DENTAL TRIBUNE

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

A sweet diet...
A new study has identified that people who eat chocolate regularly are slimmer than those who people who don't. Although the findings do not state that eating chocolate will help you lose weight, lead author Dr Beatrice Golomb, an associate professor at the University of California, San Diego, said in a report that she hopes, through further research to better understand what's going on. In the study, Golomb and colleagues reviewed food questionnaires filled out by nearly 1,000 people who were asked how often they ate chocolate. The researchers then tried to find any connections between chocolate consumption and the body mass index (BMI) of the participants. The study found that those participants who regularly ate chocolate had a lower BMI than the other participants. The results were even the same when the researchers adjusted their statistics, so the participants were not affected by age, gender, education or fruit and vegetable consumption. Golomb cautioned that the study does not say that chocolate consumption will help people lose weight.

One smiley school
With National Smile Month only a matter of weeks away, St Marie's Catholic Primary School and Nursery are showing off their 'Smileys' as part of the campaign, organised by the British Dental Health Foundation. on Friday 30 March the school had a dental theme for the day. "It is always a pleasure to hear about schools taking part in National Smile Month, and St Marie's is no exception", Dr Carter said. With around eight or nine children in every class already suffering from tooth decay in primary schools across the UK, National Smile Month is the perfect opportunity to discuss and promote oral health. Born in 1977, National Smile Month has coincided with some major improvements in oral health levels in the UK. Taking place from 20 May to 20 June 2012, it is the UK's largest and most successful oral health campaign. With the help of more organisations raising the importance of oral health, Chief Executive of the Foundation, Dr Nigel Carter, believes further advances can be made. To register for your free 'Smileys' visit www.smilemonth.org for further tips and ideas of how to get involved.

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CQC announces regulatory fees update

Regulator decreases fees for some location bands

Following two consecutive consultations on the fees that it charges to health and social care providers, the Care Quality Commission (CQC) has announced changes to its fee structure and the amounts that certain providers have to pay under the Health and Social Care Act 2008. These have been approved by the Secretary of State for Health.

The fees reflect government guidance to CQC that it must recover the costs of regulation from providers.

The responses received to both consultations have led to the following changes in the fees that CQC charges providers. These included:

• Bringing providers of out-of-hours services, who will be registered from 1 April 2012, into the scheme using the same bandings and fees scale as for "Dental and Independent Ambulance Services" providers

• Reducing the lowest banding for the category "Adult Social Care providers without a ccommodation" from £1,000 to £720

• Reducing the charges for the third and fourth bandings for the category **"Dental and Independent Ambulance Services"** providers from £6,000 and £12,000 to £4,000 and £10,000 respectively

• Charging a flat rate annual fee of £1,500 to certain Primary Care Trusts

• Changing the basis of charging fees from turnover to locations for the Health Protection Agency, NHS Blood and Transplant and NHS Direct (NHSD)

The banding and fees scale for services that provide dental services, independent ambulance services or out of hour's services are determined with reference to the number of locations at or from which those services are provided. The fees are as follows:

Number of locations	Fee payable
1	£800
2 to 3	£1,600
4 to 10	£4,000
11 to 50	£10,000
51 to 100	£24,000
More than 100	£48,000

CQC chief executive Cynthia Bower said: "Our approach to fees is based on fairness and on raising only as much income as we need to cover the costs of regulation. We have listened to what providers have told us during both these consultation and have made changes to address concerns and make the fees that we charge transparent and as proportionate as possible."

Later this year the CQC will be launching another consultation about its longer-term fees strategy from 2013/16, which will include specific proposals for fees for 2013/14.

These proposals will be for providers of NHS general practice and other primary medical services who will be registered with CQC from 1 April 2013, as well as potential changes to fees for independent healthcare providers. DT

£4m for innovative solutions to tackle healthcare problems

The government has announced £4m of funding for businesses to develop ideas to address some of the biggest health problems of our time.

