

# DENTAL TRIBUNE

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## News in brief

### Hard times

There are hard times ahead for dentists, predicts the chair of the BDA's General Dental Practice Committee. Lester Ellman claims that due to the credit crunch, patients are 'holding back on treatment due to the economic uncertainty of the times'. He warned that 'in the short term this will probably not affect most practices unduly but in the longer term, if it continues, there will be a considerable impact'. He also expressed concern over how banks will respond to requests over funding and said: 'Despite the Chancellor's pleas there is little evidence that banks are being more open handed. How will a bank respond given that in many areas the patients are simply not attending so UDA targets cannot be met?' He added: 'These are truly disturbing times!'

### BDA Awards

The Priors Dental Practice in Penkridge, Staffordshire was awarded the Good Practice Scheme Practice-of-the-Year Award at the third annual British Dental Association (BDA) Honours and Awards Dinner in London last month. The award, open to all members of the BDA Good Practice Scheme, recognises outstanding commitment to patient care by the whole dental team. The winning general dental practice is also a specialist referral centre for orthodontics, endodontics and prosthodontics. The evening also featured presentations to individuals by the BDA in recognition of service to dentistry and the BDA, along with a range of awards presented by the BDTA and dental care professional associations. Read the full story next week.

### Photography course

Dental professionals can now benefit from more effective treatment monitoring and medico-legal protection with a newly launched clinical photography course. The course offers advice on selecting the right camera for your needs, setting it up for clinical use and taking the perfect shot in eight clinical areas. The clinical photography course is on CD-ROM or online, and provides two hours of continuing professional development (CPD). Smile-on has also introduced the three-module programme *Communication in Dentistry: Stories from the Practice*, and has a new series of Webinars. For more information call 020 7400 8989 or email [info@smile-on.com](mailto:info@smile-on.com).

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## News and opinions



### Doctor who?

The BMA is calling for all dentists to stop calling themselves 'Dr' following a recent ruling by the Advertising Standards Authority (ASA).

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## Practice management



### Going solo

Everybody dreams of working for themselves as some point, but could you really put up with weekend working and the daily grind of total isolation?

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## DCPs



### Motivation killer

There's no getting away from those zero motivation days, so what do you do to keep fired up and ready to go? Mhari Coxon has the answers.

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## Education



### Fair play?

So does the Government need to re-think the funding strategy to keep NHS dentists alive and kicking? Neel Kothari is back with his views.

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## Fluoridation rage gains momentum



Hampshire councillors are fighting fluoridation

Southampton City councillors are backing an NHS proposal to fluoridate water in the area but Hampshire councillors are vehemently opposing it.

The proposal was backed by Southampton City councillors - 26 votes to 18 - that fluoride be added to water in some parts of Southampton and South West Hampshire, in a move that will affect 195,000 people.

Andrew Mortimore, public health director at Southampton City Primary Care Trust, said: 'We hope that local people take confidence from the decision taken by the city council to back the proposals. We hope also that even more Southampton residents will now express their support for the proposals for fluoridation currently being consulted on by South Central Strategic Health Authority.'

He added: 'We are delighted by the fact that elected councillors who represent Southampton, which makes up the majority of those who would benefit from fluoridated water in the proposed scheme, have decided to support water fluoridation. We appreciate the thoroughness with which the issues were examined and believe this is an example of local democracy at its best.'

However, Hampshire councillors vetoed the plan, just hours after Southampton councillors had given it their backing.

Hampshire County Council decided unanimously that it did not support the proposals.

Councillor Ken Thornber, leader of Hampshire County Council, said: 'The Southampton City Primary Care Trust wants to improve the oral health of specific communities in Southampton, but their proposals will impact on people in south-west Hampshire which does not have the same problems of poor dental health.'

There may be some benefit to some children living in the affected area, but there is also a strong possibility that children with otherwise healthy teeth may develop a degree of fluorosis.'

He expressed concerns that 'it is not fully understood if there are other health effects to a population that has fluoride added to drinking water'.

