# DENTAL TRIBUNE

The World's Dental Newspaper · United Kingdom Edition

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## News in brief

### Bad breath

Poor dental hygiene is putting a dampener on romance, according to Dentyl pH, the mouthwash experts. Their *Kiss and Tell* study, found that more than a third of respondents said they would avoid someone of the opposite sex with bad breath, while over a quarter would think such a person was generally unclean or unhygienic and one in 10 thought bad breath might be a sign of illness.

More than a quarter had avoided a potential partner because of that person's bad breath and nearly three quarters said they wouldn't let a person with bad breath kiss them. While nearly a third had backed away from a snog in the past for that reason.

The *Kiss and Tell* study also showed that poor oral health hygiene caused bad breath and bad teeth in millions of adults in the UK and triggered killer diseases such as stroke, heart disease and birth defects.

### Sally resigns

Sally Irvine has resigned from the General Dental Council's Appointments Committee. This was to avoid any potential conflict of interest with her new role as a member of the Council for Healthcare Regulatory Excellence. Ms Irvine was a lay member of the General Dental Council (GDC) from 1999 until the end of 2008. She chaired the GDC Standards Committee, and has been a member and chair of the GDC Investigating Committee. The process for appointing an interim chair for the Appointments Committee has begun and the process for appointing a replacement chair will begin shortly.

### Free treatment

Children from Chernobyl have been breathing in the fresh air of Scotland and receiving free dental treatment at a dental surgery in Ayrshire. Ayr's Per Andersson practice gave free treatment to the children, who are here on a four-week visit. The group, Chernobyl Children Life Line, offer Ukranian and Belarussian youngsters clear air to breathe – which can add two years to their life expectancy. The Chernobyl nuclear reactor accident in 1986 is considered to be the worst nuclear power plant disaster in history.


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Even dentists feel intimidated by other dentists when they are in the chair. The review group reveals the latest on NHS dentistry.


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# Private dentistry booms on

Annual profits in the private dental sector have risen by £6,000, while profits for NHS practices have dropped, according to new figures.

The figures from the National Association of Specialist Dental Accountants (NASDA), show that during 2007/08, annual profits for NHS practices fell from £149,000 to £148,000, while profits rose in the private sector from £131,000 to £137,000.

Costs have gone up and on average a private practice is now spending £250,000 on materials, laboratory bills, wages, direct costs, and overheads while NHS practices spend around £220,000, equivalent to 59 per cent and 65 per cent of practice fee income, respectively.

These figures represent the end of the second year of the NHS dental contract.

Once again, the NASDA statistics show a considerable variation in the rate of Unit of Dental Activity with £24.38 being the average for practices and £16.20 the lowest. The average UDA rate for associates is £21.58.

Ian Simpson, a partner in NASDA member Humphrey and Co, and responsible for the compilation of this year's figures, said: 'From what we are seeing, despite this small drop in profit, NHS practices are generally more profitable because they engage more associates. What we are also seeing are practices which are consolidating and operating more surgeries over longer hours or growing in size. This would appear to be the way that dentistry is going.'

NASDA also announced the results of its latest quarterly study of dental practice valuations and sale agreements.

Based on goodwill as a percentage of fee income, the figure for both valuations and sale agreements, for the quarter ending 31 January stood at 77 per cent. This compares with an average figure of 94 per cent for valuations and 83 per cent for deals for the quarter ending October 2008. DT

# 'Appalling wait' for Zach

A boy who is terrified of dentists, is being forced to wait 14 months, to have specialist dental treatment under sedation under the NHS.

The parents of eight-year-old Zach from Plymouth, said they are 'disgusted'.

Father, Leroy Lander said: 'I can't believe they are prepared to leave children to wait that long to have dental treatment that's needed. It's appalling.'

Zach was referred for specialist dental treatment under sedation in September last year because he is terrified of dentists.

After hearing nothing for months, Mr Lander called the specialist and was told there was a 14-month waiting list for the treatment.

He said his son has a condition which means his teeth have thinner enamel than they should, which has contributed to him having seven cavities.

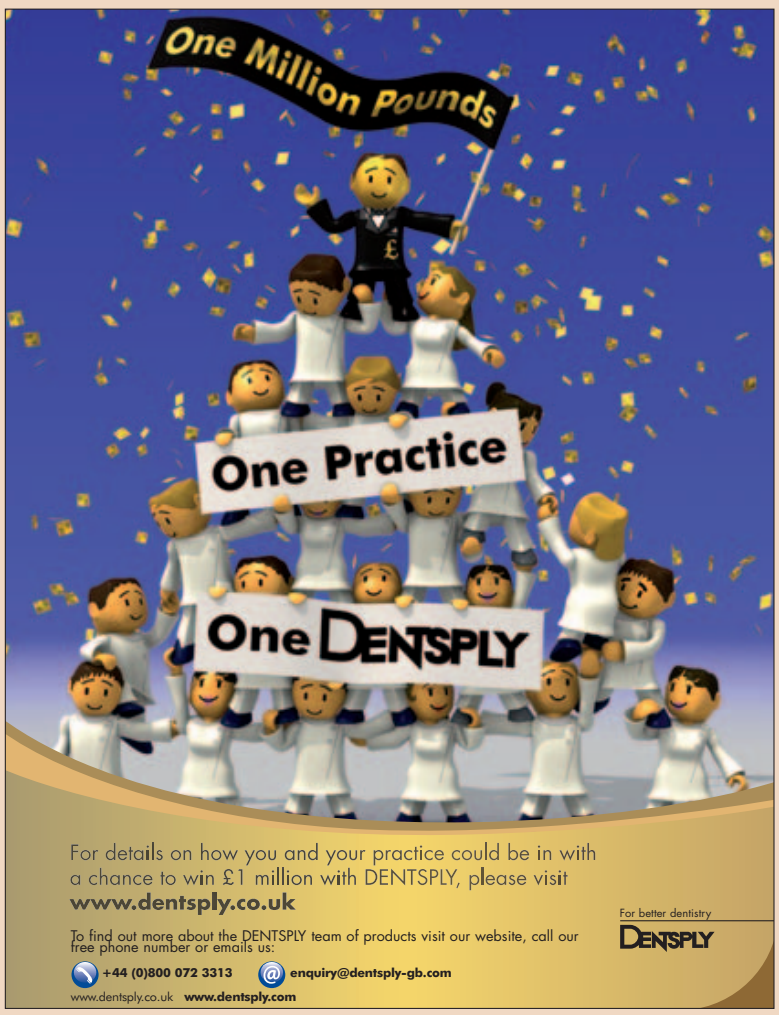
Zach is so terrified, he won't open his mouth properly to let the dentist put his instruments in.