The Department of Health has opened two new competitions with up to £2 million of funding each to develop technological and innovative solutions that can:

- Change people's behaviour in order to reduce the impact of obesity and alcohol related diseases
- Improve the number of patients taking their medication as prescribed

Obesity and alcohol related diseases and patients not taking their medication as prescribed are major health challenges. Alcohol and obesity related diseases cost the NHS over £7bn each year and between 6-10 per cent of all hospital admissions could be preventable if prescription medication was taken correctly.

Businesses are invited to come up with innovative solutions to these challenges. This could be anything from a device which helps people monitor what they eat or drink or a personalised care package to help people take their medication as prescribed.

Health Minister, Lord Howe said: "Technology and innovation have an important role to play in helping to address the healthcare challenges facing the NHS. That is why we are investing £20 million in new and creative ideas and projects which can make a difference to patients' lives.

"Today's competitions provide an opportunity to develop innovative solutions for some of the biggest health problems of our time and we look forward to seeing the results."

Sir David Nicholson, Chief Executive of the NHS said: "Investing in innovation is vital for a modern and efficient NHS- it will benefit the patient, the taxpayer and UK plc. The Small Business Research Initiative (SBRI) is a key part of the Innovation, Health and Wealth agenda, which aims to spread innovation throughout the NHS.

"These competitions provide vital funding for businesses to explore, develop and test new technology before it becomes commercially available. Organisations are invited to submit their ideas which could have a real impact on patients and the NHS."

The competitions will be run through the Small Business Research Initiative (SBRI) process and are open to all organisations not just those in the health sector. Recent competition winners include Eykona Technologies Ltd. who has developed a novel 3D wound imaging system which allows healthcare professionals to monitor chronic wounds more effectively and tailor treatment accordingly. This system is currently being sold to the NHS.

The competitions will be managed by NHS London and NHS Midlands and East.

Businesses can find out more about the competitions by attending a briefing session, held in London on 12th April. More details are available at www.innovateuk.org.uk/SBRI. DT

NASDAL comments on the Budget

High earning dentists have reason to celebrate following the announcement by Chancellor George Osborne that the 50 per cent income tax rate on earnings over £150,000 will reduce to 45 per cent from April 2013. This could be off-set, however, if they are buying or selling very expensive properties. Stamp Duty Land Tax on residential properties over £2 million will be increased to seven per cent from five per cent.

The main rate of corporation tax is going to come down which will also benefit higher earning dentists who have incorporated and who earn more than £300,000. For most of the profession, however, the tax position will remain unchanged in the years ahead.

Alan Suggett, Chartered Accountant of UNW LLP media officer for NASDAL, welcomed the announcement that the Chancellor is going to introduce tax avoidance legislation – known as an anti-abuse rules - in next year's finance bill: "Dentists will be aware of tempting schemes for reducing tax which sound too good to be true and are usually to be avoided. The new legislation will stop the ultra-aggressive and contrived arrangements, eliminating the temptation– which will prove to be a good thing as they usually come to regret having entered into them."

Of all George Osborne's announcements, the increase in tax on tobacco by 37p is most potentially divisive, celebrated by non-smokers and the medical and dental professions, which support smoking cessation, and reviled by smokers with no intention of giving up!

George Osborne's third budget speech, which took 58 minutes, two minutes longer than the previous year, was the second shortest in 150 years. DT

Key changes:

- The top rate of income tax of 50 per cent on over £150,000 will reduce to 45 per cent from April 2013
- The main rate of corporation tax will be cut to 24 per cent next year and will fall 22 per cent from 1 April 2014. The small company rate remaining at 20 per cent
- The personal allowance (PA) will rise to £9,205 from 6 April 2013, and age related allowances for pensioners will be phased out over time as the PA increases
- A cap will be introduced on unlimited income tax reliefs for anyone claiming more than £50,000 of relief. The cap on a variety of different reliefs will be restricted to the higher of 25 per cent of income or £50,000

Overweight students are risking losing their teeth

A study, undertaken in Japan, has looked at the oral health and eating habits of more than 800 university undergraduates, and compared the levels of gum disease between students who were classed as underweight, normal weight and overweight.

