

# DENTAL TRIBUNE

The World's Dental Newspaper • United Kingdom Edition

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## News in brief

### Cosmetic rise

Market research by Mintel shows that the amount of money spent on cosmetic dentistry in the UK has risen from £210m in 2005 to £627m in 2007. A recent survey by the British Academy of Cosmetic Dentistry found that over a quarter of the population has had cosmetic dental treatments and many are travelling overseas to get it. The BACD is advising people considering treatment abroad to make sure they do some research first.

Board member and cosmetic dentist Tif Qureshi advises people thinking of seeking treatment in another country to 'make sure that whoever you're going to see has a good portfolio of cases that they've actually done'. He added: 'It's very important to go to the dentist's website, see how many veneer cases they've done - or any of the procedures they've done - rather than just going with it on price.'

### Olympic dentist

A dentist in Peterborough has been chosen to treat the British athletes competing in the 2012 Olympics.

Athletes, including Rebecca Adlington, Tom Daley and Chris Hoy, will be able to visit The Smile Boutique in Peterborough for their dental check-ups. The dental surgery was recommended by the British Dental Association as part of the Olympic Passport Scheme designed to offer exclusive benefits to athletes.

Practice manager Cheryl Lawrence called it 'a credit to our practice and our staff whose work and skills were recognised in this selection process'.

### Older patients

This year's eighth annual Premier Symposium includes lectures on how to treat the older patient and the facts and myths of infection control.

The event hosted by Dental Protection and Schülke has become more team focused in recent years, in recognition of registration of dental care professionals and the importance of a team approach to risk management. The event includes six hours verifiable Continuing Professional Development for all members of the team who are registered with the General Dental Council.

Tickets are available from Sarah Cunliffe, [sarah.cunliffe@mps.org.uk](mailto:sarah.cunliffe@mps.org.uk), or telephone 020 7399 1339. The Premier Symposium will take place on Saturday 29 November at Kings College, London.

[www.dental-tribune.co.uk](http://www.dental-tribune.co.uk)

## News & Opinions



### Scottish funding

A £75m funding package for dental services in Scotland is an 'encouraging development' says the British Dental Association.

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## Practice Management



### No-shows

Broken appointments cost practices from £20,000 - £50,000 a day. So what can you do about it? McKenzie has the answers.

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## Implant Tribune



### Less invasion

There are several surgical techniques to choose from when it comes to sinuslift, but have you tried Summer's and Hydrolic?

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## Events



### Dress Up Day

Dentaid raised more funds for overseas work with *Dress Up Day*. Participants turned out as pirates, cowboys and Indians.

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## Fluoride consultations take off

The first of a series of public consultations, that could lead to 40 per cent of England's water being fluoridated, has begun.

Southampton is just one of a number of areas in the country earmarked for fluoridation after the government changed the law making it easier for strategic health authorities to demand that water companies fluoridate water supplies if there is strong local support for doing this. Before that, water companies had the power to decide.

South Central Strategic Health Authority (SHA) launched the consultation for a water fluoridation scheme on Monday 8 September.

Dr Jeyanthi John, consultant in dental public health, Southampton Primary Care Trust said: 'We are very pleased that following research into the feasibility, safety and cost of water fluoridation, South Central SHA has decided to begin the public consultation on water fluoridation. Southampton City PCT believes water fluoridation is the most effective way of reducing the large numbers of tooth fillings and extractions currently needed by children in Southampton, and will also improve the oral health of everyone locally drinking fluoridated water.'

The PCT claims if the level is topped up to one part of fluoride per million parts of water (1ppm), studies from around the world suggest that the average child is likely to have two fewer decayed teeth and that about 15 per cent more children would be totally free from tooth decay.

It also cites evidence from countries where the water has been fluoridated for more than 40 years, such as the United States and the Irish Republic, that suggests that adults benefit as well as children.

'It has set strong targets in this area and we are heartened by its belief they will be met during the next year,' said the report.

GDC's president Hew Mathewson welcomed the findings and said: 'The GDC has implemented some major changes over the past couple of years to enhance patient protection. We've introduced registration for some 40,000 dental nurses and dental technicians and other professionals, enhanced our fitness to practise procedures, launched the Dental Complaints Service and rolled out continuing professional development requirements to the whole dental team.'