Tony Lees, dental advisor to UK Councils Against Fluoridation (UKAF) welcomed the decision to reject the proposal and said: 'I believe this is a stunning victory for common sense. The council committee has been extremely thorough in its demolition of the pro water fluoridation evidence.'

Two peers, Lord Hunt and Baroness Cumberlege, have added their voices to the debate by joining with Southampton City councillors in throwing their support behind the scheme.

Lord Hunt of King's Heath said: 'As a former health minister and chief executive of the National Association of Health Authorities and Trusts, I have no doubts about the efficacy and safety of water fluoridation.'

Hundreds of millions of people around the world are currently benefiting from this public health measure, which for the past 60 years has saved many millions of teeth from decay, from fillings and from needing to be extracted.'

He added: 'The degree of human discomfort and pain that has been avoided is almost incalculable.'

Commenting on the public consultation being run by South Central Strategic Health Authority (SHA), Lord Hunt said:

'Rightly, fluoridation is a matter for local decision following public consultation. My family and I are fortunate to live in Birmingham, where the water has been fluoridated for 45 years. From my personal experience, I would strongly commend fluoridation to the people of Southampton.'

Baroness Cumberlege claims that during more than 20 years of involvement in health issues she has seen 'few public health measures as measurably successful as fluoridation'.

→ DT page 2

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There are thousands of Scots unable to access NHS dentistry

## Scottish dental access crisis

MSPs are calling on the Scottish Health Secretary to deal with the lack of NHS dentists in Scotland.

Orkney, Grampian and Caithness have the lowest level of NHS dental cover, according to MSPs.

Orkney MSP Liam McArthur claims that the situation on the islands had reached crisis level.

Currently there are around 1,900 people, out of a total population of 20,000, on a waiting list to register for a dentist.

Nicola Sturgeon said that registration with a dentist was at record levels in the country but she admitted: 'Some areas of the country have registration rates that are unacceptably low. NHS in the Grampian area would be included in that category. Work is ongoing to improve the rates of registration.' [DT](#)

## Dental Tribune moves 'leaps and bounds'

### DENTAL TRIBUNE

Dental professionals from small practices are choosing to read *Dental Tribune*, over any other dental publication according to a recent survey by the British Dental Trade Association (BDTA).

The Dentist Readership Survey by the BDTA, found that a total of 66 per cent of DT readers are from small practices and half of the dental professionals who read *Dental Tribune* (DT) say they read it regularly.

While 57 per cent of DT readers look at the news first.

More than half of DT's readers are aged between 35 and 44.

This makes DT, the second preferred choice for people in this age group.

Penny Palmer, editor of DTUK said: 'We have only been in the market for two years and are already moving leaps and bounds compared to other stalwarts in the market that have been around for years.'

The survey found that *BDJ* and *BDA News* are the dental publications that attract the highest number of readers.

A total of 96 per cent of dental professionals believe that dental publications enable them to keep abreast of what is happening in the dental industry. While 77 per cent read dental publications to gain information on the newest techniques. [DT](#)

## Credit crunch hits ADP

The credit crunch has forced the company ADP to cancel its plans to run a new NHS dental surgery in Tonbridge in Kent.

NHS West Kent, the regional primary care trust (PCT), revealed back in June that a new £360,000 deal had been signed with ADP to provide dental care to 6,000 patients in the town.

However the PCT has now revealed that the company has been forced to pull out.

A spokesman for the PCT, said it was 'clearly disappointed' that the company had withdrawn and

that staff were doing 'everything possible' to help affected patients.

He added: 'As soon as NHS West Kent became aware of this potential issue we took steps to alleviate the inconvenience that this will cause.'

The PCT has temporarily awarded contracts to a range of local dentists in the short term to ensure patients have access to treatment while the formal re-tendering process is completed.

That process will now begin again next month and the PCT hopes a successful bidder will be selected by June next year. [DT](#)

## Fluoridation rage gains momentum

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She pointed to 'reports by the Royal College of Physicians in 1976, the University of York in 2000, the US Task Force on Community Preventive Services in 2002 and the Australian National Health and Medical Research Council in 2007 that found evidence that fluoridation reduces tooth decay'.