Patients with dental phobias are referred by their general dentist for some treatments, such as fillings or extractions, under sedation, commonly using nitrous oxide.

Alan Yardley, senior paediatric dentist and clinical director for NHS Plymouth dental services, has admitted that the waiting time for treatment under sedation is currently 'much longer than we would want' due to health and safety restrictions'.

The nitrous oxide used for dental sedation can pose a hazard to clinical staff over an extended period of time, so staff exposure time needs to be limited. This means only three patients can be treated under sedation a day.

In 2006, an eight-year-old girl developed such a phobia of dentists that after having her teeth out under sedation, she refused to eat or drink and starved to death. DT

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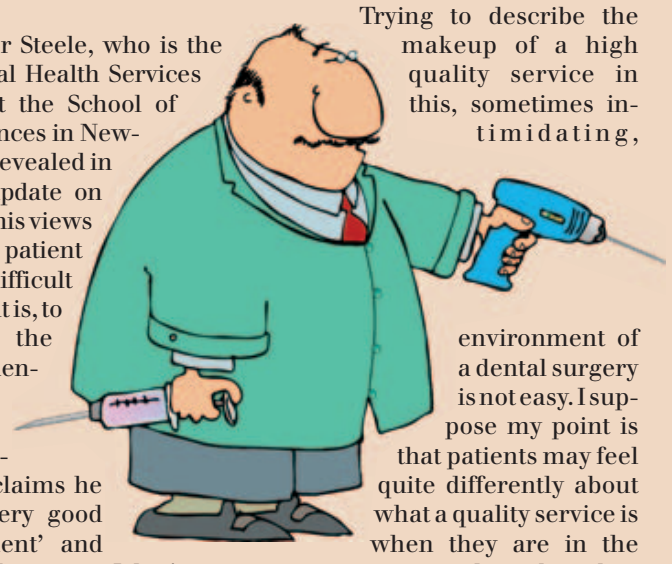
# Dental visits are 'intimidating'

'Even for a dentist, being a dental patient is an intimidating experience,' according to Professor Jimmy Steele, who is leading an independent review into NHS dentistry in England.

The review group has been asked to report on increasing access across the country, improving quality of services and suggesting how the government can work towards reducing oral health inequalities.



Professor Steele, who is the chair in Oral Health Services Research at the School of Dental Sciences in Newcastle, has revealed in his latest update on the review, his views on being a patient and how difficult as a patient it is, to determine the quality of a dental surgery.

Professor Steele claims he is 'not a very good dental patient' and admitted: 'For a start, I don't go a dentist very often, and for a dentist that is probably not unusual (I think we perhaps believe, in my case quite incorrectly, that we are immune to dental problems).

When I do go I talk a lot, I want to see what is going on and I do not mind admitting that I don't like it very much at all; I am nervous.'

Part of the problem is that dentists having treatment 'know exactly what to expect, I can picture the procedure in some detail and I trust the person treating me to do an excellent job, but that does not stop me wanting to be somewhere else rather than in the dental chair. Even for a dentist, being a dental patient is an intimidating experience.'

One of the things the review team will be examining over the next few weeks is 'quality'.

Quality can be defined in a myriad of ways, according to Professor Steele, but he added: 'If the NHS is offering a dental service, it needs to do what it does well. Trying to describe the makeup of a high quality service in this, sometimes intimidating, environment of a dental surgery is not easy. I suppose my point is that patients may feel quite differently about what a quality service is when they are in the surgery compared to when they are not.'

He also believes that a dentist may have a very different version of quality than a patient.

'As a patient I want a quick, painless experience. As a dentist I know that a good outcome may take a little longer and that to avoid more visits or possibly discomfort in the future, some investment of time at the beginning may be sensible. The NHS needs to balance these two points of view (and many more) and to make sure that all the right checks and balances are in place to ensure that the result is, indeed, a high quality service,' he said.

There are some elements that are easy for dental patients to judge, according to Professor Steele.

These are a clean and safe environment, polite staff and ease of access.

However he claims there are other aspects of quality that it is difficult or impossible for a patient to evaluate such as the safe operation of x-ray machines, the detail of cross infection control, the accuracy of information given and the clinical validity of approaches taken to treatment planning or to preventing disease.

He believes the effectiveness of that most important skill, the communication of advice about a difficult subject in difficult circumstances, is particularly challenging as it requires both the skill of communication and a strong medical ethic to ensure that a patient is able to make the decision that is best suited to them.

He added: 'Perhaps the most difficult of all to evaluate is the technical quality of the decision making of the dentist, the dental care provided and the likely longevity of any work done.'

Data on doctors and hospitals is available to the general public. Professor Steele feels this is a good thing but only if the data is meaningful and is asking dentists for their views on the pitfalls and advantages of this. DT

# More NHS dentistry

A new NHS dental surgery in Wirral is hoping to make up for the lack of NHS provision in the area.

Glenside Dental Practice in Pensby, which is opening in April, already has over 1,000 patients registered, David Speechley, of Glencairn Dental Practice, Bebington, and his colleague Simon Wright, is opening the new surgery with Mike Stoker, from Hoseside Road Dental Practice, Wallasey.