## 'Highly effective' GDC

The Council for Healthcare Regulatory Excellence, however, did express concern over the time it took to resolve fitness to practise cases.

Although the CHRE performance review of regulators did note that the GDC has put more resources into improving the 20 month average time between receipt of a complaint and final hearing.

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However anti-fluoride campaigners, UK Councils Against Fluoridation, claims it will mean one in eight children will grow up to experience discoloured or mottled teeth.

Tony Lees, dental adviser to UK Councils Against Fluoridation, said the most comprehensive study into the practice, the York Review, estimated 12.5 per cent of people in fluoridated areas would develop fluorosis. He claims it condemns one in eight of the population to a lifetime of paying for completely avoidable cosmetic dentistry.

Southampton City Primary Care Trust (PCT) claims most fluorosis is minor and many sufferers remain unaware of it.

The consultation will run until December 19. A final decision will be made early next year.

Around 5.5 million people in Britain already drink fluoridated water, including people in Birmingham and many parts of the West Midlands, Newcastle, Gateshead, parts of Northumberland, Durham, Cumbria, Cheshire, South Humberside, Lincolnshire, Nottinghamshire, Derbyshire and Bedfordshire. DT

Are you for or against more fluoridation?

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## DTUK mailbox



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## Political gripes, dental dilemmas, guest comments, general feedback... We want to hear them all.

### Oppose fluoridation!

People of England, your future health may depend on what will happen in Southampton in the next few months: A heavily subsidised (£ 180,000 of your taxmoney; as well as a full time 'job' worth more than £ 70,000 a year-see the *Guardian*) so-called public consultation is underway in Southampton. If the state is not met with enough public opposition, most of the Southampton water supply will be 'fluoridated' and the state will use this 'victory' to further its plan to do the same to many more poor people all over England.

Would you rather believe subsidised government propaganda or would you rather investigate for yourself and then decide?

Let's start with a few quotes from more brilliant men than myself:

*'Government is an association of men who do violence to the rest of us.'*

Leo Tolstoy

*'Government is not reason, it is not eloquence, it is force. Like fire, it is a troublesome servant and a fearful master. Never for a moment should it be left to irresponsible action.'*

George Washington

*'The ruling class has the schools and press under its thumb. This enables it to sway the emotions of the masses.'*

Albert Einstein

*'Government is nothing but systematic coercion against the people, and coercion is a crime.'*

Henry David Thoreau, in *Civil Disobedience*

*'What a great advantage for leaders that the people do not think!'*

Adolf Hitler

*'The individual is handicapped by coming face-to-face with a conspiracy so monstrous he cannot believe it exists.'*

J. Edgar Hoover, Former FBI director (1924-1972)

*'If people let government decide what foods they eat and what medicines they take,*

*their bodies will soon be in as sorry a state as are the souls of those who live under tyranny.'*

The great American President Thomas Jefferson

You, the reader should investigate for yourself. The element fluor was part of all the weaponised gases in the first world war. Ongoing research immediately after the end of the war, both in Germany and the Soviet Union, showed how fluoride, when added to tap water in prisons and concentration camps, had the effect of dumbing down, making the inmates sluggish, depressed, and devoid of initiative. Very useful to prevent risky dissent and uprisings! Also, it makes me suspect fluor is not that good for our bodies!

The most expensive private clinics in Germany between the two world wars used a small amount of fluoride in bathing water for treating patients with OVERactive thyroids. After a few years this was stopped because it was devastatingly effective: All patients then had UNDERactive thyroids for the rest of their lives! Could it possibly be that a small amount of fluoride in the tap water you use to shower or bathe, is actually total poison to your thyroid?

Look up what the National Kidney Foundation in the USA thinks about fluoride and kidneys.

The solution used to fluoride tap water is NOT natural Calcium fluoride but sodium- and silicofluoride WHICH HAS NEVER BEEN TESTED FOR SAFETY ON HUMAN BEINGS.

Also, the solution used comes from industrial scrubbers and contains heavy metals like lead.

It is illegal to medicate anyone against his will, so as long as there is one person in Southampton opposed to this fluoridating, it is illegal. This shows you how arrogant and preposterous it is to hold a public consultation in order to make it look acceptable to the public.

Use your intuition. Everybody has at least some.

