

DENTAL TRIBUNE

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News in Brief

Star Trek's tricorders could become reality

The hand-held scanners, or tricorders, of the Star Trek movies and television series are one step closer to reality now that a University of Missouri engineering team has invented a compact source of X-rays and other forms of radiation. The radiation source, which is the size of a stick of gum, could be used to create inexpensive and portable X-ray scanners for use by doctors, as well as to fight terrorism and aid exploration on this planet and others. In dentists' offices, the tiny X-ray generators could be used to take images from the inside of the mouth shooting the rays outwards, reducing radiation exposure to the rest of the patients' heads.

Simplyhealth to donate £150,000 to fund research

After raising £50,000 for national heart charity Heart Research UK last year, Simplyhealth is now increasing its target to £150,000 to fund a joint research project with the charity to look at the link between heart health and dental health. Using its TV advertisement, which airs on Monday 14 January and runs until 10 March 2013, Simplyhealth is asking viewers to go to the Simplyhealth UK Facebook page and click Like. Simplyhealth will donate £1 to Heart Research UK for every Like it receives*. Viewers can also learn how the research grant process works, read highlights of research from medical institutes, read free health guides on dental health and heart health, and watch videos with experts.

www.dental-tribune.co.uk

News



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New campaign targets smokers

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Guided surgery

Dr Parmar presents a case

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Implant Tribune



Laser-lok

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Event Review



BSDHT 2012

A review of the Oral Health Conference

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Dentist awarded MBE

Public Health Consultant recognised in New Year Honours List

Dentist Dr Colette Bridgman has been awarded an MBE in the New Year's Honours List; the only one in dentistry to be recognised this year.

The list was announced on 29 December, and having received the news in November, Colette told *Dental Tribune* it was hard to keep it a secret: "The letter... arrived in late November. It was quite a distraction from Christmas preparations and it was really hard not to tell everyone. I do admit that I could not keep it from my husband and children and they kept the secret really well."

Colette, a Dental Public Health Consultant in Manchester, received the award for her services to dentistry and oral health. Since qualifying, Colette has served as President of BASCD (2009-2010), and chaired the Oral Health Strategic and Commissioning Leads Group for Greater Manchester PCTs. She led a clinical engagement/ser-

vice redesign project, introducing consistent OHNA, care pathways and clinical outcome measures in NHS general dental practice. She has also worked with the team at Healthcare Learning: Smile-on on the development of *Prevention in Practice*.


She was a member of the DH new contract working group, and has contributed to the Dental Quality and Outcomes Framework and the New Pilots clinical training programme. She established and chairs the shadow *Local professional Network* for dentistry for the 10 PCTs in Greater Manchester, and is currently seconded to commissioning development with the NHS Commissioning Board (NHSCB) working on securing excellence in secondary care and community dental service commissioning.

Recently, Colette launched 'Baby Teeth DO Matter' in Rochdale, an initiative launched fol-

lowing reports that at least 20 per cent of three year-olds suffer with tooth decay in the area, increasing to 50 per cent by the time they reach school age.

Colette said on receiving her MBE: "To have a contribution to dentistry recognised in this way in the New Year's list is a huge honour. I am passionate about the importance of dental public health to dentistry and oral health and so I am very pleased that the honours system has included it. I am very conscious that in everything I have done I have worked in teams with others. I have been fortunate to work with some amazing dental practice teams, specialist clinicians, commissioners, managers and leaders. In accepting this award I do so on their behalf and I recognise the contribution they have all made to my work and to this honour. I particularly want to mention BASCD, the specialist society home of dental public health; it is through this society's excel-

lent scientific meetings and network that my peers' support and inspiration often comes from."