The study found that students classed as overweight, that regularly ate fatty foods and rarely ate vegetables, were at an increased risk of severe gum disease likely to result in tooth loss. Students classed as underweight or normal weight were not exposed to the same risk. The study also suggested that young people who were overweight, but frequently ate vegetables were less likely to suffer from severe gum disease.

The findings are food for thought for around 450,000 students who start university in the UK each year. Current estimates suggest that over one in four young people aged 16-24 are classed as overweight in the UK, and potentially at greater risk of gum disease and tooth loss.

Chief Executive of the Foundation, Dr Nigel Carter, said: "Starting University is an exciting time for every student, but perhaps not for their oral health.

"One of the key ingredients to good oral health is a balanced diet, something I'm sure many people who have gone through university will admit to foregoing.

The myth about the higher cost of healthy eating is one the BDHF believes must be overcome in order for good habits to become the norm, and Dr Carter believes there's a perfect opportunity around the corner to do just that.

"National Smile Month is an ideal opportunity for colleges and universities to urge students to think about what they've eaten throughout the semester and how they can put it right not just during the campaign, but ensure that a good, balanced diet remains part of their lifestyle.

"Whether it's a healthy canteen on campus grounds or an initiative from one of the many dental schools, promoting a better diet to combat weight problems and improve oral health can make a difference."

National Smile Month, which runs from 20 May to 20 June 2012 is the UK's biggest annual reminder to look after their oral health. The campaign encourages everyone to brush their teeth for two minutes twice a day with a fluoride toothpaste, cut down on how often they have sugary foods and drinks and to visit their dentist regularly, as often as they recommend. DT

ADI implant courses for dental nurses

Due to the resounding success following the launch of the ADI Dental Nurses' Course last year, the ADI is continuing the Original Dental Nurses' Course for 2012 and has created an Advanced Dental Nurses' Course.

The Original One-Day Course on Dental Implants for Dental Nurses aims to increase the understanding of dental implantology to dental nurses. The course caters for the inexperienced dental nurse, offering nurses the knowledge and confidence to support the operator with surgical implant placement and subsequent restorative appointments.

The Advanced One-Day Course entitled 'Surgical Dental Implant Procedures for Dental Nurses' has been created for dental nurses who are experienced in assisting with implant placement or have completed the Original One-Day Course.

The course aims to examine the dental nurses' role in assisting with advanced surgical procedures in implant dentistry. Upon completion, nurses will recognise the instruments required, the process and the indications for each of the procedures.

The courses are located in London and Edinburgh. Both courses are booking up fast, with the first 2012 London date for the Original Nurses' Course already full. For more information visit www.adi.org.uk or call the ADI on 020 8487 5555. DT

Editorial comment

Time really does fly when you are having fun! Here we are, mid April already and conference season is rapidly approaching. I will basically be living from a suitcase over the next few weeks as trips to Manchester et al beckons.

A bit closer to home, 18-19th May sees the much anticipated Clinical Innovations Conference, held at the fabulous Millennium Gloucester Hotel in London. With a top line-up of speakers such as Nasser Barghi and DT contributor Mhari Coxon, attendees are assured of a lively thought-provoking conference and plenty of networking opportunities.

Of course no self respecting conference would be complete without a party, and the Clinical Innovations Conference is no exception! The organisers have teamed up with charitable association the AOG to present a charity ball with all the glitz and glamour you'd expect. Proceeds from the event go towards the AOG Chitrakoot Project, providing dental care to families in the Indian village of Chitrakoot and its surrounds.

For more about the Clinical Innovations Conference, go to www.clinicalinnovations.co.uk or call 02074008989. 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?

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Cradle to grave

The 2nd John McLean Honorary Symposium has been organised in order to increase the funding of The John McLean Fellowship, which was formed in May 2010 to not only fund academic and clinical research, but also to honour John for his contribution to dentistry.