Mr Speechley said: 'We hope that this new collaborative initiative will help to provide the people of Pensby and the surrounding areas with a high-quality, friendly service, under the terms of the NHS.'

He claims that the surgery has the potential to expand. The practice in Pensby Road, which will be one of 55 other NHS surgeries in Wirral, will also provide dental implants and some extensive cosmetic dentistry on a private basis.

MP Stephen Hesford has welcomed the new NHS provision. DT

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# Guest comment

## Joining your association – part two

Many people in dentistry are still unaware of the enormous amount of work done by the professional associations. Many dental nurses, for example, who claim tax relief on their laundry don't realise they can only do so because BADN® negotiated on their behalf – when we realised that tax relief on the laundering of uniforms was available to general nurses, but not to dental nurses.

All the professional associations are funded primarily through members' subscriptions, so it's important that they are supported by their constituent groups so they can continue fighting for those specific DCPs – BADN® for dental nurses, BSHT for hygienists, BADT for therapists, DTA for technicians, CDTA for clinical dental technicians, DLA for lab owners and the BDA or DPA for dentists.

And it's about what you can put back in – apart from three office staff, BADN® is run by volunteers, working dental nurses who give up their free time to support other dental nurses. They don't get paid for doing this – they do it to put something back into their own profession. Being a BADN® member means you get a chance to influence how dental nursing adapts over the years, to make sure your views are heard.

Doing the right thing is all very well, but in these times of recession, what do you get from joining a professional association? I can only speak for the BADN® – Full Membership includes a quarterly journal, legal advice, up to eight hours verifiable CPD, a million pounds' worth of indemnity insurance (which not only covers damages awarded to a patient but also your legal costs, including those for professional misconduct cases related to a professional indemnity claim; and is your personal cover, so you can take it with you if you change jobs (*subject to policy conditions*) – not the case with many other schemes!), £70 off the cost of attending the National Dental Nursing Conference (another eight hours or so of verifiable CPD) or any other BADN® Study Day – not to mention money off holidays, hotels, flights, car hire, home/travel/car/life insurance, breakdown cover, eye tests and glasses, wine, flowers, CDs and DVDs, gym membership, days out (Alton Towers, anyone?), office supplies, dental sundries, textbooks…

That's all very well, I hear you cry, but poor, underpaid dental nurses can't afford £70! Well, £70 a year works out at £1.35 a week – or 19p a day! If you put 20p a day into a jar for a year, you would be able to pay your next year's membership (only please don't send us the cash – we take cheques, credit cards and direct debits). How much do you spend each month on your mobile? Are all those texts really necessary? A couple of texts fewer each week would cover the cost of your BADN® membership – and that £1 million indemnity cover could prove much more useful than the 'I'm on the train' phone call! (And you get tax relief on your membership fees, as you do on your GDC registration fee – again, something BADN® negotiated with the Inland Revenue!) In fact, one more service offered to BADN® members is our tax refund service – to date, BADN® members have received a total of nearly £56,000 in tax refunds – an average of over £140 per claim, or two years BADN® membership!

Can you afford not to join??

**The above was written by, and represents the personal view of, Pam Swain, chief exec of BADN®. BADN® Membership forms are available from 01253 338360, membership@badn.org.uk or *www.badn.org.uk*** DT

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# ‘Unmissable’ flexible learning

A learning resources provider is to offer dental professionals, groundbreaking solutions to keep the whole dental team up to speed with new developments, at this year’s British Dental Conference.

Smile-on will show visitors a wide range of informative products, at the event being held at Glasgow’s Scottish Exhibition and Conference Centre, on the 4-6 June. A spokeswoman for Smile-on said: ‘Smile-on’s participation makes the British Dental Conference 2009 unmissable for dental professionals. Groundbreaking solutions will show how the latest technology and the greatest expertise combine to make learning flexible, convenient and involving.’

Its products at the event will include the Clinical Photography course.

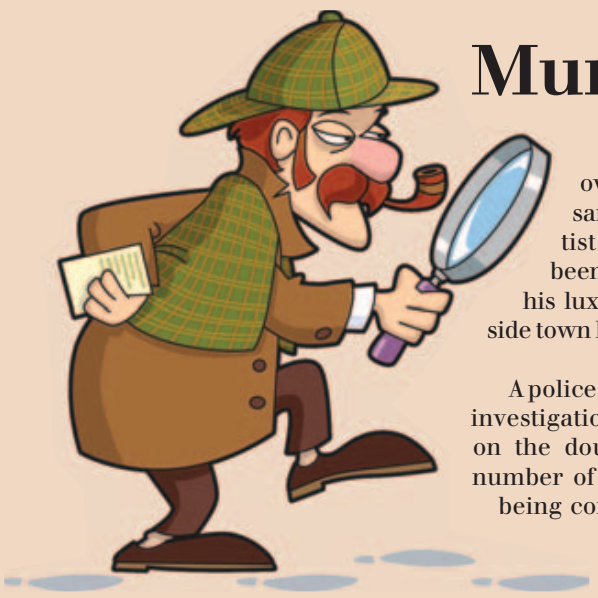
The course, which is available on CD-ROM or on-line, fits around daily tasks and provides an excellent grounding in digital imaging.

Participants will find the most suitable camera, master perfect clinical shots, unlock ways to keep patients better informed and enjoy robust medico-legal protection.

Delegates should also enquire about the three-module programme *Communication In Dentistry: Stories From The Practice*, which provides everything necessary to open effective lines of communication with patients and colleagues, promoting success across the board.

There will also be the chance to explore Smile-on’s Clinical Governance programme, enabling total compliance with Healthcare Commission standards, and DNSTART, essential learning for dental nurses.

**For more information call 020 7400 8989 or email info@smile-on.com** DT



# Murder saga continues

A dentist in Northern Ireland accused of murdering his wife and his ex-lover’s husband has been remanded in custody again.

