PROFESSOR DAMIEN WALMSLEY, scientific adviser to the BDA, looks at what more can be done over the sugar issue...

THERE is no harm in reminding ourselves that dental decay is an entirely preventable condition. With an unacceptable number of children in the UK suffering tooth decay, what more must we do to get the message across to people – and children in particular – to achieve the utopia of a population with radically reduced incidence of tooth decay?

The storm against sugar as the main culprit in this battle has long since risen up and escaped the teacup. The debate has now spilled over into a full-blown public health alert, which has been vigorously stirred by eminent clinicians and one paediatric endocrinologist, in particular.

We know that it can take years to detect tooth decay, but it's taking even longer to change the prevalent attitude and behaviour towards food and drink that's obstructing the goal of lifelong healthy teeth.

It seems we must save each other from ourselves. We crave food, drinks and snacks that contain copious amounts of hidden sugars, which corrupt our tastes and decay more than just our willpower to consume healthily and only at established mealtimes.

It comes as no surprise that, globally, sugar consumption has tripled in the last 50 years for, although we ourselves are adding less sugar to our food than we used to (in beverages and on cereals, for instance), we are consuming increased amounts of pre-added sugars in mass produced, processed food; hence the current public health alarm.

There are a number of moves afoot to change the nation's relationship with food and drink, including the recent publication of Public Health England's league table for premature deaths by local authority.

Education and knowledge are clearly not enough in themselves. While personal responsibility plays a part, the escalation of sugar consumption within the population as a major public health issue means regulation is required.

There is a small window of opportunity to prevent lifelong damage to a child's teeth. A responsible approach must be adopted by food and drink manufacturers and retailers who have hitherto put profits before health and disregarded the potential ill effects of their products, while dangling temptation in front of children. Such action will help address the poor oral health that dentists see in communities across the UK.

The Advertising Standards Authority (ASA) has a specific role to protect children from the harmful effects of marketing, but retailers are still permitted to display such health-harming items in positions that predominantly catch the eyes of children, because this kind of promotion is outside the remit of the ASA.

The BDA has launched a campaign, Make a meal of it*, to draw attention to the fact that children's teeth don't just need a rest from constant grazing, but also require significant protection from the ravages of sugary and acidic food and drink. The campaign proposes policy and legislative changes with a series of elements – including an e-petition,* Help to protect children's teeth from unhealthy food and drink*, launched June 18 on the direct.gov website – to provide ways for the profession to get involved in improving the health of the nation.*

I urge all members of the dental community to get behind this campaign. ■

DR NILESH R PARMAR, one of the few dentists in the UK to have a degree from all three London dental schools, asks, how much experience makes you experienced?...

RECENTLY, I have been pondering this question. When has a dentist worked (or suffered) for enough years, before they can call themselves experienced? One year? 10 years? 40 years?

I have recently been looking for a new associate at my Southend-On-Sea practice. I started by placing an advert on Facebook, a great free resource for job hunters, along with an advert in a few paid listings. Usually, in Southend, we will get a maximum of 10 applicants, if memory serves me right. This time, we were inundated with CVs. It appears that there are a lot of dentists looking for work, and happy to travel. I had some applicants from Liverpool and Manchester, surprisingly!

Whilst reading the CVs, it was a tough task deciding on whom to interview and whom to discard. Most notably, I started to see that a lot of young (define young: under 30) dentists were applying for the job. The one thing most of these applicants had in common was no postgraduate qualifications. Nothing wrong with that, but what I did find interesting was looking at the list of courses they have attended. The types of courses these young graduates seem to think are relevant are those such as the Inman Aligner course, C-fast, Six Month Smiles, veneer and whitening courses. Not one of the 20-odd young applicants had listed a dental programme, which, in my opinion, tackled basic skills: tooth preparation, occlusion, oral surgery, or endodontics.