Colette hopes that her work will have a positive influence: "The NHSCB will be the commissioner for all dental services from April 2013 and this affords an opportunity to level up to the best across England. Needs-led preventive care pathways focussed on outcomes are being piloted by the DH in practices across England and are welcomed by clinicians and patients taking part. I hope the lessons from this work will influence a fair and supportive new contract system. I trust the dental community will rise to the opportunity that having a single outcome focussed commissioner in the NHSCB presents, and that collaborative LPNs for dentistry will start to function and make an impact to benefit patients and the population by making effective use of the resources we have." 



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Birmingham's new dental hospital gets go ahead



An artists impression of the new facility

Plans to build a new £30 million dental hospital in Birmingham have been approved by planning officers at Birmingham City Council.

Birmingham City Council has officially approved plans to build a new multi-million pound state of the art dental hospital on the former BBC Pebble Mill site in Edgbaston. A new School of Dentistry for the University of Birmingham will also be constructed on the site.

The project will be managed by Calthorpe Estates in association with Birmingham Community Healthcare NHS Trust, the

University of Birmingham, Birmingham and Solihull LIFT and One Creative Environments.

Work is due to begin on the site in the spring and the project will hopefully be completed by 2015.

Calthorpe Estates development director Ralph Minott said: "From Calthorpe Estates' earliest masterplan proposals for Pebble Mill back in 2003, this second major medical approval will cement our ambitions for growth and regeneration at Pebble Mill, linked to this important hub of medicine, learning and life sciences within Birmingham". [DT](#)

Struck off dentist imprisoned

A dentist, who continued to work after being struck off by the General Dental Council (GDC), has been sentenced to seven weeks imprisonment.

Mr Amir Kamburov, whose registered address is in Sutton in Surrey, was erased from the GDC's Register with immediate suspension on 11 July 2012, however he lodged an appeal against that decision but remains

suspended and not allowed to practise dentistry in the UK.

The GDC, the organisation which regulates dental professionals in the UK, has helped the Crown Prosecution Service and Metropolitan Police Drugs Directorate bring a case to court after allegations that he continued to practise dentistry despite being suspended.

On Friday 7 December

2012 Mr Kamburov pleaded guilty at Lavender Hill Magistrates' Court in London to fraud by false representation and to practising dentistry unlawfully. He was remanded for Community Reports.

A further complaint was received by the GDC that Mr Kamburov continued to practise dentistry.

He was re-arrested by of-

ficers of the Metropolitan Police and charged with an offence of fraud by misrepresentation and two offences of unlawfully practising dentistry. He pleaded guilty to these three offences at Lavender Hill Magistrates' Court on Friday 21 December 2012 and was again remanded until Friday 28 December 2012 for sentencing.

On 28 December 2012, he was sentenced to three weeks

imprisonment on the first fraud offence, four weeks imprisonment on the second to be served consecutively making a total of seven weeks imprisonment. No separate penalty was imposed in relation to the charges for unlawfully practising dentistry.

Mr Kamburov's suspension is recorded on the GDC's Registers. [DT](#)

Care Quality Commission 'still failing'

The House of Commons' Health Select Committee has criticised the Care Quality Commission (CQC) in a new report published in 9th January.

Despite a previous report in 2011 that said the CQC had "failed to properly balance the demands of registering health and social care providers with the need to rigorously inspect hospitals and care homes", and had failed to understand its own priorities and objec-

tives – mainly to protect patients, the committee says things have not changed.

The report also said that the CQC had failed to recruit adequately, and that their "delay in recruiting front-line staff was indicative of an organisation which did not recognise the urgency of the problems they were seeking to address."

The MPs acknowledged the CQC was now aware of the

changes it had to make, while new inspectors have been taken on.

Committee chairman Stephen Dorrell said: "The CQC's primary focus should be to ensure that the public has confidence that its inspections provide an assurance of acceptable standards in care and patient safety. We do not believe that the CQC has yet succeeded in this objective."

Andrew Gwynne MP, La-

bour's Shadow Health Minister, said: "The sight of persistent problems at the care regulator will unnerve patients. The Government is inflicting spending and staffing cuts on the NHS and social care - patients are relying on a strong voice more than ever.