Dr Colin Howell appeared at North Antrim Magistrates' Court via a video link from Maghaberry Prison, near Lisburn, County Antrim, where he is currently being held.

He will appear before the court again on 6 April, the same day as his co-accused, Hazel Stewart, 45, who is also facing a double murder charge.

It has been claimed they were having an affair at the time of the deaths.

Colin Howell has been charged with murdering his wife Lesley Howell and former RUC officer Trevor Buchanan nearly 18 years ago.

Police are investigating two more deaths in connection with Howell.

Police are now re-examining the death of Lesley Howell’s father, Henry Clarke, who died 12 days before his daughter’s death - apparently from a heart attack or some form of seizure.

They are also looking into the death of mother of two, Alexandra Hickman-Smith, 27, who was found dead at her caravan in Castlerock last November. Her family were told at the time that she had died from diabetes.

Ms Hickman-Smith owned a caravan at the same site where top dentist Colin Howell had been staying after leaving his luxury home in the seaside town last year.

A police spokesman said their investigation remained focused on the double murders but ‘a number of lines of enquiry are being conducted into a range of other issues and events’.

Howell has also been charged with sexually assaulting a number of women.

He is accused of four counts of indecent assault on a woman and of unlawfully applying a stupefying or overpowering drug in order to commit an indictable offence.

Last month, at least 200 letters were sent to former patients of Mr Howell by police seeking help with their investigation.

Howell, who had surgeries in Ballymoney and Bangor, charged more than £2,000 for each dental implant and treated patients from all over Ireland, Europe and the USA.

Howell is seen as one of the foremost dental practitioners in Northern Ireland.

Dr Howell has lectured at implant conferences in Jordan and tutored final year dental students at Queens University Belfast. He also ran a cosmetic implant course for dentists who wished to restore their own implants.

He was the course tutor at Queens for core teaching of final year dental students on Dental Implants and a mentor for the Association of Dental Implantology (ADI) and the University of Salford Degree Programme. DT

# Over 50’s glamour

There has been a rise in the number of people over 50 getting cosmetic and aesthetic dental treatment.

London cosmetic dentist, Dr Anoop Maini of Aqua Dental Spa, has seen a 63 per cent increase in patients over the age of 50 since last October.

These patients have chosen tooth whitening treatments, dermal fillers or Botox, despite people being more strapped for cash in the recession. He revealed that many patients who have cosmetic dental treatment will also have fillers or botox to improve the appearance of the area around their mouth. DT

*Many dentists are reliant on discretionary indemnity*

# Unregulated indemnity continues

Thousands of dentists are thought to be working without full insurance cover or using schemes that have loopholes - leaving patients without any compensation when they receive botched treatment.

The Dental Defence Union, the specialist dental division of the Medical Defence Union, claims that many patients mistakenly assume their dentist or doctor is insured in the same way as their car or house, but this is not the case.

Under the current, outdated system of dental indemnity, dentists are still not required to have insurance.

The DDU would like the General Dental Council (GDC) to specify how dentists should be indemnified.

So far it has not insisted that this should only be through insurance, though it has the power to do so.

Botched dental work by the likes of Silverio Di Rocca and Alicia Caffarena, who fled the country after being found out, show that fundamental reform is needed to close loopholes in the insurance policies covering dentists.

The Italian couple fled after botching the treatment of 16 patients.

The couple, who worked at practices in Cambridge, London and Surrey, were struck off for gross negligence by the GDC but their patients have been left without any compensation.

One of their patients was Aaron Kersey, who was 11 when his dentist sent him to the couple's Cambridge practice to have two sets of braces fitted.

He was told the braces would need to stay in place for 12 months. But it was not until last year, that the boy, who is now 17, stopped wearing a brace; two years of botched work had deformed his teeth, four of which had to be removed, and caused pain and infections which lost him three months' schooling.

Similarly, Helen Partou, from Enfield in North London, was 13 when she first saw Di Rocca at his practice in Palmers Green.

After two years of NHS treatment under his care, during which her braces repeatedly fell out, or cut into her mouth, leaving it bruised and bloody, her mother Donna insisted she see a specialist, who said he had never seen orthodontic equipment so poorly fitted.

She still needs major corrective work done to repair the damage but is terrified of dental treatment.

The DDU, which acted for the couple during the 2005 GDC case, said it had not been instructed by their clients and could not represent them over the damages claims as it cannot represent dentists without their permission.

Many dentists are reliant on discretionary indemnity and the DDU is campaigning for the GDC to make it compulsory for every dentist to have a contract of insurance.

Rupert Hoppenbrouwers, head of the DDU said: 'In this current dento-legal and economic climate, we cannot understand why the UK still allows unregulated indemnity. The UK has fallen far behind other EU states on this.

A German patient who was treated in the UK and negligently harmed by a dentist who was reliant on discretionary indemnity might not be compensated if the indemnifier decided not to assist with the claim. Of course, a German patient who was treated and harmed at home by an insured dentist would receive insured compensation.'

Dr Christine Tomkins, deputy chief executive of the Medical Defence Union (MDU), said: 'Many patients, and even the dentists and doctors reliant on discretionary indemnity, may not realise that it only gives the right to seek indemnity, but not to receive it. We are aware of cases where some practitioners have not been provided with discretionary indemnity and patients have not been compensated as a result.'

She added: 'The GDC has the opportunity to bring dentists into line with other healthcare practitioners such as opticians and chiropractors who have to be insured, because their regulators have taken advice and do not believe discretionary indemnity gives adequate protection for patients. In most other EU countries insurance is either compulsory or recommended.

For each dental or medical professional to have a contract of insurance and the certainty that successful negligence claims that come within the policy will be paid is indisputably in the interests of patients and of dentists and doctors.' DT

# MP raises desperate appeal

An MP in Hampshire has made a last-ditch bid to stop the fluoridation of water in Southampton and Eastleigh going ahead by appealing to the Environment Agency to look at its impact on local water courses and rivers.