She added: 'Importantly, children in fluoridated areas have

fewer fillings and extractions and are less likely to need a general anaesthetic for decayed teeth to be removed. Equally important is the fact that they experience less pain, discomfort and anxiety.'

Commenting on concerns posed by anti-fluoride campaigners over the safety of water fluoridation, Lord Hunt said: 'When the debate about whether or not to fluoridate Birmingham's water was taking place in the early 1960s, there were dire

predictions from anti-fluoridation campaign groups that people would be seriously harmed, that teeth would turn brown and that no teeth would be saved from decay.

However, he claimed none of these 'scare stories' actually came to pass in reality.

The public consultation, on whether to add fluoride to water in parts of Southampton and South West Hampshire, will close on Friday 19 December. [DT](#)

## 'The more the merrier' say Sunderland dentists

Dentists in Sunderland are welcoming NHS patients and are even saying 'the more the merrier'.

Twenty-one of the 28 dental practices overseen by Sunderland Teaching Primary Care Trust are taking new NHS patients.

While Dr Ash Quraishi, principal dentist and clinical adviser at West Mount dental practice, is even saying 'the more the merrier'.

'The message we're putting out there is that we're accepting everyone and anyone. We are getting patients in all of the time,' he said.

The practice has been established for more than 40 years and was taken over by Dr Quraishi in January.

He has already spent about £170,000 on renovating the practice – which offers NHS and private treatment – and installing new equipment. At least another

£100,000 has been earmarked for further improvements.

Two new surgeries have been fitted and another is planned next year.

The waiting area and reception is to be renovated, disabled access is being improved and a centre sterilisation room created.

The practice has three dentists and a hygienist and five nurses. The practice is open six days a week and some evenings. [DT](#)

## Empty rooms 'a crying shame'

A primary care trust in Cornwall has been paying rent for nearly three years for two 'expensively equipped' NHS dentist rooms that are empty and unused.

When Clays Area Health Centre opened in January 2006, it included provision for an NHS dentist. However the dentist who had planned to use the facilities decided not to set up a practice in the surgery.

Peter Knibbs, director of primary care at the Cornwall and Isles of Scilly Primary Care Trust (PCT), called it 'disappointing' but said: 'Dentists are free to choose where they practice as either NHS or private dentists.'

He added: 'Following this decision, the two rooms identified for a dental surgery have since been used by the practice for other NHS care.'



Cornwall PCT is paying rent on two empty dentist rooms

St Austell MP Matthew Taylor, said: 'The doctors in Roche and myself are gobsmacked that the investment has been put in for a new dentist facility but it isn't being used. It is clear that there is a desperate need but the PCT is now saying that it won't fund it.'

This simply suggests that NHS dentistry just isn't being backed because everybody knows it isn't possible to get an NHS dentist anywhere in the area, but here are rooms lying empty with all the expensive facilities ready. From the government down to the PCT there needs to be a clear determination to sort out NHS dental services and there is nowhere better to start than to fill those expensively equipped rooms.'

Cornwall and Isles of Scilly PCT say no one can be treated in the rooms until April next year. [DT](#)

### International Imprint

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# Editorial comment

## Roll out the evidence

Leader of Hampshire County Council, Ken Thornber has admitted that he has doubts on whether drinking fluoridated water is safe. He also raises the subject of fluorosis. Why, he asked, should children with otherwise healthy teeth be at risk of developing some fluorosis for the sake of just a few others who may benefit? He does have a point. For while there is plenty of evidence that fluoridation keeps decay, fillings and extractions at bay, nobody seems that keen to roll out much evidence on the safety and efficacy of fluoridation. This was the very question *Dental Tribune* put forward to Dr Barry Cockcroft only recently, and he remains passionately confident on the issue. Indeed, the other day he even pulled out information related to a recent study by *The York Review* on the subject. Said Dr Cockcroft: 'The York Review looked at 700 papers and there was not one link between fluoridation and general health issues – there really is no evidence that any damage is done and that is a fact.' And on fluorosis he is equally as vehement.