During his lifetime John achieved international renown as a highly regarded dental practitioner, scientist, author and keynote lecturer. His work was underpinned by a passion for science and astute insight of trends in dentistry and it is without doubt that his contribution to his fields of special interest and expertise in dentistry cannot be underestimated.

The theme of this year's meeting is "Dental Health: Cradle to Grave" and will be held in the new seminar suite at Castle View Dental in Windsor on Friday May 4, 2012. The suite can seat a maximum of 55 delegates so early booking is advised to avoid disappointment.

Speakers include Edwina Kidd; Jim Page; Cheryl Butz; Ian Needleman; Tim Watson; Mike Wise; John Besford and David Winkler.

The goal is to raise a minimum of £15,000 for the McLean Fellowship.

A minimum donation of £300 to the John McLean Fellowship is suggested to secure your place for this unique event. Your donation will help promote and nurture student research in dental materials and enhance the opportunities available to those beginning their career in this vital aspect of dentistry.

Contact David Winkler at david@castleviewdental.net for more details. DT

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Alcohol industry sheds a billion units

Health Secretary Andrew Lansley announced recently that a billion units of alcohol will be shed by the alcohol industry through an ambitious plan to help customers drink within guidelines.

The initiative, which is part of the *Responsibility Deal*, is being spearheaded by 34 leading companies behind brands such as Echo Falls, First Cape and Heineken and will see a greater choice of lower strength alcohol products and smaller measures by 2015.

Market intelligence suggests consumers are increasingly looking for lower strength wines. In the past year, demand for lower and non-alcoholic beer has soared by 40 per cent across all retailers.

Key commitments include new and lighter products, innovating through existing brands and removing products from sale. They include:

• Sainsbury's have pledged to double the sales of lighter alcohol wine and reduce the average alcohol content of own brand wine and beer by 2020

• 25 million units will be gradually removed from Accolade Wines including Echo Falls Rosé and Echo Falls White Zinfandel

• Brand Phoenix - have committed to taking 50 million units of alcohol out of their wines - by reducing 0.8 per cent ABV on all FirstCape full strength red wines

• Molson Coors, the UK's largest brewer, has committed to remove 50 million units by December 2015

• 100 million units will be removed by Heineken

• Own brand super-strength lager will be removed from sale by wholesaler Makro

• Tesco, the leading retailer for low alcohol drinks, will reduce the alcohol content of its own-label beer and cider and expand its range of lower alcohol wines and beers, already the biggest selling range in the UK

Health Secretary Andrew Lansley said: "The Responsibility Deal shows what can be achieved for individuals and families when we work together with industry. We know it is an ambitious challenge to work in this way but our successes so far clearly demonstrate it works. We will work hard to engage even more businesses and get bigger results.

"Cutting alcohol by a billion units will help more people drink sensibly and within the guidelines. This pledge forms a key part of the shared responsibility we will encourage as part of the alcohol strategy."

Estimate suggest that in a decade, removing one billion units from sales would result in almost 1,000 fewer alcohol related deaths per year; thousands of fewer hospital admissions and alcohol related crimes, as well as substantial savings to health services and crime costs each year.

Chief Medical Officer Professor Dame Sally Davis said: "Drinking too much is a major public health issue. By cutting out units from many of our best-known brands, this initiative will help people to continue to enjoy a sensible drink while lowering their unit consumption." DT

Researchers find bacteria on dental bib holders

The sterilisation protocol for dental bib holders is inconsistent and can result in the presence of bacteria such as pseudomonas and micro-organisms, researchers from Germany have proved. In a study, they found bacteria on more than two-thirds of reusable bib holders.

The researchers at the Witten/Herdecke University in Witten, Germany, examined 30 metal and plastic bib holders.