"Patients will have confidence in the regulator if rigorous inspections succeed in rooting out hospital and care home failings – patients de-

serve better."

David Behan, the CQC's new chief executive, said the regulator had carried out a strategic review and was in the process of making changes. "We will ensure that openness and transparency are at the heart of the way we develop. "We are focused on protecting and promoting the health, safety and welfare of people who use health and care services." [DT](#)

Dental staff raise hundreds for charity



Braving the elf-ements: staff from College Street Dental

Hundreds of pounds have been raised for charity by dental staff following a Christmas fun run.

Staff at College Street Dental in Burnham-on-Sea donned elf costumes and ran 10km, all in the name of charity.

Practice manager Karen Jury-Dando was joined by Nurses Julie Barker and Laura Brown,

as they completed the 'Christmas Cracker' run, and raised more than £300 for Weston Hospice.

Karen, who finished in one hour and one minute, said: "We finished in good time despite the freezing, windy conditions and are very grateful to everyone who supported us." [DT](#)

Editorial comment

Hello, Happy New Year and welcome to the first issue of Dental Tribune for 2013!

First of all, congratulations to Colette Bridgman for the award of her MBE in the New

Year Honours. Anyone who has heard her speak cannot doubt her commitment and passion for better dental health and this award is well deserved for her years of service.

In this issue we have the first of our supplements for

2013, focusing on implants. We have an interesting mix of cases to show you, and I hope you enjoy them and find them interesting. I'd love your feedback on these or any articles that we feature in Dental Tribune – please get in touch with me lisa@healthcare-learning.com.

We have a new regular contributor for 2013 – Dr Alexander Holden. As a young dentist with interests in dental phobia and law (a heady mix!) I am sure he'll have a lot to share with us. You'll find him on page 8. [DT](#)

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don't hesitate to write to:
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lisa@healthcare-learning.com

Young Dentist Endodontic Award is back for 2013

For the second year, The Harley Street Centre for Endodontics is running the Young Dentist Endodontic Award 2013. Applicants are invited to submit a case report of their best endodontic treatment so far. This national award is open to any young dentist who graduated in the last three years, whether they are in their Foundation Year or just starting out on their career. An application form can be downloaded from: www.roottreatmentuk.com

Julian Webber, founder of the Harley Street Centre for Endodontics, says: "We are delighted to be launching the Young Dentist Endodontic Award for the second year running. The quality of applications in the first year of this award was outstanding and they were a pleasure to read and assess. We are already looking forward to receiving entries which showcase the skills of young dentists."

In addition to the national recognition that the award will bring, the prizes have a total value of more than £3000 and will help the winning applicants develop their endodontic skills. First prize is a full WaveOne kit from Dentsply, second prize a Morita Root ZX Apex Locator from Quality Endodontic Distributors (QED) and third prize a Vitality Scanner from SybronEndo.

The winner's case report will be written up in a leading UK dental publication and all the successful applicants will be offered the opportunity to spend a day at the Harley Street Centre for Endodontics.

The judging panel includes; Dr Julian Webber and Dr Trevor Lamb, endodontists at the Centre and leading clinical academic Professor Andrew Eder of the UCL Eastman Dental Institute.

The application process is simple – dentists are asked to submit details of one endodontic case which showcases their ability. The deadline for applications is 31 July 2013. [DT](#)



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Routine antibiotics unnecessary for dental work

Routine antibiotics should not always be recommended to patients with orthopaedic implants prior to having dental procedures, say the American Academy of Orthopaedic Surgeons (AAOS) and the American Dental Association (ADA). This is due to insufficient evidence that routine dental procedures cause prosthetic joint infections.

“As clinicians, we want what is in the best interest of our patients, so this clinical practice guideline is not meant to be a stand-alone document. Instead it should be

used as an educational tool to guide clinicians through treatment decisions with their patients in an effort to improve quality and effectiveness of care,” said David Jevsevar, MD, MBA, chair of the AAOS Evidence Based Practice Committee which oversees the development of clinical practice guidelines.