UK remains at war. But it isn't just the stark division that is so surprising here - more the raw and rage-fuelled emotion that comes with it. If fluoridation is as safe as Dr Cockcroft sug-

gests, why are anti-fluoridation groups arguing otherwise? Surely there is only one solution to this non-stop conundrum – and that is we have to have more concrete evidence. In the

meantime, what's wrong with rolling out a massive campaign on the benefits of brushing children's teeth with fluoride? You only have to look at the Government's efforts on smoking cessation to see the impact it could make. Images of rotten teeth, extractions and children under general anaesthetic – though shocking – would get the results the profession is looking for. It would probably cost a lot less too. [D](#)

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: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1N 8BA.

Or email: [penny@dentaltribuneuk.com](mailto:penny@dentaltribuneuk.com)

**'When it comes to pushing through fluoridation, the UK remains at war'**

He said: 'I spent 20 years working as a dentist in a fluoridated area and I never had to do a cosmetic procedure related to it - you would have to drink loads and loads of water to get it anyway.' With first-hand experience Dr Cockcroft also has a point. So when it comes to pushing through fluoridation, the

## Impossible NHS access

Forking out for expensively equipped, empty dental rooms is ludicrous. So what does this say about NHS dentistry? While it is great that a PCT in Cornwall is providing fantastic dental facilities, what is the point when there are no NHS dentists to fill them? A dentist told *Dental Tribune* last week that under the new contract he gets paid the same amount of money for doing either one filling or ten fillings. 'There is just no incentive to work in NHS dentistry any longer', he said. Point taken... [D](#)



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Are dentists who call themselves doctors causing confusion?

## BMA calls for 'Dr' ban

A row has broken out between the British Medical Association (BMA) and the British Dental Association after the BMA called for dentists to be banned from calling themselves 'Dr'.

It follows a ruling by the Advertising Standards Authority (ASA) that ordered a dentist to

stop calling himself 'Dr' in his advertisements, unless he had a medical qualification or a PhD.

Dr Jonathan Fielden, chairman of the British Medical Association's consultants committee, believes dentists should be banned from using the term to protect patient safety.

He said that patients 'have a right to clarity and to be secure in the knowledge that the person treating them is competent and qualified to do so'.

He added that it could mislead patients into thinking they are medically qualified when they are not.

Dentists are not banned from calling themselves doctor but they can face penalties if it is judged that they are not being clear enough about their qualifications. The ASA says that if a dentist refers to himself or herself as a 'Dr' without making it obvious that they are not doctors, it is a clear breach of advertising laws.

**'We believe that dentists should be permitted to use the courtesy title 'Dr' should they wish to'**

However the British Dental Association claims using the term does not confuse patients and just brings Britain into line with the rest of Europe, where the term is commonly used. 'We believe that dentists should be permitted to use the courtesy title 'Dr' should they wish and provided that it is not done in a way which might mislead patients as to their qualifications,' said Peter Ward, the chief executive of the British Dental Association (BDA).

He added: 'The General Dental Council has no objection to the title and its use is becoming widespread.'

'In virtually all other European states and other English speaking countries throughout the world dentists are given the title and we support harmonisation with professional colleagues from overseas.'

He claimed that calling dentists in the UK 'Dr' could remove confusion for patients and dentists from abroad. 'Many patients in this country, both UK nationals and those from abroad, address their dentist as 'Dr' and many dentists and patients from abroad are confused by the fact that dentists in Britain are not referred to by the title,' he said.

The Department of Health (DH) claims that the title of 'Doctor' is not a protected title, so dentists don't have to be a medical practitioner to use it.

ADH spokesman added, however, that there was a provision in the Dentists Act 1984 which stops dentists from using any title or description to suggest a qualification that they do not possess. However it is up to the General Dental Council to enforce that rule. **DT**



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## Guilty dentist launches appeal

A dentist who was found guilty of urinating in a surgery sink has launched an appeal in the High Court against being struck off by the General Dental Council.