"The analyses of the bacterial load showed that 70 per cent of all reusable bib holders were contaminated with bacteria. The predominant colony types identified were staphylococci and streptococci. On several bib chains, we also found various bacterial rods, pseudomonas, fungi and other types of cocci," said Prof Stefan Zimmer, lead investigator of the study and scientific director at the Witten/Herdecke University. "Although the bacteria found in this study were all non-pathogenic, in principle reusable bib holders can cross-contaminate dental patients."

The bacteria found on the bib holders do not usually cause disease in healthy people, but can be a threat to immunosuppressed patients, as well as young children and the elderly, who often have compromised immune systems. Bacteria from an unsterilised bib holder can enter the body when a patient touches the bib holder or neck after a dental visit and then rubs an eye or touches the mouth.

Cross-contamination can also occur when a bib chain is splattered with saliva, plaque, blood and spray from the mouth, when it catches onto hair and accumulates the wearer's sweat, make-up or discharge from neck acne, and if the dental worker applies a dirty bib chain with gloved hands before the examination or cleaning.

Several other studies have found similar results. Three US studies found unacceptable levels of microbial contamination on dental bib holders, including pseudomonas, E. coli and S. aureus, the most common cause of staph infection. DT

All aboard the Smile Train

A kind hearted dentist is going the extra mile for a children's charity. Dr Greg Paysden, *(pictured)*, who runs two dental practices - one in North Manchester and another in Salford - has set his sights on running the Wilmslow Half Marathon in a bid to raise money for Smile Train.

Formed in 1999, Smile Train is the world's leading cleft charity providing free cleft lip and palate surgery to children in developing countries. It also provides free cleft-related training for doctors and medical professionals. To date, it has helped more than 725,000 individuals across more than 80 of the world's poorest nations.

Speaking of his efforts to raise funds that will help Smile Train in its invaluable work, Dr Paysden said: "A lot of children affected by clefts are considered outcasts by society. This can mean they are excluded from education and overlooked for job opportunities. In worse case scenarios, some are even killed or abandoned at birth.

"It's hard to believe that children are being treated in this way over something that isn't their fault and can be fixed so easily. By running the Wilmslow Half Marathon I hope to gain as much support as possible and bring a smile to a child's face."

To contribute visit: www.justgiving.com/GregPaysden DT

Calories to be capped and cut

Calories in food will be cut

The country's biggest supermarkets, food manufacturers, caterers and food outlets are joining forces to help cut five billion calories from the nation's daily diet, the Health Secretary Andrew Lansley recently announced.

Asda, Marks & Spencer, Morrisons, Sainsbury's, Tesco, Waitrose, Coca-Cola Great Britain, Kerry Foods, Kraft, Mars, Nestle, PepsiCo, Premier Foods, Unilever, Beefeater (Whitbread), Subway and contract caterer Compass have all joined the fight against obesity and are leading the way in signing up to the *Responsibility Deal's* calorie reduction pledge.

England has one of the highest rates of obesity in Europe and some of the highest rates in the developed world. More than 60 per cent of adults and a third of 10 and 11 year olds are overweight or obese. Consuming too many calories is at the heart of the problem.

Making commitments today to cut and cap calories are some of the world's biggest food and drink manufacturers and best known brands. More than three-quarters of the retail market has signed up. The following examples highlight some of the initiatives being taken:

• Asda will develop a new reduced calorie brand across a wide range of products that will contain at least 30 per cent fewer calories than their core Chosen by you brand
• Coca-Cola Great Britain will reduce the calories in some of its soft drinks brands by at least 30 per cent by 2014
• Mars will cap the calories of their chocolate items to 250 calories per portion by the end of 2013
• Morrisons will launch a range of healthier products developed by their chefs and nutritionists
• Premier Foods will reduce calories in one third of their sales by the end of 2014
• The Subway brand has committed to offer five out of their nine Low Fat Range Subs
• Tesco is on track to remove 1.8 billion calories from its soft drinks, will expand its Eat, Live and Enjoy range of low-calorie meals and is making it easier for shoppers to spot low-calorie options

Health Secretary, Andrew Lansley said: "Eating and drinking too many calories is at the heart of the nation's obesity problem.