“It has been long debated that patients with orthopaedic implants, primarily hip and knee replacements, are prone to implant infections from routine dental procedures,” added Dr. Jevsevar who also is an orthopaedic surgeon in St.

George, Utah. “What we found in this analysis is that there is no conclusive evidence that demonstrates a need to routinely administer antibiotics to patients with an orthopaedic implant, who undergo dental procedures.”

The guideline was based on clinical research which examined patients with a prosthetic hip or knee, half of which who had an infected prosthetic joint. Invasive dental procedures, with or without antibiotics, were not found to increase the odds of developing a prosthetic joint infection. [DT](#)



Routine antibiotics should not always be recommended to patients says the AAOS

GDC recruits public protection panel members

The General Dental Council (GDC) is looking to recruit 65 new Fitness to Practise (FtP) panel members to help in its public protection role.

Advertisements outlining the formal application process will appear in the national and dental trade press in February 2013 to attract applications from dentists, dental care professionals (DCPs) and

lay people. To register your interest in these roles please email Katrina.paget@gatenby-sanderson.com.

The details of anyone who contacted csecretary@gdc-uk.org earlier this year to express an interest have been passed on.

Fitness to Practise panel members play a vital role in the GDC's work to protect pa-

tients and raise standards in dentistry. The GDC has the power to take action by either removing or restricting a dental professional's registration if they fall short of the high standards expected.

Panel members sit in public hearings and consider cases where a registrant's fitness to practise may be impaired due to their health, conduct or performance.

The GDC is looking for 15 dentists, 25 DCPs and 25 lay members.

This is a great learning and development opportunity for both lay people and dental professionals who are interested in the proportionate and fair regulation of the dental profession, and also a challenging and interesting role which makes a difference for both the public and dental

professionals.

The recruitment process is being led by the GDC's Appointments Committee which ensures the independence of the panellists from the Council.

More details can be found on the GDC website. [DT](#)

New 'shock' adverts discourage smoking



One of the new anti-smoking adverts

The Department of Health has launched a new campaign to encourage smokers to quit this new year.

The campaign focuses on the message that with every 15 cigarettes smoked, a mutation is caused that can lead to cancer. A series of 'shock' adverts are used to convey this, showing a tumour growing on a cigarette as it is smoked,

similar to the 'fatty cigarette' advert brought out eight years ago.

Dr Harpal Kumar, Cancer Research UK's chief executive said: "Tobacco is a lethal product and smoking is the single biggest preventable cause of cancer. Tobacco is highly addictive and kills half of all long term smokers.

"Hard hitting campaigns

such as this illustrate the damage caused by smoking and this can encourage people to quit or may even stop them from starting in the first place."

The campaign went live on 28 December 2012 with TV, online, billboards and other outdoor advertising, and will continue until March 2013. [DT](#)

Researchers turn to Mother Nature for tooth sensitivity

According to a new study in ACS Applied Materials and Interfaces, a natural adhesive similar to that found in mussels could help prevent tooth sensitivity and remineralise teeth.

Despite the number of toothpastes on the market that are aimed at reducing tooth sensitivity, the researchers noted that there is a need for substances that rebuild enamel and dentin at the same time.

To meet that challenge, they turned to a sticky mate-

rial similar to the adhesive that mussels use to adhere to surfaces, reasoning that it could help keep minerals in contact with dentin long enough for the rebuilding process to occur.

The researchers coated dopamine on demineralised enamel and dentin surfaces to evaluate the effect of polydopamine coating on dental remineralisation. They found that teeth bathed in the sticky material and minerals reformed both dentin and enamel, while teeth bathed only in minerals

reformed only enamel.