Health bosses in the area have decided to go ahead and fluoridate the water in Southampton, despite 72 per cent being opposed to the idea.

The decision, which will affect around 200,000 people, followed a large public consultation and months of debate.

Liberal Democrat MP, Chris Huhne is calling for a proper Environmental Impact Assessment of the decision made by the South Central Strategic Health Authority.

'I have written to the chairman of the Environment Agency, Lord Chris Smith, to ask if it will investigate this matter and come to a clear view about the environmental risks of adding more than 100 tons a year of fluoride to local water supplies,' he said.

Mr Huhne added: 'Many local residents rightly do not want to take the health authority's decision lying down, as it flies in the face of nearly three quarters of the responses to the consultation and all the local councils and MPs who expressed a view. It is frankly high-handed.

No-one doubts that teeth need better care, but the obvious alternative is more NHS dentists not mass medication where there are contested benefits and ill-understood risks.'

Jim Easton, the South Central Strategic Health Authority's (SCSHA) chief executive, on announcing the decision said: 'We recognise that water fluoridation is a contentious issue for some people. The board was satisfied that, based on existing research, water fluoridation is a safe and effective way to improve dental health.'

While Bob Deans, chief executive for Southampton City Primary Care Trust said: 'Southampton City PCT continues to believe that a water fluoridation scheme, when introduced with continued oral health promotion, will be the most effective way of reducing the large numbers of tooth fillings and extractions currently needed by children in Southampton.'

The British Dental Association (BDA) has also welcomed the decision which it claims has been supported by dentists in the region.

The decision by South Central Strategic Health Authority to back fluoridation, is the first under 2003 laws, giving health authorities powers to demand the service from water companies.

John Spottiswoode, chairman of Hampshire Against Fluoridation, called it 'absolutely disgraceful' and said: 'They have refused to listen to all the evidence we have given them. They have ignored the will of the people – 72 per cent didn't want it and yet they still are going to do it. It is deeply unethical.'

SHAs are required to make decisions on the 'cogency of the arguments advanced' and not simply on numbers of people and organisations for or against proposals.

Authorities in north-west England, Derbyshire, Bristol, and Kirklees in West Yorkshire are thought to be among those preparing to go down the same route. DT

# Dental appliance guidance

The General Dental Council has issued new guidance for all dental professionals involved in prescribing, manufacturing and fitting dental appliances.

It follows a 12-week consultation on the issue which closed in August 2008.

The purpose of the guidance is to ensure that dentists, dental technicians and clinical dental technicians (CDTs) understand and are responsible for the decisions they make when commissioning or manufacturing dental appliances.

The guidance, which complements the GDC's Principles of Dental Team Working, is in three parts as follows

**Registrants who make dental appliances**

If you make a dental appliance, you must understand and comply with your legal responsibilities as "manufacturer" under the Medical Devices Directive. These are legal requirements rather than GDC rules and the GDC expects you to fulfil these responsibilities and will hold you accountable for doing so.

**Registrants who arrange for dental appliances to be made**

If you arrange for dental appliances to be made in the UK, you are professionally responsible for issuing the prescription to and receiving the appliance from a UK-registered dental technician. If you prescribe a dental appliance to be made by a person in the UK who is not a registered dental technician you are liable to face a GDC fitness to practise inquiry. Equally, you are liable to face a GDC fitness to practise inquiry if you receive a dental appliance made in the UK by a person who is not a registered dental technician.

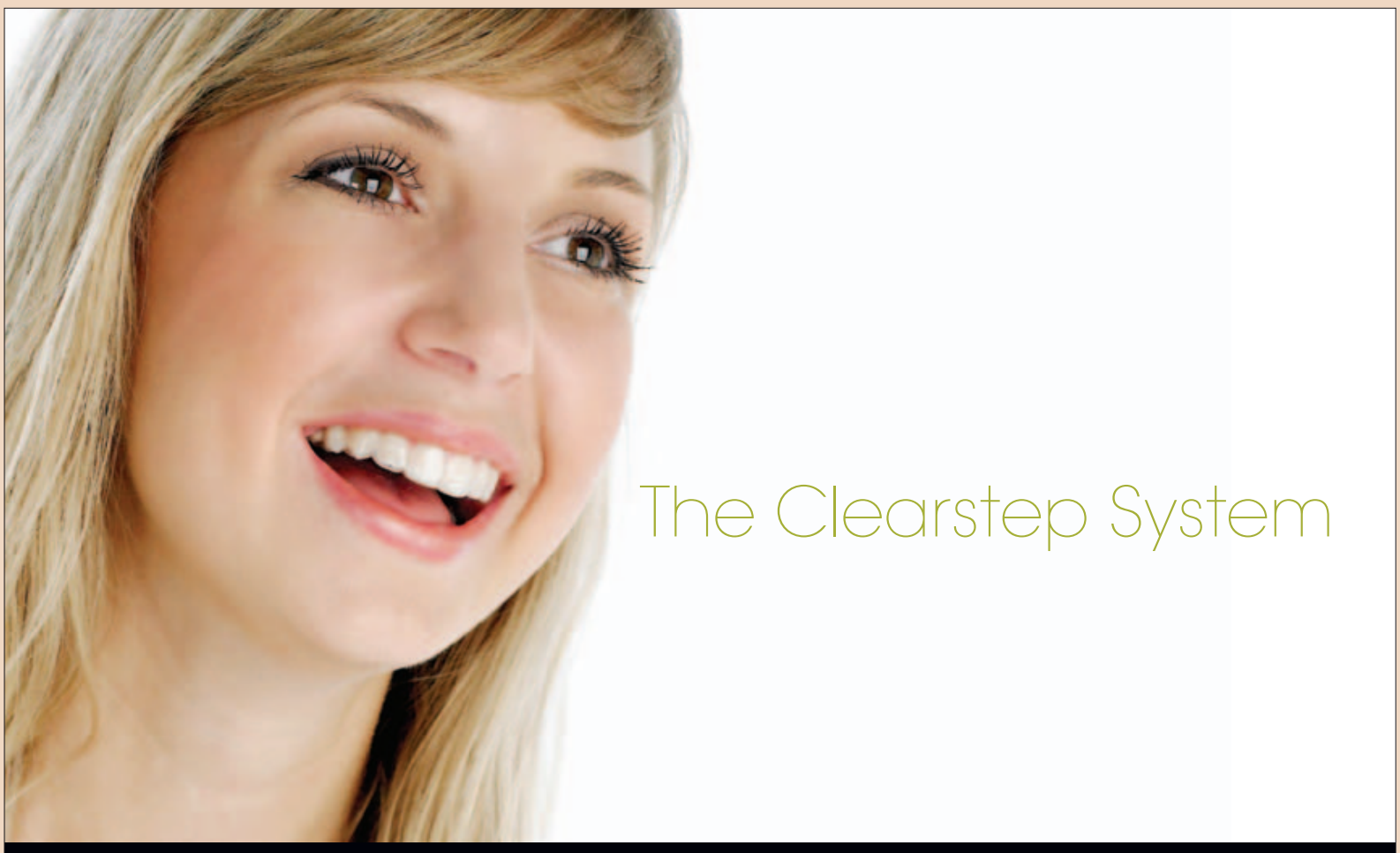
**Registrants who sub-contract or prescribe dental appliances to be made outside the UK**