Alan Hutchinson, who worked at Branch Road Dental Practice in Batley, Yorkshire was struck off the register after a General Dental Council (GDC) tribunal last April. The GDC also found him guilty of using dental instruments to clean his ears and fingernails.

Mr Hutchinson denied all the charges except the allegations of routinely not wearing gloves, due to a latex allergy. He has asked a judge to rule that he was denied a fair trial.

Robert Francis QC, for Mr Hutchinson, argued that erasing Mr Hutchinson's name from the register was 'disproportionate.' He claims the evidence

against the dentist was 'inconsistent and incredible' and should never have been accepted by the GDC's professional conduct committee.

Dental nurse Claire Pygott, who had worked with Mr Hutchinson for 16 years, told the tribunal in April, how she could smell urine coming from the sink at the surgery just seconds after she saw Mr Hutchinson 'tucking something' into his trousers in March last year. Ms Pygott told the tribunal she was too embarrassed to raise the matter with Mr Hutchinson, claiming he is 'a very intimidating and manipulative man'.

The initial complaint was made by an unnamed woman patient, who told North Kirklees Primary Care Trust, that Mr Hutchinson had refused to wear gloves while he removed her wisdom tooth. However during the tribunal, Mr Hutchinson



Mr Hutchinson denies all charges

claimed he was cleaning his teeth at the sink.

At the appeal, Mr Francis said the evidence did not support the findings and there had been an abuse of process. He called allegations 'improbable' and criticised the findings as 'unsafe, if not perverse'. Mr Francis said suspension for a period, subject to review, would have been an adequate sentence.

The appeal continues. [DT](#)

## Advanced training for UK dentist

A dentist in the north east of England has become the first in the UK to graduate from an international advanced training programme in America.

Dr Ken Harris, who runs Riveredge's centres in Sunderland and Newcastle, has just returned from Seattle after graduating from the Kois Centre.

The Kois Centre offers internationally recognised training programmes to dentists from around the world.

Dr Harris said: 'Initially travelled to Seattle intending to study occlusion – how teeth meet together – but such was the quality of the teaching, I was hooked. I just had to complete the entire process.'

Dr Harris has spent over £50,000 on the course but claims it has been worth every penny. Dr Harris completed a masters' curriculum in specialised areas including cosmetic dentistry, implants, periodontics and occlusion, along with general restorative dentistry. [DT](#)

## NHS dentist for Swindon practice

A practice in Swindon is to get another NHS dentist enabling it to offer an extra 2,000 NHS dental places.

Clyde House dental practice, based in Bath Road, has taken on Antonella Sydonie, who trained at the University of Sheffield.

She has relocated to the practice from a group practice in Lincolnshire.

The group's area manager Ruth Coleman said "Her appointment reflects our continued commitment to the NHS to provide the people of Swindon with affordable dental care of the highest standard.' The places are being offered on a first come first served basis.

Clyde House practice, is part of the Dr Michael Frain LTD group, Wiltshire's largest NHS dental care provide. [DT](#)

## Free Oral cancer checks

Dentists up and down the country have offered free oral cancer screening checks following the launch of Mouth Cancer Action Week.

The Dental Healthcare Centre in Fairfield, in Stockton offered free cancer checks to anyone, even those not registered with the practice.

The Tarporley Dental Centre in Chester, also offered free screening checks. Dr Jason Hopkins of the centre in Chester claimed he had offered the free

sessions to help spread awareness of the disease.

He said: 'Anyone can get it. People need to be more aware of the symptoms, such as ulcers that do not heal and red or white patches in the mouth.'

In the north east of England, Newcastle and North Tyneside Primary Care Trusts and Northumberland Care Trust put on free sessions all week. Oral health promotion teams were also at the sessions giving oral health advice and information on

the risks posed by excessive drinking and smoking.

Deborah Howe, part of Newcastle PCT's oral health promotion team, added: 'One of the main problems in mouth cancer treatment is simply that people wait far too long before going to see a health professional when they think something might be wrong.'