"We all have a role to play – from individuals to public, private and non-governmental organisations – if we are going to cut five billion calories from our national diet. It is an ambitious challenge but the Responsibility Deal has made a great start." DT

National Conference on CPD in dentistry

The General Dental Council (GDC), is holding a national conference 17 April 2012 focusing on the role of Continuing Professional Development (CPD) in dentistry.

Bringing together a wide range of speakers from across the four countries of the UK, the event will consider the themes of:

- CPD and professionalism
- Effectiveness of CPD in dentistry
- Contribution of CPD to quality dental care
- Examining quality & access to CPD
- GDC registrant perspectives

The free event will be held at the Royal Institute of British Architects, 66 Portland Place, London W1B 1AD 10am-4pm.

It will be of particular interest to those involved in developing, designing and delivering CPD for dental professionals, but anyone with an interest is welcome to attend.

To attend you must register on the GDC website at www.gdc-uk.org/Aboutus/Researchandconsultations/cpdreview/Pages/CPD-review-event.aspx-Conference.

Speakers include:

- Kevin O'Brien, Chair of the General Dental Council
- Barry Cockcroft, Chief Dental Officer for England
- Professor Andrew Friedman, University of Bristol
- Judith Husband, Vice-Chair of the British Dental Association
- Nicola Doherty, President of the British Association of Dental Nurses
- Donncha O'Carolan, Chief Dental Officer for Northern Ireland DT

Kwick-Screen wins prestigious prize

KwickScreen has won the best start-up business at the Lloyds TSB enterprise awards. In their newsletter, a spokesperson for KwickScreen said: "It really is a great honour to win such a prestigious prize and we are grateful for everyone's support along the way. We only started selling the KwickScreen just under two years ago and now we have been adopted by more than 40 NHS trusts.

"Thank you everyone for your continued support, it really means a lot to us."

A KwickScreen help provide infection isolation, improve privacy and dignity and they can even be personalised thanks to a method which means any design can be printed on the screens. According to the KwickScreen newsletter, several hospitals have brought the screens to hide unsightly equipment and to brighten up the hospital environment for both patients and staff.

The Lloyds TSB Enterprise Award was set up to show that Lloyds TSB is committed to the small and medium sized business market. It is also a way of helping to encourage new start-ups and enterprises. DT

The Kwikscreen

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References:
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2. Data on file FCLGBP0023+28, McNeil PPC.
3. Fine DH, et al. *J Clin Periodontol* 2005; 32: 335-40.
4. Sharma N, et al. *JADA* 2004; 135: 496-504.

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Paul Sutcliffe, owner S&S Dental Services said: "We are delighted to be an official distributor for Planmeca. We're a great match as they specialise in the design and manufacture of high tech dental equipment and we are known for our excellent service and extensive product knowledge.

"Dentists chose Planmeca products because they are cutting edge, not only in terms of technology, but also in terms of design. Gone are the days when surgeries look sparse and somewhat frightening. Planmeca products are very stylish and play a key role in helping to make visiting and working in the practice a more enjoyable experience for patient and dentists."

Plymouth-based S&S Dental Services provides a one-stop sales and service shop to more than 1000 practices throughout the south west. They have been awarded the Planmeca contract because of its established reputation in the dental field. The south west enjoys a high concentration of dental surgeries using Planmeca, so S&S Dental will be able to provide a local service to these dental clinics and practices using, as well as introduce these fantastic high-tech products to those who are looking to invest in new equipment.

For more information about S&S Dental and Planmeca, call 0844 272 4561.

Profits down, costs up in NASDAL stats for 2010-2011

NASDAL
National Association of Specialist Dental Accountants & Lawyers

The annual benchmarking statistics just issued by NASDAL reflect the wider economy in 2010-2011, the most recent year for which figures are available. Fee income is down for both the NHS and private sectors, profits are generally down and costs have increased. The average net profit for a typical dental practice has reduced from £139,569 to £125,691.