**A dentist**

# Dental vacancy rates fall

Long-term vacancy rates for NHS dentists have fallen from 1.1 per cent to 0.9 per cent, according to statistics published by the NHS Information Centre.

The NHS Vacancy Survey 2008 reports on NHS vacancies that remained unfilled for three months or more on 31 March 2008.

The survey showed that the North East Strategic Health Authority had the highest long-term vacancy rate across medical and dental staff groups at 1.6 per cent

(though this was a fall from 1.9 per cent in the previous year).



This is good news for patients

Chief executive of the NHS Information Centre, Tim Straughan said: 'Today's figures show long-term vacancy rates are continuing to fall across nearly all staff groups. This is good news for patients because low vacancy rates are likely to contribute towards better continuity of care.'

The three month vacancy rates are calculated by dividing the number of vacancies by full-time equivalent staff in post plus the number of vacancies. This ratio is expressed as a percentage. [DT](#)

# Colgate Oral Health Month

More than 85 per cent of UK dental practices have registered to take part in Colgate Oral Health Month.

Colgate Oral Health Month by Colgate and the British Dental Association aims to inform the general public and promote the importance of oral health.

A spokeswoman for the campaign said: 'The 2008 campaign

is focusing on delivering consistent preventive messages.'

She added: 'Colgate Oral Health Month provides the entire dental team with an opportunity to get involved in a nationwide campaign that will be supported by TV advertising.'

A road show will travel around major UK cities throughout September. Dental professionals will be at mobile toothbrushing units

to give advice on oral health and demonstrate appropriate brushing techniques. They will each receive a practice pack that contains educational materials, a patient competition, motivational stickers and patient samples.'

The continuous professional development (CPD) programme 'Delivering Prevention in Practice - A Team Approach' is available as part of Colgate Oral Health Month.

Whilst working on the programme, the whole dental team will qualify for four hours verifiable CPD.

Visit [www.colgateohm.co.uk](http://www.colgateohm.co.uk) to download this interactive programme. [DT](#)



# 'Highly effective' GDC

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Mr Mathewson added: 'We are not complacent though. The report highlights some areas where we need to improve, and I'm pleased to say we have already started work on them. We have an ambitious work plan which includes launching a system for regularly 'revalidating' dental professionals (we're on track to run pilots next year),

continuing to drive down the time we take to deal with fitness to practise cases, and streamlining our registration processes.'

The GDC is particularly strong on standards and guidance, according to the review which praised its Standards for Dental Professionals as prioritising patients' interests, and having well-focused and clearly written standards and guidance documents.

Another area where the GDC excels is public protection.

'The GDC audits a random sample of registrants' CPD records and additionally reviews those of all registrants who have been late in submitting fee payment, for example, to ensure those who are poor at keeping on top of such things are not slack at keeping up with other requirements the GDC places upon them,' said the report. [DT](#)

## International Imprint

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# Editorial comment

## To fluoride or not to fluoride...

The prospect of the government using thousands of our pounds to add fluoride to our water raises more than a few crooked eyebrows. Some of you out there are genuinely delighted that the UK is finally making headway with reducing tooth decay through a pretty clear cut solution – both in adults and children. While others of you – dentists and members of the public – are fuming. So what to do?

Well the easy get-out clause for the government is to roll out any ‘controversial’ issue to a ‘public consultation’. It certainly sounds good doesn’t it – even has overtones of the right kind of public etiquette, and genuinely sounds like it includes the views from the very rich and the very poor. Maybe it does, but I really can’t imagine we’ll receive a phone call asking whether we are ‘for’ or ‘against’ fluoridation. But if we do, what will they say? Will they say: ‘Hello, how do you like the idea of ingesting a substance which is used as a pesticide and has been suspected of causing cancer, hip fractures, mental impairment, fertility problems, thyroid conditions, brittle bones, anemia, chronic fatigue, excessive thirst, headaches, skin rashes and dental deformities?’ Probably not.

### Added vitamins

Chatting to Dr Cockcroft last week his reasons to back fluoridation are set in stone. When asked why everyone else should drink fluoridated water for the benefit of the more decayed, he said: ‘I don’t have the right to impose fluoridation, but would you stop treating lung cancer in people just because they smoke?’