- Mouth cancer is a relatively unknown disease and the consequences of not having a check can be fatal.
- Every year 1,600 people die from it, and the chances of having mouth cancer are greatly increased by smoking and drinking.
- If the cancer is detected early, the survival rate is 90 per cent, so a visit to the dentist can be potentially life saving. [DT](#)



## Prosthetic dentistry prize



Dr James Field from the School of Dental Sciences at Newcastle University has won this year's Schottlander BSSPD (British Society for the Study of Prosthetic Dentistry) Prize.

Dr Field won the award for the advancement and knowledge in prosthetic dentistry for his paper 'Perceived barriers of General Dental Practitioners in the North-East of England to the provision of

Implant-Supported Over-Dentures'.

Dr Brian Schottlander, who gave the award, praised the BSSPD and called it "the repository for a great deal of knowledge in removable prosthodontics.

He added: 'How it keeps that knowledge intact in passing it on to the prosthodontists for the future is one of the challenges that it faces as patients' needs and expectations change.' [DT](#)

## Orthodontic nurse wins Nurse Prize

An orthodontic nurse from Guildford Orthodontics at Eastdale Clinic in Guildford, has won the TOC Orthodontic Nurse Prize 2008.

Lauren Smoothy Ian Grobler, principle of Guildford Orthodontics was awarded the TOC (The Orthodontic Company) prize at the British Orthodontic Conference which was held in Brighton.

Ms Smoothy won the prize for her portfolio project entitled 'Orthodontic Oral Hygiene Motiva-

tion – The Orthodontic Nurse's Role'.

Dr Mari du Toit of Guildford Orthodontics, said: 'The project was based on a case study which proved that motivation by the orthodontic staff can significantly improve the oral hygiene standard of a patient.'

The competition was open to all dental nurses currently working in orthodontics in hospitals, community, specialist practices and general practices. [DT](#)



Lauren Smoothy with Ian Grobler

## GDP UK round-up

**This week the media whips up the profession in protest on alleged stories of NHS manipulation, but there was also time to talk clinical and to reminisce on the past**

This autumn, the media has been full of stories about dentistry, and these always encourage GDP UK members to rise to the bait and give their opinions. *The Sun*, *The Daily Mail* and *Sky News* have all had words over alleged manipulation of NHS arrangements, but the conspiracy theorists among us believe the stories were orchestrated by the Department of Health (DH), and that it always has a plan ready to scupper any goodwill the dental profession cultivates.

In addition, the media storm that followed the great global financial crisis made colleagues aware of the ultimate ownership of Associated Dental Practices, ADP, and there was much speculation on what had happened, and what the outcome will be for those practitioners and patients when the dust settles from the Icelandic implosion. Usually the GDP UK readers consider themselves well informed by the knowledge of their colleagues, but in this case, there was only speculation and almost everyone remains in the dark on this topic.

Moving on, a number of clinical cases were discussed, and it continues to amaze what infinite variety of problems and comic incidents occur in our practices. One colleague was discussing whether he should consider attempting root treatment on a non-vital, but long-term symptom-free tooth for his wife, a tooth, which definitely needs a crown. The pitfalls were fully expounded.

The type of tooth preparation needed to provide porcelain veneers in a severe-wear-case patient also created debate on a clinical line, and there were marked differences of opinion.


Another severe-wear case was of interest, and the member seeking advice posted images to aid the discussion. Yet another innovation at the GDP UK forum is the ability to embed video clips within the forum posts, but no one has yet used these to illustrate a clinical case. I might use this myself to announce the GDP UK 2008 awards for best post, top member and so on.

Some other topics outlined more simply included:

- Can a patient drive after having relative analgesia?
- Is seniority pay still around?
- Which treatment is guaranteed treatment?
- How young can a tooth be bleached?