"Polydopamine coating remarkably promoted demineralised dentin remineralisation, and all dentin tubules were occluded by densely packed hydroxyapatite crystals," they concluded. "Thus, coating polydopamine on dental tissue surface may be a simple universal technique to induce enamel and dentin remineralisation simultaneously." [DT](#)



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Discussion of dental erosion at London event



Leading New Zealand dentist Dr Andrea Shepperson will be hosting a full day lecture on 22nd March at Chandos House, London, discussing *Dental Erosion: Restorative Management of the Worn Dentition*.

Dr Shepperson believes

that erosive tooth wear is often overlooked by general practitioners, and that a careful history needs to be part of a thorough clinical assessment in cases of tooth wear.

Dr Shepperson has developed a special interest in restoring dentitions affected

by erosive wear. Initial diagnosis, implementing preventive strategies with a hygiene team, conservative minimally invasive restorative options, and reconstruction of the smile and restoration of the entire arch are all aspects of her work.

Further information is available at www.sheppersoneducation.com/London.html **DT**

New pension clarity for training practices

The pension entitlements of training practices in England and Wales have finally been harmonised and clarified, and new pensions guidance has been published by the NHSBSA, the National Health Service Business Services Authority.

Training practices have three separate income streams arising from:

- A training grant paid to the training dentist
- The reimbursement of the vocational trainee salary
- Service costs paid to the practice

PCTs and Boards were initially operating without any guidance leading to confusion around which aspects of the practice income were subject to superannuation. Early last year, guidance was introduced on the NHSBSA website for the first time, but it was still confusing.

David Paul, a Chartered Accountant and NASDAL member led the campaign to improve the pension guidance, working closely with NHSBSA to develop a document which is clear to both dentists and health authorities.

In relation to the pension entitlement of a training practice, David said that from April of this year onwards:

- The training grant is 100 per cent pensionable
- The vocational trainee salary is also pensionable but is not to be included on the ARR
- Service costs are not pensionable and must not be included on the ARR.

David said he has worked with four training practices within different health authority areas during 2011-2012. Two of the practices had been successful in having their service costs superannuated while the other two were refused. He said: "This inconsistent treatment is indicative of a lack of understanding. The new guidance now sheds welcome light on superannuation treatment for training practices." **DT**

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DDU launches online guide to ethics and law

The Dental Defence Union (DDU) has produced an online learning module to help dental professionals get to grips with the ethical dilemmas they face in their day-to-day practice, while earning CPD points.

The DDU online CPD module on dental ethics and law aims to help members understand the main principles of topics such as confidentiality, consent and capacity. After

reading background information including key principles and guidance written by the DDU's dento-legal experts and working through a number of case studies, members of the dental team can then test their knowledge by answering multiple choice questions. On successful completion of the as-

essment, dental professionals gain five hours' worth of CPD and a personalised certificate.

Leo Briggs, DDU dento-legal adviser, said:

"Dental ethics are not always black and white, and dilemmas present in many ways.

There may be no easy answers to ethical problems in dentistry and no training can hope to cater for every eventuality in practice. But there are questions which dental professionals need to ask themselves, their patients and their colleagues, in order to determine the most appropriate

course of action.

"Our interactive guide to ethics is aimed at helping members of the dental team to understand the principles of dental ethics and law and apply that knowledge to a variety of scenarios that typically arise in day-to-day practice." [DT](#)

Course gives confidence to place implants

Implant course The Basic Implant Surgery and Prosthetic Modular Implant Programme returns this April. Now in its fifth year, the course is presented by Specialist Oral Surgeons, Dr Sanjay Chopra and Dr Philip Hayter, at their referral centre in Hornchurch, Essex.

The course provides an introduction to dental implant treatment, from identifying suitable cases to immediate placement and loading. The content is delivered using a combination of live surgery, lectures and hands-on training.

Sanjay Chopra and Philip Hayter are Examiners in Implant Dentistry for the Royal College of Surgeons (RCS) in England and Edinburgh. They also lecture on the Diploma and Advanced Certificate Course in Implant Dentistry from the RCS.