‘We add folic acid to bread and cereal, more vitamins and minerals to biscuits and confectionary so what’s the difference? If you lose your teeth at ten years-old you are stuck with that for the rest of your life.’

For the ‘evidence’ for fluoridation is pretty weighted isn’t it. Studies from around the world claim that the average child is likely to have two fewer decayed teeth and that about 15 per cent more children would be totally free from tooth decay. The government will also add that ‘fluoridation is an effective and relatively easy way to address health inequalities – giving children from poorer backgrounds a dental health boost that can last a lifetime, reducing tooth decay and the dental work they need in the future’. In response to this, plenty of highly voluble, expert and experienced doubt-ers – used to winning fluoridation arguments, rather than being brow-beaten and bullied by the medico-political establishment will point rather angrily at the evidence on the other side of the fence.

Tony Lees, dental advisor to the UK Councils Against Fluoridation is one such man. He cites figures from the *York Review*. ‘It condemns one in eight people to a life time of paying for cosmetic dentistry.’

The country has said time and time again for over 40 years that it does not want dangerous toxic poisons pouring into our water supply. Solid facts are the only solution to this long-standing issue.

Are you for or against more fluoridation?

Email your views to: [penny@dental-tribuneuk.com](mailto:penny@dental-tribuneuk.com)

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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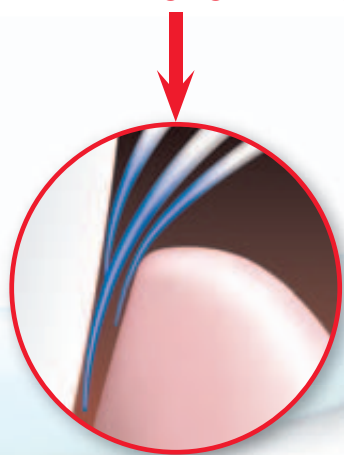
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## More funding for Scottish dentists

The British Dental Association has called a £75m funding package for dental services in Scotland an 'encouraging development'.

The funding – which is split £35m for 2009-10 and £40m for 2010-11 – represents an increase of more than 17 per cent over the two years on 2008-9's baseline target funding of £32m.

Priorities for the Scottish Government's funding programme include new dental centres for independent general dental practitioners (GDPs) working in the NHS, upgrading of decontamination facilities in GDP premises plus community health centre projects particularly in rural and remote areas.

Andrew Lamb, director of Scotland's British Dental Association, said: 'Specifically targeting this funding at supporting dentists to meet the challenges of upgrading decontamination infrastructure is an encouraging development and recognises the representations made by the BDA regarding the need to look at decontamination requirements in the light of existing premises.'

Given the wide ranging implications that today's announcement has on high street dentists, the BDA calls on the NHS Boards

to take their steer from the Health Secretary and prioritise support for independent dental practices.'

NHS boards across Scotland have until October to prepare detailed proposals for ministerial approval on how they wish to spend their allocations.

Mr Lamb is concerned about 'the ability of the Boards to meet this timescale'.

Health Secretary Nicola Sturgeon, who announced the funding package said the investment in primary care facilities and upgrades would help modernise healthcare services and give Scotland 'a dental service to be proud of'.

She added: 'Too many people in Scotland still don't have access to an NHS dentist and we are determined to reverse the years of neglect and bring NHS dentistry within reach of those who currently don't have access.'

Already, we have seen the green shoots of recovery, with more registrations of adults and children across Scotland. We will build on recent increases in the number of dentists working in the NHS with a new £21m dental school in Aberdeen due to start training dentists in October.'



Andrew Lamb: 'Will the Boards meet this timescale?'

Liberal Democrat Public Health spokesperson Jamie Stone MSP is urging Health Boards to spend the funding for dental services on more dentists, especially in rural areas.

Mr Stone said: 'While I welcome extra cash for dental services, let's keep this investment in perspective. The overall health and wellbeing budget is £23,935.7m, so £75m for dental services is a comparatively modest cash injection for this vital service.'

He also expressed concern at the 'relatively low priority given by the Scottish Government to training and teaching'.

'It is generally accepted that more dentists is the answer to the crisis in dental services affecting many communities, particularly those in remote and rural areas, across Scotland. I would urge Health Boards to put their share of this funding towards training new dentists for Scotland,' he said.