Nostalgia for the good old days encouraged me to look back at old record cards in my own practice. I commenced practice in 1980,

but older cards told me an NHS exam fee was around seven

shillings (55p) in the mid 1960s, and by 1980, this had risen to eight shillings. A scaling was 12/6d, and fillings just over £1 each. Medical history was blissfully unrecorded on those days, and one correspondent talked about leaving dental school before air-rotors had found their way there. He went on to reminisce about other interesting concepts best left on the web. If you're feeling inspired, log on to the forum to read more at [www.gdpuk.com](http://www.gdpuk.com) – you'll be welcome. 

### About the author

#### Dr Anthony V Jacobs

started the GDP UK emailing list in 1997, and the group membership is now just under 2,000. The list is read in all corners of the UK dental profession. Dr Jacobs is now in partnership with Dr Stephen Lazarus, practicing at 406 Dental in Manchester and has a long-term commitment to continuing professional development, both for himself, and for the profession in gen-

eral through his mailing list. He has been a member of the British Dental Association (BDA) since 1975, and is presently chairman of the Bury and Rochdale Oral Health Advisory Group, as well as vice chair of the Bury and Rochdale Local Dental Committee (LDC). Dr Jacobs also sits on the committee and helps to organise the annual conference of Local Dental Committees.



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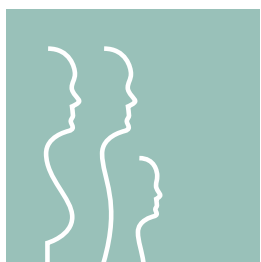
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## News & Opinions

# No show charges to hit the Welsh

The Welsh Assembly Government is looking at introducing a 'discretionary charge' for patients who miss dental appointments.

The proposal was put forward by a task and finish group, which recently reviewed the current dental contract.

The idea has received universal support and, if implemented could eventually be extended to other areas of the NHS, including hospital outpatient appointments.

Stuart Geddes, director of the British Dental Association in Wales, claims his own practice lost up to three weeks' worth of appointments in one year and said: 'Charging is the only sanction that would be in any way effective'.

Jonathan Davies, policy and public affairs manager for the Welsh NHS Confederation, said: 'Reasons for non-attendance may vary and are not always the patient's fault.'

However, simply forgetting to turn up for, or failing to cancel an appointment for reasons of apathy is increasingly unacceptable. The idea of introducing a discretionary charge in these cases may well help improve the current situation.'

Edwina Hart, Minister for Health and Social Services: said: 'At the end of last year I announced a review of the dental contract and the establishment of a task and finish group to look at a range of issues to improve the way in which the contract works.'

She added: 'The Review Group completed their work in July and submitted their Report. It concluded that the dental contract is broadly a workable system, and one which, with amendment, can be further improved.'

After consultation, the group found there was strong support for proposed national guidance on termination and transfer of dental contracts and the need for help in the upgrade of dental surgery equipment to meet new statutory requirements.

The current review of Units of Dental Activity as the sole contract currency was also seen as a key area.

'There is a sub group of the main Review which continues to work on these complex issues and I look forward to seeing their final report and implementation proposals,' said Mrs Hart.

The Welsh Assembly Government will also be looking at consolidating and strengthening the Community Dental Service (CDS) as part of its commitment to refocus provision of dental services to provide a new emphasis on public health.

The Review Group recommended revised guidance on the role of the CDS and for the care of the vulnerable in society, including children from deprived areas and those people with special needs.

This guidance was published at the end of October and will strengthen provision of dental



Failing to cancel an appointment for reasons of apathy is unacceptable

services for those most in need and support the development of the CDS.

The CDS is also delivering the National Child Oral Health Improvement Programme – Designed to Smile – which is at the centre of the National Oral Health Action Plan for Wales.

The first phase of the Designed to Smile programme commenced last month, and is already providing tooth-brushing programmes in well over 100 schools.

This will be rolled out steadily across the two super pilot areas covering North Wales, Bridgend, Rhondda Cynon Taff, Merthyr Tydfil, Cardiff, and the Vale of Glamorgan areas. A number of schools in Swansea are also participating in the programme.

