

DENTAL TRIBUNE

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News in Brief

Dentist treats orang-utan

A dentist carried out an operation on an orang-utan at Colchester Zoo – removing three of his teeth. West End dentist Peter Kertesz treated Rajang the orang-utan, who is 41-years-old. Dr Kertesz treats animals at zoos all over the world, but also treats human patients at his London clinic. Rajang was very sleepy after the operation but made a full recovery.

Birmingham student wins

A PhD student from Birmingham University School of Dentistry has won the Midlands heat of the Young Persons' Lecture Competition. Anqi Wang won the Midlands heat of the competition which is organised by the Institute of Materials, Minerals and Mining. She will go on to represent the Midlands in the UK national final in London on 28 April. The winner of that will then go on to represent the UK in the world competition.

Graffiti artist dentist

A dentist in Surrey has been adding 'light graffiti' to the countryside by drawing 'light paintings' with torches. Ben Matthews said: "Last year, frustrated by getting home from work after dark and having nothing to photograph, I decided to construct my own images." So far he has created 400 'light paintings'. By wearing dark clothing and using long exposures, Dr Matthews makes himself invisible in the images.

MHRA warning

The Medicines and Healthcare products Regulatory Agency (MHRA) has issued an immediate action alert for users of Powerheart AED G5 automatic external defibrillators (AEDs) manufactured by Cardiac Science Corporation (Specific serial numbers). The affected AEDs may fail to deliver a shock due to an internal short-circuit, said the MHRA.

GSK Poligrip warning

GlaxoSmithKline (GSK) has informed the British Dental Association that it has issued advice warning consumers about a potential health risk associated with long-term, excessive use of GSK's zinc-containing denture adhesives Poligrip Ultra and Poligrip Total Care. As a precautionary measure GSK has voluntarily stopped the manufacture, distribution and advertising of these products.

www.dental-tribune.co.uk

News



BDA Manifesto

The British Dental Association has launched its manifesto for lobbying parliamentary candidates

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News



Tick-tock

Pensioner leaves fake bomb on dental practice's doorstep in revenge attack

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Money Matters

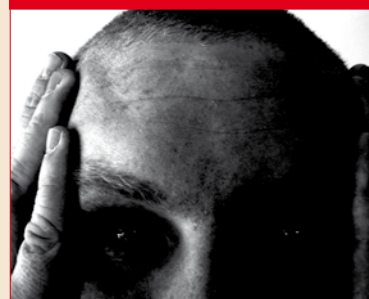


Safety net

Thomas Dickson details the benefits of income protection for dentist and their families

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Education



Meltdown?

Sarah Armstrong offers calming advice for those preparing for final exams

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Practices ride first pilot wave

Steele review pilots to commence in thirty UK practices in April 2010, will trial new ways to improve services for patients

The Department of Health is trialling a blended contract which will see dentists' pay linked to the number of patients they see. It is one of the recommendations being piloted from the Steele report into NHS dentistry carried out last year.

The pilots, which are expected to take place over a two-year period, will be carried out at least 30 NHS dental practices. They will be trialling new ways to improve services for patients with improved access and new ways of measuring quality.

The NHS responded well to last month's call for pilot sites by the Steele implementation board, and nearly 30 sites around the country will now pilot new ways of improving services for patients and the NHS from April.

One of the successful sites is City and Hackney, where the new blended contract is being trialled, which sees dentists being directly rewarded for the number of patients seen, the level of treatment each patient receives and the quality of that care.

Prof Jimmy Steele, who led the Independent Review of NHS Dental Services, made more than 30 recommendations to help improve oral health, increase access and ensure high quality dental care for patients in his final report published in June 2009.

Different methods of delivering these recommendations will be piloted thoroughly over the next two years to ensure they meet the needs of the NHS and patients, but the flexibility of the



Surfing the first wave of practice pilots of the Steele review recommendations

current dental contract means that if the local NHS wants to adopt changes sooner they are able to.

Health Minister Ann Keen said: "We know that access to NHS dentists is improving - more people visited a dentist in the last two years than at any period in the last decade. This is great news for patients who are now seeing the benefits of more than £2bn of investment in improving NHS dental services.

She added: "As well as continuing to build on this success and drive access even higher, we need to look at the quality as well of quantity of treatment being carried out by the NHS.

"Prof Steele made a number of recommendations for how we can do

quality are two of the most important principles of today's NHS and the sites piloting Professor Steele's recommendations will be at the forefront of delivering high quality services built around patients' needs."