## Inflatable Hungarian dental surgery tour

An inflatable dental surgery staffed by Hungarian dentists is travelling around the UK promoting cheap dental treatment in Hungary.

The £25,000 mobile surgery complete with dentist chair, X-ray machines and hi-tech equipment is treating patients in London, Liverpool, Manchester and Glasgow.

The tour is designed to encourage people to travel to Eastern Europe for treatment where major dental work, such as dental implants, costs on average £700 in Hungary – between half and one third of the price in the UK.

The company behind the inflatable dental surgery is Hungarian Dental Travel, which arranges travel for Britons wishing to go to Hungary for treatment.

It deals with more than 20 patients a month.

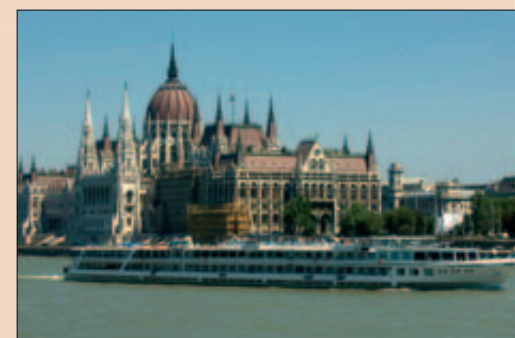
Cecilia Varga, the company's marketing director, said the tour

is in response to the growing demand for consultations in the UK as well as overseas treatment.

The PVC structure took a year to develop and the equipment has had to be adjusted to cope with being inside an inflatable tent.

Normal dental surgeries have lead in the walls to stop radiation from the x-ray machine.

To get around the problem, the company is using lead perspex imported from Japan and a portable shield to stop the radiation beam.



Hungarian dentists are offering cheap treatments

## New magazine for DCPs

Dental Protection, which provides advice and legal representation to dentists, has launched a magazine packed full of risk management information.

The new publication is called Team and will be distributed free to all practices employing dental care professionals (DCPs) indemnified by Dental Protection.

Kevin Lewis, Dental Protection's dental director said: 'Den-

tal Protection is very pleased to introduce a new publication that will assist DCPs in their role as part of the overall team and very much as healthcare professionals in their own right.

We cannot work effectively and support others without being supported ourselves, which is why Team deliberately includes articles for practice managers and receptionists as well as GDC-registered DCPs.'

There will also be a newsletter available online.

'This will provide a method of answering online the different enquires we get from members of the dental team – because if one person actually asks the question there are probably dozens who thought about it but who didn't contact us. These items will be totally anonymous of course,' said a spokesman for Dental Protection.

## GDC assessors

The General Dental Council is looking for 10 new assessors for its Registration Assessment Panels.

The Panels assess applications for registration from dentists in the European Economic Area (EEA) where their qualification is not automatically recognised in the UK. They also consider applications from dental care professionals from within the EEA and abroad. Dentists from outside the EEA are required to sit an Overseas Registration Exam (ORE) and are not assessed by the Panels.

The Panels are made up of a mixture of dentists, dental care professionals and lay people.

They provide advice and recommendations to the GDC Regis-

trar as to whether an applicant's name should be added to the GDC's registers.

Panel members also consider applications for entry onto the GDC's Specialist Lists from dentists who either qualified outside the EEA, or are applying on the basis of knowledge and experience gained from academic or research work.

Appointments are for three years and assessors have the opportunity to reapply for a further term.

Application packs and more information are available at [www.gdc-uk.org](http://www.gdc-uk.org) or from Patrick Kavanagh at [pkavanagh@gdc-uk.org](mailto:pkavanagh@gdc-uk.org). Applications close on Friday 26 September 2008.

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## CDO opens new dental practice

The Chief Dental Officer for England returned to his hometown to officially open a new dental practice.

Barry Cockcroft, who used to run his own dental practice in Rugby, officially opened Rugby Dental Practice which is run by Rodericks Ltd.

The service has been contracted by NHS Warwickshire in order to offer improved access to dental services for people in Rugby. The practice has two dentists who are accepting NHS patients, as well as a dental therapist.

Dr Cockcroft, said: 'I am currently spending a lot of time

opening new NHS dental practices around the country. It is a real pleasure to be opening this new practice in my own hometown.

We are making unprecedented investment in NHS dental services and we are now turning the corner across the country.