Mrs Hart added: 'While the review of the dental contract and the subsequent consultation on its findings clearly shows that the dental profession wants to work with the current system there is still of course much to do. While we have stabilised NHS dentistry in Wales and built foundations for the future, we now need to ensure that the dental contract is working as well as it possibly can and delivering benefits to the public and those working in the dental profession.' □

## Dental students treat patients

The first cohort of dental students at Lancashire's graduate entry dentistry programme have begun their second year of intensive training and are now treating patients on the NHS allocation list.

The 32 second-year students on the University of Central Lancashire's BDS Graduate Entry Dentistry programme are now based in one of four brand new dental education centres situ-

ated in Carlisle, Accrington, Morecambe and Blackpool.

Lawrence Mair, head of the School of Dentistry, said: 'The students have now started seeing patients who are currently on the NHS allocation list, under the close supervision of their tutors. They will be carrying out simple routine treatments and emergency care, including scale and polishes, fillings and simple tooth extractions.'

Research has shown that most dentists stay in the area in which they trained and so we hope to be able to provide more qualified dentists for the north-west and help allay the current shortage.'

Since the students started in September 2007, they have had to develop their skills on simulators as well as learning the theory of dental practice.

The first year was based at the new £5.25m dental school in Preston, which was the first purpose-built dental school in the UK for over a century.

They have also had to pass 15 exams since January to ensure they are ready to see real patients.

Their clinical training will be supplemented by further lectures, some via video links with the School of Dentistry in Preston, Lancashire. □



Students will carry out emergency care, including scale and polishes, fillings and simple tooth extractions.



*The Sceptic presents*

The case for... and against

## Solo practice – making it on your own



*You have to strike a balance in your life*

Everything in life is a balancing act, including deciding what kind of practice setting will make for a satisfying dental career. For some, the choice of solo practice offers advantages over a group or academic setting.

### The advantages

Being one's own boss is usually thought of as the biggest advantage to solo practice. The flexibility to set working time to fit one's own schedule, especially the ability to shift hours around as children grow, make it possible to attend plenty of school concerts, netball games, and soccer matches. Patient scheduling is completely within your own control, and staffing is entirely at your discretion.

Anyone who has employed and worked with associates will know their ability to throw hissy fits. Rather than face the prospect

of hiring another, you may choose to work alone, supported by your nurse and front-desk staff, and feel comfortable as your practice hums along.

There is no board of directors to convince; no manager to persuade; no partners to get to buy into a new paradigm. You choose which insurance plans you want to participate with and which ones seemed to be more trouble than they're worth. You get to design a filing system that works for you, choose the software, and even shop for the computer hardware yourself. There is a sense of ownership that would take years to develop – if it ever did – had you gone into a group practice instead.

Best of all, of course, is the intensity of the one-on-one patient relationships you enjoy. They come to see you, and you are the dentist they get. Over the years, your patients become your

friends, deepening the joy of caring for them.

### The case against

The flip side of constant availability is the illusion of indispensability. Each weekend out of town becomes a hassle; every vacation requires a negotiation. And none of those days off come with pay. The opportunity cost of time away from the surgery is significant for everyone who is self-employed, as is the overall financial risk of the business endeavor.

But the issue that probably keeps more dentists away from solo practice than any other is the perceived professional isolation. Think about it: throughout dental school and your early jobs when you yourself were an associate in someone else's practice, you were always surrounded by colleagues. Study groups, teaching conferences, patient rounds in the hospital – you never had to think twice about bouncing random questions off your peers. 'What's the dose of amoxicillin?' 'Should I refer this patient?' 'What do you think about this OPG?'

The further along you get in your training, the less you tend to ask questions, but even as an attending you are still surrounded by colleagues. You are never completely alone – until you choose to be by going into practice by yourself. After all those years working as part of a team, how do you keep from getting lonely without any other colleagues around?

Are you for or against solo practice? Email [editor@smile-on.com](mailto:editor@smile-on.com) and let us have your views. [DI](#)

**'You are never completely alone – until you choose to be by going into practice by yourself'**



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