Calculated annually by NASDAL firm Humphrey and Co, the statistics are gathered from a sample of practices across the UK to provide average 'state-of-the-nation' figures. They are used by NASDAL accountants to help dentists and dental practices benchmark their figures. A limited version of the statistics is made public at an annual press conference to produce a snapshot of dental practice finances across the country over recent years.

The statistics reflect the fee income of both NHS and private practices. To fit in either category, you must have a greater than 80 per cent commitment. In NHS practices, fee income has fallen by three per cent, whilst profits fell by nearly 10 per cent compared to the previous year and are now back down to 2005/6 levels.

Private practice fee income has remained static but rising costs have led to a seven per cent drop in net profit. The average UDA rate paid to practices appears to have remained static at around £25 over the last three years. While the highest UDA rate paid to a practice was around £44, the highest to an associate was £33.50.

The profit of Associates has continued to fall and in 2010-2011 stood at around £68,000 compared to £71,000 in the previous year. The majority of associates still enjoy a 50 per cent agreement with their principal but this is not always 50 per cent of the full UDA rate agreed with the Primary Care Trust.

Ian Simpson, Chartered Accountant and Specialist Dental Advisor, said that while private practice appeared to be surviving reasonably well despite the economy in 2010-11, mixed practices had suffered. He added, larger practices had experienced the greatest impact on profit.

Nick Ledingham, NASDAL chairman, of Specialist Dental Accountants Morris and Co, speaking at the press conference, said the figures provided an interesting insight into how dentists and their patients responded to an economy in the doldrums. He believes the NHS fee income has dropped because fewer non-exempt patients were going for treatment and some dentists were opting not to fulfill or were unable to fulfill their NHS contract. He believes mixed practices which have fared least well are best placed to prosper as the economy recovers.

He added: "NASDAL clients will benefit hugely from the statistics as their accountants will be able to benchmark their results and work with them to ensure they are well placed to maximise their potential." DT

THE Clinical Innovations CONFERENCE 2012

18th and 19th May 2012

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Switch on to new ideas

Speakers:

Prof Nasser Barghi
Dr Richard Kahan
Prof Gianluca Gambarini
Dr Wyman Chan
Dr John Moore
Dr Ajay Kakar
Ms Jackie Coventry
Dr Mona Kakar
Basil Mizrahi
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Mhari Coxon
Amit Patel
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A budget summary for dentists

Jeff Williamson highlights the areas affecting dentists in the recent Budget

Some dentists may be able to breathe a sigh of relief following George Osborne's 3rd Budget on Wednesday 21st March. There were no big surprises, not least because The Budget was widely leaked to journalists beforehand. In general, the effect of The Budget is likely to be neutral or even positive for many dentists, although it highlights the need for careful tax planning over the next few years.

What didn't happen...

Contrary to rumours the Chancellor didn't remove higher rate tax relief on pension contributions. Those dentists making pension contributions in any shape or form can hang onto this generous tax perk for at least foreseeable future.

Despite the Liberal Democrats pushing for the loss of tax free cash from pensions, this hasn't happened. This particularly benefits those close to retirement, especially those with significant NHS Pension benefit or large personal pension funds.

'High earners' have avoided further raids on income or capital taxes. There were no negative changes to the rate of tax paid by higher rate tax payers, although the loss of the increased personal allowance (£9205 in 2013/14) for those with income in excess of £100,000, is likely to be widespread amongst dentists. This shouldn't be ignored and can be mitigated with pension contributions.

The headlines...

The highest rate of Income Tax will be reduced to 45 per centfrom the current 50 per cent for those earning in excess of £150,000, from April 2013. Some careful planning may be required to time the withdrawal of income (salary/dividends/drawings) to ensure the reduction has maximum personal impact. We advise dentists reassess their business year end timing with their accountant as this may be critical to saving tax.