This year alone we have increased spending on dentistry by £209m.'

Dr Cockcroft also paid a visit to his old practice in the high street where he worked for over 20 years.

Shalin Mehra, managing director of the new practice, said: 'There was a shortage of dental provision in the area and we are extremely proud to have been chosen by NHS Warwickshire to provide general dental services to people in Rugby.'

David Pulsford, chairman of Warwickshire's Local Dental Committee, called it an 'exciting new development in Rugby' and added it 'will ensure more NHS dental care in the local area'. ■

## Patients choose comfort

Patients choose a dentist who makes them feel most comfortable, according to business speaker Phillip Khan-Panni.

Mr Khan-Panni, who will be speaking at this year's annual study day hosted by the Faculty of General Dental Practice (FGDP), believes dentists need to learn how to communicate with their patients better.

He will be giving advice on how to connect with patients, suppliers and staff and how to establish a rapport in those vital first few seconds when decisions of trust are made.

The event, which is being held at The Royal College of Surgeons of England, in London on 12 September, promises to explore the interaction between dentists and the patient and provide in-depth insights into the narrative nature of clinical cases, the pitfalls of poor communication, and the art of 'speaking without words'.

Speakers Mike Clarke, Raj Rattan and Brian Hurwitz will also be at the event Cases, Communication, Conversation, Con-juring...As if by magic which is sponsored by Denplan.

The event is valid for five hours of CPD and costs £50, £100 or £150 for vocational dental practitioners, FGDP(UK)/Denplan members and non-members respectively, with discounted rates for dental care professionals and vocational trainee advisers. Contact the FGDP(UK) on 020 7869 6760 or [fgdp@rc-seng.ac.uk](mailto:fgdp@rc-seng.ac.uk) to reserve a place. ■



Dr Cockcroft celebrates the opening of the new practice with the team



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# How will the recent reforms affect you?

The patients' safety charity AvMA is holding a conference exploring the changes in regulation affecting dentistry.

The event organised by Action Against Medical Accidents and run in association with the General Dental Council will also tackle the medico-legal issues facing dentistry and examine how to improve patient safety and learn from mistakes to ensure a safer workplace.

Speakers at the conference include Duncan Rudkin, chief executive and registrar of the GDC, exploring the regulation of the dental team and Dr Janice Fiske, senior lecturer of sedation



Duncan Rudkin is speaking at the event

and special care dentistry at King's Dental Institute, discussing special care dentistry and dealing with patients with additional needs.

Carol Varlaam, a lay member of the GDC, will be focusing on revalidation for the dental team.

The event is designed for all members of the dental team, as well as those concerned with clinical governance, risk management, patient safety and complaint management in dentistry, both in the NHS and in private practice.

The event will take place on 9 October at Woburn House in London.

For further information on the conference and details on how to register, please visit [www.avma.org.uk](http://www.avma.org.uk) or email [conferences@avma.org.uk](mailto:conferences@avma.org.uk) or phone 020 8688 9555.



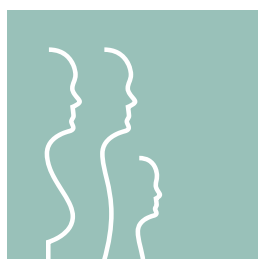
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## Walk the Great Wall of China

Oral health charity Dentaid is planning to walk the Great Wall of China for its next fundraising trek.

The 10-day trip along sections of the wall will be physically demanding. Highlights of the trip also include the Black Dragon Paw Park, Tiananmen Square and the Forbidden City.

Dentaid's communications and fundraising manager Jenni Phillips said: 'This trek is all about beauty, culture, people and above all a real physical and mental challenge, which will earn every penny of sponsorship raised.'

## GDPs to declare involvement

Dental professionals registered with the General Dental Council will have tell their patients if they are employed by or belong to a dental body corporate, under new proposals.

The General Dental Council is currently consulting on 'Declaration of involvement with a Dental Body Corporate'.