The course runs for eight days over seven months, commencing 16 April 2013, and costs £4,500 + VAT. To book, and for further information, contact David Gurney on 01708 707050 or email david@highlandview.co.uk. [DT](#)



Dr Sanjay Chopra and Dr Philip Hayter present the Basic Implant Surgery and Prosthetic Modular Implant Programme in 2013

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Sometimes we all need some help...

Alexander Holden looks at the issue of addiction and professional status

The Christmas period is often a time when we over-indulge, be it in food, spending or alcohol. Rarely do we think of this over-indulgence as being too much of an issue, but perhaps we ought to consider those for whom alcohol is not just an over-indulgence but an addiction. Alcohol consumption in the UK is a problem. The WHO placed the UK in a higher risk category for drinking behavioural patterns than the majority of the developed world. We are used to thinking about alcohol consumption in relation to our patients, but as dentists, we are not immune from involvement in over-consumption or dependence upon alcohol ourselves.

There are many avenues dentists can go down to get help with addiction, whether it is for help with alcohol or drugs, but there is often a rather large hurdle; professionals in general are not likely to want to access a public service for a sensitive health issue that their patients might also be using. The help group Alcoholics Anonymous are infamous for their meetings for those struggling with alcohol addiction, but you would be surprised to find a dentist at a meeting, lest they bump into a patient. In certain populations, word of mouth can travel surprisingly fast and this becomes a significant barrier for professionals looking to access appropriate services. It is this issue that makes specialist support groups for dentists and other healthcare professional groups so important.

Alcoholism and drug addiction are often solitary illnesses. Drinking is socially accepted, but those seen as drinking too much often become the butts of jokes and in a professional capacity, a source of embarrassment and shame for the rest of us. In some social cir-

cles, casual drug use is also acceptable. This suits dentists rather well; we have a tendency towards loneliness (usually working in very small teams which may slip into being dysfunctional) and can often become stressed with the day to day aspects of dental practice. Dentists are, for the time-being, financially well rewarded for their work in relation to other professionals. In this way, relatively expensive addictions can be managed and maintained with many who are afflicted becoming adept at working whilst under the influence, being relatively high-functioning. The impairment in judgement and inhibitions are not as easily managed and professionals with addiction can become a significant threat to patient safety and the safety of other team members, as well as themselves.

Another aspect of dentistry that contributes to the proliferation of addiction is the easy availability of prescription only medication. Benzodiazepines, opiates and nitrous oxide are all fairly easily available to those who want them. The stigma that is attached to addictions within professions acts as another barrier for professionals looking to seek help. There is that fear that they will end up in front of the GDC in a fitness to practise hearing. In reality, the Health Committee tends to take a more sympathetic view towards dentists with addiction issues and it tends to be those who refuse help that lose their registration. This has to be a good thing, as the Council acting in a way that would discourage dentists from being open about their health issues would only serve to endanger patients and perpetuate a problem.

Some (as I was) might be tempted to think of alcoholism in dentists as being a problem of the

past. Only a short time ago (some reading this may even remember) it would have been normal to have a drink at lunchtime and then go on to treat patients in the afternoon. All increased regulation has done is to push such subversion below the radar so that colleagues may even be unaware that there is an issue.

What should a colleague do if they become aware of a dentist or dental professional's drinking being an issue? A referral to the GDC is perhaps slightly too strong a reaction for a first response. Whistle-blowing is still a dirty word for most people and I personally dislike the term. There are distinctly negative connotations attached

to the actions of those who speak up with concerns. Whether this is regarding addiction or other practise issues, those who speak their minds should be congratulated, potentially even thanked after the event. An appropriate first response to a colleague with an addiction issue would be to speak to a defence organisation or to speak to one of the dentist addiction support groups, for those who are struggling financially as a result of addiction issues, the BDA Benevolent Fund is also a source of help. A support charity group that works exclusively with dentists is the Dentists' Health Support Programme which is run in order to offer expert advice to those in need of it.