When making the decision to either sub-contract the manufacture of a dental appliance, or use a dental laboratory or agent which sources dental appliances, outside the UK, your choice not to use a UK-registered dental technician puts a particular responsibility on you.

You will be held professionally accountable for the safety and quality of the appliance. This is because you have chosen not to sub-contract or issue the prescription to a registered dental technician who would otherwise be accountable him or herself. You take on the dental technician's responsibilities for the appliance and the GDC will hold you accountable for your decision.

Further we expect you to have taken appropriate steps to discharge the extra responsibilities you choose to accept when you make this decision.

**The full guidance can be read on the GDC website at *www.gdc-uk.org*** DT




# Dentist in the spotlight

A dentist has been accused of needlessly pulling a woman's tooth out instead of treating her ulcerated gum.

Ian Bain, who works at the Gables Dental Practice in Prestatyn, denies the allegation that he failed to diagnose a patient's toothache.

Now the General Dental Council is holding a hearing to investigate allegations that he failed to spot the woman had an ulcerated gum, and ended up pulling out her tooth.

The woman claims Bain treated her in a 'dismissive, and mocking' way when he saw her at the surgery between August 1, 2005, and April the next year.

Bain is also accused of failing to take records of the patient's appointment and not giving her painkillers to help with the toothache.

He denies misconduct and that his fitness to practise is impaired. DT

# Student Fitness to Practise consultation

*The guidance will steer students towards a greater awareness of the professionalism*

The General Dental Council is holding a consultation on the draft guidance regarding Student Fitness to Practise.

The guidance document is aimed not only at student dentists, but also at all student dental care professionals as well as the institutions which provide dental training.

The purpose of the guidance is to instil in students a greater awareness of professionalism and a commitment to the General Dental Council's (GDC's) Standards for Dental Professionals.

Another key aim is to help dental schools and other training providers deal with issues which may arise during a course of study that call into question whether a student is fit to practise during training or in the future.

Hew Mathewson, GDC president, said: 'We are keen to get as many responses as possible to the consultation, especially from students and those teaching on training courses for approved qualifications. This is an ideal opportunity for education providers and students to tell us what would be most helpful to them.'

The GDC and the other healthcare regulators have developed the guidance in response to the government's White Paper 'Trust, Assurance and Safety'.

It requires regulators to strengthen their relationships with healthcare students and the institutions which provide their training.

The GDC's Student FtP guidance also aims to ensure the safety of patients being treated by students as part of their training.

The aim of the consultation is to gather a range of views which will help make the guidance as effective and as helpful as possible.

The consultation can be completed online via the GDC website at *www.gdc-uk.org/*

The three month consultation opened on 26 February 2009 and will close on 26 May 2009. DT

# BDTA joins hands with partners

The British Dental Trade Association has joined up with a number of high profile partners for this year's Dental Showcase.

The British Dental Trade Association (BDTA) will be working closely this year with the British Association of Dental Nurses (BADN), the Dental Technologists Association (DTA), the Dental Practitioners Association (DPA), the British Society of Dental Hygiene and Therapy (BSDHT), the Dental Laboratories Association (DLA) and the British Dental Practice Managers Association (BDPMA).

Tony Reed, executive director at the BDTA, said: 'I am delighted that these associations have recognised the advantages of working with us to promote the exhibition. It means that the communications can be targeted directly towards their members on a more frequent basis and the BDTA can reach individuals from across the profession'.

The arrangement is mutually beneficial with the BDTA offering the associations a stand and meeting room at the event, publicity on the Showcase website and a fee to cover their time and effort. In return the associations have committed to supporting and publicising the event at every available opportunity.

The BDTA Dental Showcase 2009 takes place 12-14 November at NEC Birmingham.

**To register in advance for your complimentary ticket visit *www.dentalshowcase.com/visit*, call the registration hotline on +44 (0) 1494 729959 or text your name, address, occupation and GDC number to 07786 206 276.**

Advance registration closes 6 November 2009. On-the-day registration: £10 per person. DT

# GDC guidance for Dental Bodies Corporate

The General Dental Council has issued new guidance for dental professionals about Dental Bodies Corporate (DBCs).

In July 2005, an Order to amend the Dentists Act 1984 removed key restrictions on DBCs.

Any corporate body can now carry out the business of dentistry provided it can satisfy the conditions of board membership.