> *'Contrary to rumours, the Chancellor didn't remove higher rate tax relief on pension contributions'*

Stamp Duty on house purchases over £2 million is to be increased to a staggering seven per cent. On a purchase of £2 million the amount of Stamp Duty paid will be roughly equivalent to the average UK house price (£140,000). Whilst relatively few dentists will be affected by this it may set a precedent for future increases to stamp duty at a lower threshold.

The Personal Allowance will increase to £9,205 from April 2013, benefiting those with income under £100,000. If you pay your spouse and have previously set their salary in line with the personal allowance you should revisit this. However the level of income at which National Insurance is paid should also be considered. The increase to the personal allowance will unfortunately be partially offset by the decrease in the threshold for paying higher rate tax. Therefore the increase to the personal allowance is likely to benefit dentists to a limited extent.

Tax avoidance continues to be a target for the Chancellor and is estimated to cost the Treasury £5 billion a year. A General Anti Avoidance Rule (GAAR) is set to be adopted, targeting contrived or artificial schemes. Dentists considering non-standard ways to avoid income tax should exercise caution as such schemes may well be subject to future legislation. If you are part way through a tax avoidance scheme when the loophole closes this can be hugely problematic.

The effect of The Budget is likely to be neutral or even positive for many dentists

There was a slight softening of the proposed Child Benefit reduction, with the much vaunted 'cliff edge' being raised to £60,000 from January 2013 and a phasing in of the cut for those with income more than £50,000. As many dentists earn in excess of £60,000 loss of Child Benefit is likely to be widespread in the dental community.

Corporation Tax reductions are likely to benefit incorporated practices over the next three years. However most will fall outside the main corporation tax reduction to 22 per cent in 2014. The 'smaller profits' rate has already fallen (as per previous budgets) to 20 per cent, for companies with profits under £300,000. It is this rate that will be applicable to many incorporated dental practices. The good news is that corporation tax rate levied on the slice of profits between £300,000 and £1.5 million, known as the 'marginal rate', will fall. Practices considering incorporation should discuss the impact of this with their accountant. DT

> *'Tax avoidance continues to be a target for the Chancellor and is estimated to cost the Treasury £5 billion a year'*

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PFM Townends LLP are chartered accountants dealing exclusively with dentists. They provide a full range of accountancy services including payroll to practices, practice owners and associates. Please contact Jeff Williamson on 01904 656083 or visit www.pfmtownends.co.uk for further information.

Improving practice performance

Amanda Atkin considers what you should do when things go awry

We have multi-skilled healthcare professionals in this country who provide dental health care to the population. Dedicated, committed and highly skilled dental teams are focused on offering high quality care for patients within and without the NHS. However, sometimes things can go a little awry and their professional integrity is called into question.

If this happens the over-riding concern is always for patient safety but professionals also need support and sensitively to ensure they are treated fairly by the organisation employing them. After all, for the majority, an episode of sub-standard performance will not spell the end of a career.

With the right support and management of the situation most professionals will continue with their work and the treatment of patients. Quick and effective intervention regarding performance concerns should result in the desired outcomes – which must always include support for the practitioner. Importantly, all concerns must be treated in a fair and consistent manner.

'The over-riding concern is always for patient safety, but professionals also need support'

Consider these questions:

- What constitutes a performance concern?
- Who could/should raises concerns?
- Do those who could or should raise concerns know how to do so?
- Who should manage a performance concern once it has been raised?
- Do you know the answers to these questions?

A 'poor performance' reporting system should be simple enough to follow so that everyone knows who to speak to and what will be done, whomever the concern involves. Sometimes it is difficult to voice concerns especially if it relates to your boss, however, it is important to remember your reasons for raising a concern at this point. Your in-house process and procedure will have identified individuals who will be able to help at this point.

Performance concerns may relate to:

- Standard of work – for example frequent mistakes or not following a task through
- An inability to handle a reasonable volume of work to a

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