There is an expectation that practice will be an extension of dental school and this just isn't the case. Some who fail to cope with

the transition into practice are left feeling demoralised and alone and addiction issues may evolve as a coping mechanism. Trainers and foundation programme advisors are and need to be aware of this issue; those who struggle should not be alienated and made to feel alone.

The obvious extension is that this should be avoided in all dentists, but for those in isolated practice, accessing peer review and support can be difficult and it would be good to try to encourage this more within each local area.

If you need support for yourself or a colleague with addiction issues, the Dentists' Health Support Programme can be contacted on 0207 2244 671 or emailed on dentistsprogramme@gmail.com.

Thanks to Rory O'Connor of the Dentists' Health Support Trust which runs the Dentists' Health Support Programme for his help with providing statistics and a valuable insight into an under-discussed subject. This charity relies solely on donations from the dental profession and I hope that all readers will agree with me in feeling that this is a worthwhile and essential service which promotes the health of our professional community.

The question of why dentists might begin down the path of addiction is not easily answered; I for one can only guess, perhaps all it takes is one bad day to place an individual on the downward spiral. We spend so much energy in trying to help our patients that sometimes we forget to look after ourselves; it is good to know that if we needed it, such organisations exist. The simple aim of organisations such as the Dentists' Health Support Trust and the Benevolent Fund are to help us look after each other; maybe the non-alcoholic spirit of goodwill that pervades the atmosphere at this time of year shouldn't just be forgotten about mid-January and instead, perpetuated for the good of all. **DT**

'We spend so much energy in trying to help our patients that sometimes we forget to look after ourselves'

About the author



Alexander Holden MJDF RCS (Eng) graduated in 2011 and completed his Foundation Training in Rotherham where he also qualified as a clinical hypnotherapist. He now works part-time as a general dental practitioner with a special interest in treating dental phobia and anxiety as well as completing further training in law and dental public health. Alexander is a member of the national Young Dentists Committee and is also a trustee of the BDA Benevolent Fund.



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Auto Enrolment - How will it affect your practice?

Richard Lishman discusses pensions and the latest regulations

The Department of Work and Pensions (DWP) has stated that millions of people in the UK are currently not saving enough of their income to sustain themselves throughout retirement. With life expectancy increasing, most people are likely to live for longer than twenty years after retirement, so having money put by for old age is more vital than ever. The DWP have found that pension saving has reduced across all age groups with only one in three adults now contributing to a pension. This is why the government has brought in new 'auto enrolment' legislation that will ensure that all workers can save for retirement.

As a way of encouraging people to start saving, the government has devised a new scheme which will have all employers automatically enrol their employees into a workplace pension scheme, regardless of whether they are working in a private or public sector firm. The aim of this is to curb the hesitance many people have to save for the future. The scheme was introduced at the start of last October and projected figures estimated that as

However, some employees who don't fit the criteria for automatic enrolment may still be able to set up a workplace pension scheme. As long as that person is over 16 years old and earns more than £5,564 a year they will qualify. Despite this,

their employer will not have to contribute towards the pension. Those who already contribute to a pension scheme may have to make changes to bring it in line with the new rules.

Although auto enrolment

initially began on October 1st 2012, not all companies were required to comply immediately. The size of the company will affect when automatic enrolment occurs, with larger employers (more than 250 employees) first to enrol their

workers. Any employers established after April 2012 will be the last to enrol their workers and this will take place between May 2017 and February 2018. Most dental practices will