The General Dental Council (GDC) held a consultation to seek views on whether registrants involved in a DBC should declare this for example in practice literature such as treatment planning forms.

The guidance has been approved by the GDC's Standards Committee and says:

Put patients' interests before your own or those of any colleague, organisation or business.

These standards complement the overriding principles set out in the 'Standards for dental professionals' series and should be read with this and the other guidance documents.

We expect you to follow this guidance, whether or not you are responsible for justifying your actions in your role to someone who is registered with us. If you cannot justify your behaviour or practice in line with the principles explained in the 'Standards for dental professionals' guidance, you may risk losing your registration with us.

Registrants who are members of/employed by a Dental Body Corporate (DBC)

Patients should be made aware of relevant facts that may have an effect on their treatment and the management of any complaint.

If you are associated with or employed by a DBC that information should be made clear to patients in practice literature, including treatment planning forms and documents explaining the surgery's/DBC's complaints process.

This is an important part of the process of ensuring the patient has the information they need to make an informed choice and to be able to pursue a complaint fully and appropriately.

**Full details of the guidance which can be found on the GDC website *www.gdc-uk.org*** DT

# Don't miss *the* Dental Awards

This year's Dental Awards will be showcasing the best that the UK dental profession has to offer.

The Dental Awards ceremony takes place on 24 April at the Royal Lancaster Hotel in London.

Broadcaster and writer, Gyles Brandreth, will be hosting the event.

Chair of the judging panel, Lisa Townshend said: 'The entries for this year's event were of an amazingly high standard across all of our categories, so much so that in many of the categories it was difficult to choose a winner.

It is gratifying to know that there are so many dental professionals in the UK consistently striving to provide the best in clinical care and patient service.'

This year, due to the number of high quality entries in some of the categories, it has been decided to split them into Northern and Southern regions, with the winner of each region in contention to become the overall National Winner. This has been done for Dentist of the Year, Team of the Year and Practice Design & Interior.

The finalists in each category are as follows:

## Dental Laboratory of the Year

*Luke Barnett* – Watford, Hertfordshire
*Dencraft* – Sheffield, South Yorkshire
*Casterbridge Dental Studio* – Gillingham, Dorset
*Bucks Oral Design Studio Ltd* – High Wycombe, Bucks

## Dental Team Support

*El-Nashar Dental Care Ltd* – Newton Abbot, Devon
*Perfect32.com* – Beverley, East Yorkshire
*Westbury Park Dental Practice* – Clayton, Newcastle under Lyme
*The 130 Dental Centre* – Hayes, Middlesex
*Thompson & Thomas* – Sheffield, South Yorkshire

## Practice Design and Interior South

*Backwell Dental Care* – Backwell, Bristol
*Senova Dental Studios* – Watford, Hertfordshire
*Swiss Smile Kids* – London
*The Ivory Room Dentalcare* – London
*Gentle Dental Care* – Winchester, Hampshire

## Practice Design and Interior North

*The Dental Healthcare Centre and Cleveland Cosmetic & Dental Implant Clinic* – Stockton on Tees
*Abbey Dental* - Isle of Man
*Cleveland Orthodontics* – Middlesbrough
*Gencare Dental Clinic* – Tickhill, South Yorkshire
*Gencare Dental Clinic* – Huddersfield, West Yorkshire

## Best National Smile Month Event

*Dentith & Dentith Dental Practice* – Oakham, Rutland
*Genix Healthcare Ltd* - Leeds
*Thompson & Thomas* – Sheffield, South Yorkshire
*Woodseats Dental Care* – Sheffield, South Yorkshire

## Dentist of the Year South

*Michael Sultan* – 99 Harley Street, London
*Dr John Patrick McVeigh* – Abbey Mead Dental Practice & Implant Centre, Tavistock, Devon
*Dr Lennart Jacobsen DDS MSC (DENMARK)* – City Dental Care, London
*Michael Atar* – Swiss Smile Kids, London
*Dr David Bloom* – Senova Dental Studios, Watford, Hertfordshire
*Dr Bhavin Bhatt BDS (U.Lon) MFGDP RCS Eng* – Smile & Wellbeing Dental Care, Bishops Stortford, Hertfordshire

## Dentist of the Year North

*Dr Michael Cahill* – Cahill Care Centre Ltd, Bolton, Lancashire
*Gary Rowland* – Perfect32.com, Beverley, East Yorkshire
*Michael John Heads* – The Dental Healthcare Centre and Cleveland Cosmetic & Dental Implant Clinic – Stockton on Tees
*Duncan Thomas*, Amble Dental Practice, Amble, Northumberland
*Claire T Lawson* – Lion House Dental Practice, Richmond, North Yorkshire
*David Thomas* – Thompson & Thomas, Sheffield, South Yorkshire

## Dental Therapist of the Year

*Kirsty Louise Smith* – Smile & Wellbeing Dental Care, Bishops Stortford, Hertfordshire
*Kevin Lawlor* – M&S Dental Care, Fort William, Scotland
*Catherine Gray* – Special Care and Community Dental Service, Barking, Essex

## Dental Hygienist of the Year

*Melonie Prebble* – Senova Dental Studio, Watford, Hertfordshire
*Kirsty Louise Smith* – Smile & Wellbeing Dental Care, Bishops Stortford, Hertfordshire
*Karen Hails* – The Dental Healthcare Centre and Cleveland Cosmetic & Dental Implant Clinic, Stockton on Tees
*Debbie Bell* – Cheam, Surrey
*Joanna Louise Jones* – Various London practices

## Oral Health Promoter of the Year

*Emma Clithero* – Dentith & Dentith Dental Practice, Oakham, Rutland
*Julia Wilkinson* – Oral Health Promotion, Nottinghamshire
*Elaine Sharp* – Blantyre Health Centre, Lanarkshire