Without sounding like a miserable old git, I would like to see more young graduates concentrate on the core basics for the first three years of their career. These high-end courses are very good and led by highly skilled clinicians, but all require a basic skill in impression taking, removing teeth and diagnosis. These usually need a few years of practise before one is fully skilled and able to apply advanced techniques. It's all very well being able to place an ortho bracket in general practice, but if you can't take out a tooth, or take a decent impression, then it's a lost hope.

My advice to the younger guys? Go on some basic courses and list them on your CV. Consider a structured and well-respected programme that will make your future employer appreciate your good, basic skills. The job market appears to be getting competitive out there; practice owners aren't always looking for people who can run, we want our dentists to master walking first! ■

Founder of the DWT, **DR LINDA GREENWALL**, reports on an oral health education programme in Khayelitsha, Cape Town...

IN April, the Dental Wellness Trust (DWT) began to implement an oral health education programme in Khayelitsha, Cape Town. The pilot programme will be carried out in the township over six months. On April 4, 19 teachers and healthcare workers were trained as toothbrushing supervisors. The training consisted of lectures, discussions and interactive sessions involving song, dance and games. The initial screening of 250 children from five selected schools began on April 8. Once completed, the DWT plans to deliver the programme in schools across the region.

The objective is to assess how the programme works to make a measurable difference to the oral health of children in the township. During the pilot programme, three-year-old and six-year-old children will be provided with a toothbrush at school, and will participate in daily, supervised tootbrushing sessions. The programme has kindly been sponsored by Colgate SA, which provided 600 toothbrushes and educational resources.

Khayelitsha is one of the largest townships in Cape Town. Access to proper dental treatment in townships such as Khayelitsha is limited and, consequently, the oral health status is low. The community cannot afford toothbrushes and some families share one between themselves. Many people have little knowledge of basic oral hygiene and have a very limited awareness of what measures need to be taken to avoid and/or reduce tooth decay. Thus, many children and adults suffer from severe tooth decay and/or toothache. As a result, there is a strong need for education about oral health and for preventive measures, as well as dental treatments.

In response to this, the Khayelitsha initiative developed from an Oral Health Conference *held in August 2012. The Conference was co-hosted by Professor Neil Myburgh, from the University of the Western Cape, and myself, Dr Linda Greenwall. Stakeholders at the Conference included government representatives from the Department of Health, local dentists, oral health specialists, representatives from the Western Cape Dental Association and local community healthcare workers.*

With input from all parties, we conducted a needs assessment that indicated a clear need for an oral health education programme in Khayelitsha. Following the Conference, the DWT formed partnerships with Ikamva Labuntu, Medical Knowledge Institute and the University of the Western Cape – and the Dental Wellness Western Cape Action Group was established.

We then planned to initiate both the toothbrushing programme and a children's dental health survey, where our aim was to encourage long-term oral hygiene in children. Other aspects of our pilot programme went on to include a meeting for healthcare workers for the elderly in Cape Town – another educational project that we hope will become a regular and sustainable programme.

The DWT is excited to announce that three volunteers have now been trained as Award Scheme Development and Accreditation Network (ASDAN) supervisors. ASDAN is a charitable social enterprise with awarding body status. ASDAN qualifications specialise in building up personal effectiveness skills. The nationally approved qualifications are available at different levels to suit the needs of the individual. Our volunteers are now qualified to register candidates for the Certificate of Personal Effectiveness (CoPE), which will give significant added value to their work in the Dental Ambassador Programme.

The Dental Ambassador Programme aims to support the personal development of young people and equip them with essential life skills. It is an excellent way of recognising achievements and skills outside of the formal academic environment. We are now looking for participants to take part in the pilot programme. We welcome interest from both individuals and youth groups.

This leads nicely into the DWT Student Representatives programme, which is gathering pace with ever more dental students joining the network. Undergraduates from UK dental schools are invited to join and develop a range of new skills while raising awareness of the DWT, as well as raising money that will help us to transform the lives of vulnerable people. ■