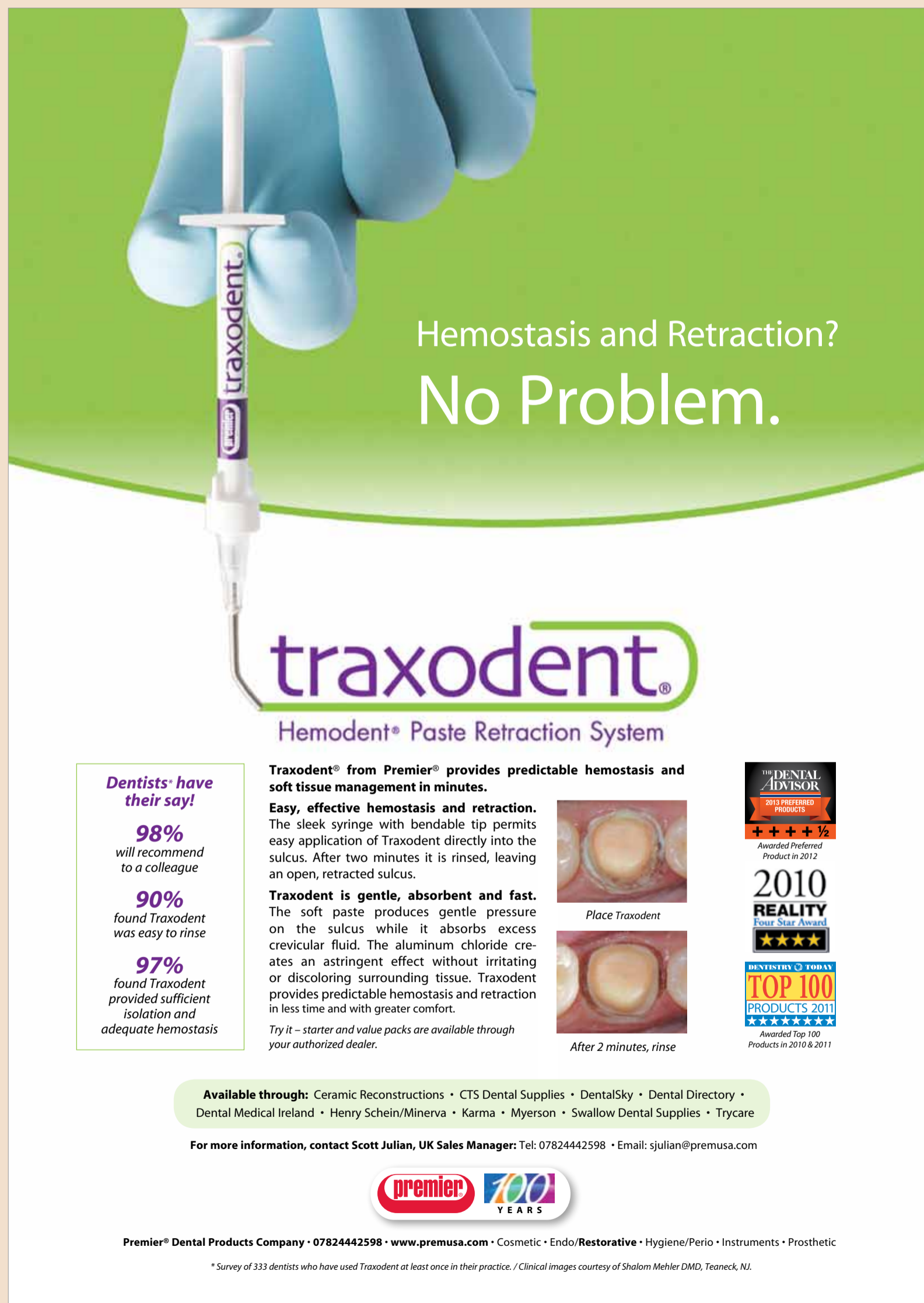
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'With life expectancy increasing, most people are likely to live for longer than twenty years after retirement, so having money put by for old age is more vital than ever'

a result of this more than half a million more people would be saving for a pension by Christmas 2012. It is predicted that come May 2015 that figure will have increased to around 4.3 million.

The introduction of auto enrolment will affect anyone who:

- Does not already contribute to a workplace pension.
- Is aged between 22 and the state pension age.
- Earns more than £8,105 a year (though this figure will be reviewed each year).



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