## Dental Nurse of the Year

*Madeleine Fielder* – Backwell Dental Care, Backwell, Bristol
*Kirsty Barber* – Thompson & Thomas, Sheffield, South Yorkshire
*Rachel L Walker* – Andrews Dental, Chesterfield, Derbyshire
*Sam Davis* – Marsh Farm Health Centre, Luton, Bedfordshire
*Nichola Sludds* – Harrowgate Hill Dental Practice, County Durham

## Dental Technician of the Year

*Luke Barnett* – Luke Barnett, Watford, Hertfordshire
*Steven Osgathorpe* – Dencraft, Sheffield, South Yorkshire
*TJ Nicolas* – Implant & Ceramic Centre Ltd, Miserden, Gloucestershire

## Dental Receptionist of the Year

*Beverly Street* – 99 Harley Street, London
*Christine Ferguson* – Perfect32.com, Beverley, East Yorkshire
*Carly Campbell* – Thompson & Thomas, Sheffield, South Yorkshire
*Jane Allen* – Wendy Sandeman Dental Practice, Drimpton, Dorset
*Katie Hanson* – Woodseats Dental Care, Sheffield, South Yorkshire

## Practice Manager of the Year

*Linda Heads* – The Dental Healthcare Centre and Cleveland Cosmetic & Dental Implant Clinic, Stockton on Tees
*Cheryl Lawrence* – The Smile Boutique, Peterborough, Cambridgeshire
*Jane Armitage* – Thompson & Thomas, Sheffield, South Yorkshire
*Shabana Shakil* – 130 Dental Centre, Hayes, Middlesex
*Bridget Hayes* – Tidworth Dental Centre, Tidworth, Wiltshire

## Clinical Dental Technician of the Year

*James Neilson* – Winning Smiles, Gillingham, Dorset
*Marc Northover* – Various Dental Practices, Birmingham
*Philip McKeown* – Hamilton Clinical Dental Technicians, Hamilton, South Lanarkshire Scotland

## Team of the Year South

*99 Harley Street* – London
*Backwell Dental Care* – Backwell, Bristol
*El-Nashar Dental Care Ltd* – Newton Abbot, Devon
*The Smile Boutique* – Peterborough, Cambridgeshire
*Wendy Sandeman Dental Practice* – Drimpton, Dorset
*Sweetcroft Dental Practice* – Hillingdon, Middlesex
*Bedfordshire Community Health Services* – Ampthill, Bedford

## Team of the Year North

*Cahill Care Centre Ltd* – Bolton, Lancashire
*Oral Health Promotion Team* – Nottinghamshire
*Perfect32.com* – Beverley, East Yorkshire
*The Dental Healthcare Centre and Cleveland Cosmetic & Dental Implant Clinic* – Stockton on Tees
*Thompson & Thomas* – Sheffield, South Yorkshire
*Woodseats Dental Care* – Sheffield, South Yorkshire DT

# Safeguarding your future

## In this time of financial uncertainty, protecting your income is proving a good option for dentists

It's easy to be cavalier about the future when you have no responsibilities, and few anticipate disaster when the sun shines. But dentistry is a physically taxing and stressful profession, and as time passes, most of us acquire responsibility, so not investing in income-protection insurance has all too often proved a gamble too far for dentists young and old, and their families.

No-one is immune to ill health or accidents and their potentially catastrophic financial side-effects. Even for those dentists who remain single, the loss of income through incapacity will seriously compromise their quality of life.

### Sick-pay arrangements

These vary considerably for employed dentists, and even more widely for the self-employed. Those working in the NHS can expect to receive their full salary for the first six months, and half their normal income for a further six months. Private employers may have in place an income protection plan which pays for a longer period, but in the case of smaller companies you may only receive the statutory minimum, currently £75.40 per week for 28 weeks, and subsequently be dependent on State benefits.

The incapacity of working self-employed principals or practice owners who have employed associates will not necessarily force the immediate closure of their businesses, and at least temporarily a proportion of their income will continue. However, the regular payments made under a GDS/PDS contract are liable to claw-back if targets are not achieved and, without established alternative arrangements, State benefits become the only income option. The payments in respect of long-term sickness under standard GDS/PDS contracts are subject to qualification criteria, are not payable for the first four weeks of incapacity, and cease after a maximum of 22 weeks in a 52 week period.

**'The loss of income through incapacity will seriously compromise your quality of life.'**

For self-employed associates, sick pay will depend on the terms of their individual contracts of employment. For many, not seeing patients will effectively equate to no salary being paid.

### Consider financial commitments

Whatever your present state of health, it makes sense to consider the financial implications of not being able to work, perhaps for many months. Specific loan commitments, such as mortgages or credit card debt, are likely to be already covered by discrete insurance as a condition of acceptance, although these policies will usually feature a time limit, typically one or two years from the date of incapacity. But this is not the complete picture.

If you become ill, the pattern of your living costs and discretionary spending will change radically. Commuting expenses, for example, will cease altogether, while domestic spending will increase – heating costs will rise if you are obliged to stay at home all day, and you may have to pay for medical or nursing care. Unless you have independent means, or some other source of income, it's almost certain that you will need income protection insurance to safeguard a reasonable standard of living for yourself and your family.

Buying income protection insurance buys peace of mind as well as financial security. If you cannot work, your policy guarantees you will still receive a regular income, free of tax, until you return to work, cancel the policy or reach a predetermined age. And there is no limit to the number of claims you can make. Dentists' Provident, for example, will cover up to 60% of your gross income up to a maximum initial benefit of £1,200 per week, regardless of how often you need it.

### Check the small print

As with any purchase, you should inspect the goods before making a commitment. For instance, there are different interpretations of 'incapacity.'

'Own occupation' contracts will pay if your incapacity prevents you pursuing your own profession, while 'any occupation' policies will only pay if your incapacity means you can do no work at all. As you would expect, 'own occupation' agreements are more expensive, but for professional people, such as dentists, they offer the most appropriate protection.

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