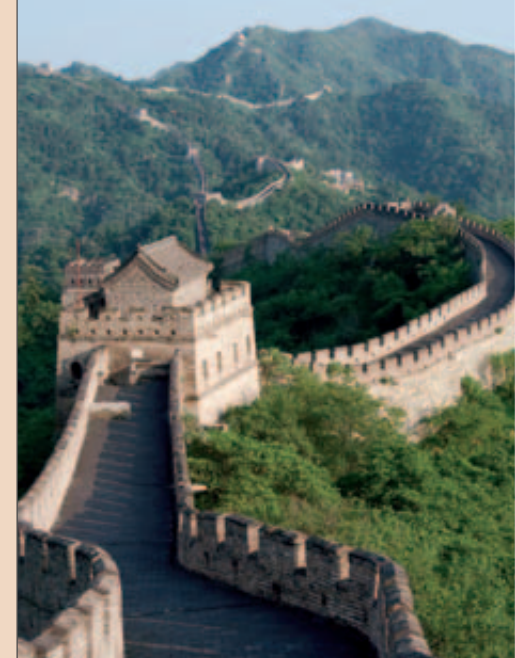
Following amendments to the Dentists Act in 2005, any corporate body can carry out the

To take part in trekking the Great Wall of China from 19-28 September 2009, participants need to raise sponsorship of £2500 (plus a deposit of £150 and airport taxes.)

Denplan, one of Dentaid's key corporate partners, is championing the trek by publicising it to its members and any trekkers recruited by Denplan will go towards its commitment of raising money for Dentaid over the next 5 years.

For more information on the Great Wall of China trek contact Felicity for an application pack

Will you trek China's Great Wall?



on 01794 324249 or email [felicity@dentaid.org](mailto:felicity@dentaid.org)

business of dentistry provided it satisfies certain conditions. However, the GDC believes that in order to protect patients, those involved in Dental Body Corporates should declare that involvement.

Subject to consultation, the GDC wants to insert a requirement into its Standards Guidance to ensure GDC registrants disclose they are a member of, or involved with or employed by, a body corporate, particularly as part of any complaints process.

The aim is to ensure a patient has the information they need to make an informed choice and are able to pursue a complaint fully and appropriately.

The consultation period closes at 5pm on Tuesday, 11 November 2008.

For more information and a copy of the consultation document, please visit our website [www.gdc-uk.org](http://www.gdc-uk.org). Responses to the proposals should be sent to [dbconsultation@gdc-uk.org](mailto:dbconsultation@gdc-uk.org).

## Charity at Christmas

Dentists can support two dental charities this Christmas by buying their cards from Admor. For every card purchased ten pence will be donated to charity.

Five pence will go to the Benevolent Fund, a registered charity supporting dentists who are in need of financial assistance through grants and interest free loans.

A further five pence will be donated to Dentaid, a UK based charity dedicated to improving the world's oral health.

For more information or to purchase your cards, call 01243 553 078 or visit [www.admor.co.uk](http://www.admor.co.uk)



# Curb cancellations and no-shows from back to front

‘Doctor, Mr. Jackson just cancelled his two-hour crown and bridge appointment.’ In one simple sentence there goes your production for the day, swallowed into that now gaping hole in your schedule. Every dentist in every practice experiences the seemingly endless frustrations associated with patient cancellations and no-shows. The cash outlay is significant as broken appointments cost practices some £20,000–£30,000 every year.

And that doesn’t begin to count the thousands of pounds lost in production that the doctor never has the opportunity to diagnose, much less deliver.

While dental offices typically point the finger at the front desk to maintain a full schedule, clinical teams often overlook their indispensable role in urging patients to keep appointments. In actuality, curbing cancellations and no-shows begins chairside.

It is essential that clinical teams emphasise the value of the dental care provided during even the most regular dental visit as well as clearly explain to patients the importance of keeping their appointments.

Ironically, dentists frequently overlook the significant influence that they have on the patient’s perception of routine dental care. In a rush to return to their own patient, they often unwittingly minimise the value of the professional hygiene appointment.

Consider this common scenario: The hygienist spends time explaining to Mrs. Patient that she is now showing signs of periodontal disease and may require more frequent oral hygiene appointments. The patient is concerned and is prepared to schedule oral hygiene visits once every four months.

Then the doctor walks in to check Mrs. Patient. He greets her and marvels at the great job she is doing with her oral healthcare. The doctor has unintentionally given Mrs. Patient justification for skipping her next oral hygiene appointment.

First and foremost, the clinical team has to be on the same page. This situation is easily addressed if the hygienist takes just a moment to explain to the doctor what has been found and subsequently discussed with that patient. It is a simple solution, but it underscores the importance of the clinical team’s role in emphasising the value of ongoing dental care.



