist for Tuesdays from April. For further information please telephone 01489 788114.

KENT
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LONDON
W7. Hygienist/therapist required to join friendly dental team in Hanwell, West London for two days a week and two Saturdays a month. Immediate start possible. Salary negotiable. Please send your CV to hanwelldentalpractice@nhs.net

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Kingsbury/Kenton. Hygienist/therapist required for Mondays, Tuesdays, Thursdays and some Saturdays. Minimum two days. Good, permanent job in modern group/referral practice. Own surgery. Please send CV and photo to pziderman@aol.com

NORFOLK

OXFORDSHIRE
Watlington. Dental hygienist required for three days per week. Situated off junction 6 of M40, nine miles from Henley on Thames. For further information please email brendanhagan49@aol.com enclosing your CV.

Witney. Hygienist required for busy private practice in Witney. 16 hours per week. Days flexible. Please contact Judith enclosing CV at info@highstreetdentalpractice.co.uk or telephone 01993 864592.

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The Editor would appreciate items sent ahead of these dates when possible.
Send your contributions to:
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