Contact ‘no-shows’ within 10 minutes of their appointment time.

## Educate your patients

Oftentimes, patients have no comprehension of the turbulence that their ‘little’ cancellation or no-show can cause you and your team. In fact, it has been estimated that more than a quarter of your patients, about 28 per cent, routinely cancel appointments largely because practices are not actively educating patients on the importance of keeping them.

I recommend that practices take specific, concrete measures to reclaim control of their schedules. The first step is to establish accountability. Assign a specific person to be responsible for ensuring that openings are filled promptly, appointments are confirmed 48-hours in advance and daily produc-

tion goals are met. In addition, develop a clearly articulated policy regarding broken appointments. The policy should be specific and appropriate in tone. It also should be periodically distributed to all patients, especially new patients. And each time an appointment is scheduled the policy should be politely reiterated to the patient.

## Be patient with your patients.

They do not set out to create havoc or disruption in your day. They too are very busy and often when something has to give in their demanding lives, it is the dental appointment. However, educating them on the practice’s policies and expectations for appointments is an essential step every practice can take in controlling cancellations and no-shows.

## Make it personal

Confirmation calls are a must for every appointment scheduled. They should be made to patients 48-hours in advance of their appointments. Practices that achieve the greatest success in curbing cancellations and no-shows are willing to adjust the scheduling coordinator’s work hours somewhat so that she can make the necessary calls during times that patients are most likely to be reached, such as in the evenings.

The objective of the confirmation call is to speak directly to the patient. This requires far more effort than just leaving a message on someone’s machine or with another household member.

Use a positive and pleasant tone when confirming appointments. Keep notes in the patient’s personal record regarding a particular area of concern, and reinforce the need for the treatment, based on the patient

information in the chart. For example, ‘Mrs. Smith, I know Dr. Jones wants to keep an eye on that tooth on the upper left side.’ This will personalise the call for the patient, and it impresses upon them both the need for the appointment as well as the fact that your practice is truly attentive.

## Fill cancellations fast

A computerised scheduling system is essential if the practice seeks to fill cancellations quickly and efficiently as well as competently manage the schedule as a whole. The computer enables practices to maintain a list of those patients interested in coming in sooner for their appointments. When a patient cancels, the scheduling program retains the appointment information and scans the available patient data base to fill unexpected openings.

## Track down no-shows

Make it standard operating procedure to follow-up with every patient who cancels, doesn’t show or doesn’t reschedule. Contact ‘no-shows’ within 10 minutes of their appointment time and express genuine concern for their absence. For example, ‘Mr. Clemmons, this is Ellen from Dr. Denny’s office. We were expecting you for a 5 p.m. appointment today and were concerned when you didn’t arrive. Is everything okay?’

After two ‘no-shows’ the patient’s record should be tagged indicating that they are unreliable. Politely inform the patient you will contact them when an opening is available.

If patients are canceling frequently because of daytime work and family responsibilities, it may be time to seriously consider offering a limited number of appointments in the evening and/or on weekends.

Cancellations and no-shows are a reflection of our hurried and overextended culture. It is a problem that affects those practices serving patients with a lower dental IQs as well as those serving the busy, well-educated executives. Although they cannot be eliminated completely, with a clear and direct approach cancellations and no-shows can be minimised significantly in your practice. [DT](#)

## About the author



## Sally McKenzie,

Certified Management Consultant, is a nationally known lecturer and author. She is CEO of McKenzie Management, which provides highly successful and proven management services to dentistry and has since 1980. McKenzie Management offers a full line of educational and management products, which are available on its website, [www.mckenziemgmt.com](http://www.mckenziemgmt.com). In addition, the company offers a vast array of Practice Enrichment Programs and team training. Ms. McKenzie is the editor of the e-Management newsletter and The Dentist’s Network newsletter sent complimentary to practices nationwide. To subscribe visit [www.mckenziemgmt.com](http://www.mckenziemgmt.com) and [www.thedentistsnetwork.net](http://www.thedentistsnetwork.net). Ms. McKenzie welcomes specific practice questions and can be reached at [sallymck@mckenziemgmt.com](mailto:sallymck@mckenziemgmt.com).



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