The Steele implementation board, which includes Prof Steele and Dr Cockcroft, are still inviting expressions of interest for sites to be part of the next wave of pilots which will start in September.

Informed by the pioneer wave of pilots, the next wave will trial a wider range of options to cover all the areas of the Steele review including: increasing access to NHS dentists, introducing patient registration, measuring quality as well as quantity of treatment; and encouraging dentists to carry out more preventative work. **DT**



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NHS charges in Wales frozen

Dental patient charges in Wales have been frozen for the fourth year running, so more people can afford to access NHS dentists, according to the Welsh Assembly Government.

The current level of patient charges in Wales has remained the same since April 2006 and is set to stay at the 2006 level for 2010/11. The charges are:

Band 1 – Diagnosis, treatment planning and maintenance: £12

Band 2 – Treatment: £39

Band 3 – Provision of appliances: £177

Urgent treatment: £12

Health Minister Edwina Hart said: "Thanks to significant extra investment from the Welsh Assembly Government, access to general dental services continues to improve although I appreciate that there may be particular areas where access is still difficult.

"The latest figures show that more work is being done for the National Health Service by more dentists in Wales. Areas where access has proved difficult in the past have seen some of the greatest improvements."

She added: "In the Hywel Dda LHB area for example, there are now more than 40,000 more people accessing NHS dental care than in March 2006.

"By freezing dental charges again we are maintaining access to NHS dentistry for Welsh citizens and helping to tackle oral health inequalities. In addition to increasing access to dentists, we are also investing in raising awareness of people's responsibility in taking care of their own oral health as they should for their general health and well-being."

On the flip side of this, the seven new health boards that run the NHS in Wales and control all dentist funding, are set to go more than £43m over budget, according to research by BBC Wales.

The research shows the seven boards have a running deficit of around £67m, which they forecast being able to bring down to £43m.

The boards control all dentist funding, hospitals and community services and GP funding.

A Welsh Assembly Government spokesman claimed that the forecast "represents a point in time, and is less than one per cent of the total NHS budget." DT

'Disappointment' at pay increase

The British Dental Association (BDA's) has expressed its 'disappointment' over the one per cent pay rise that has been awarded to dentists in the next financial year.

Salaried dentists have been awarded a one per cent increase, while general dental practitioners have been awarded an increase that, after efficiency sav-

ings have been taken account of, will produce a 0.9 per cent uplift on contract values.

Susie Sanderson, chair of the BDA's Executive Board, said: "Dentists appreciate the challenging financial climate the nation finds itself in and accept that restraint in public spending is inevitable. But what we also know is that the cost of providing dental

care has soared in recent years."

Ms Sanderson added that high street dentists will be particularly disappointed that "the Government has chosen to disregard the Review Body's advice that efficiency savings should only be considered retrospectively, allowing the scale of these savings to become apparent in earnings and expenses data."

"Failure to accept it, ignores what we know about increasing expenses in dentistry and the real cost of providing care to patients," she said.

Peter Bateman, chair of the BDA's Salaried Dentists Committee, said: "Salaried primary care dental services treat some of the most vulnerable patients in the community.

"Two thirds of services already face significant difficulties filling vacancies. Where these difficulties exist, they threaten the ability of the dental professionals working in them to provide the care for patients such as those with severe learning difficulties, mental health problems and vulnerable children.

"Salaried dentists appreciate the necessary constraints on the public purse, but they are also aware of the challenges facing salaried dental services and the urgent need to address the problems of recruiting to the service."

Hospital dentists, except consultants, have been awarded a salary increase of one per cent.

In line with the recommendation of the Doctors' and Dentists' Review Body (DDRB), consultants have been awarded zero per cent.

In a Ministerial statement, Andy Burnham (Secretary of State, Department of Health)

commented: "The Government do not accept that there is a compelling case for the recommended award of 1.5 per cent for foundation house officers and their equivalents and in line with its evidence believe that all salaried doctors and dentists below consultant level should receive an award of one per cent. The remainder of the DDRB's pay recommendations for salaried doctors and dentists have been accepted in full by the Government.

"In making these recommendations the DDRB has indicated that it considers efficiency savings made by GP and dental practices should only be taken into account retrospectively, after the scale of these savings becomes apparent in data showing trends in earnings and expenses. The Government do not consider this approach sustainable at a time when most areas of the public sector are having to achieve efficiency savings in order to sustain jobs and income levels. In view of this, and in line with its evidence to the pay review body, the Government have decided to abate the DDRB's recommendations for GMPs and GDPs by applying a prospective efficiency assumption of one per cent of contractors' operational costs. This will have the effect of reducing the proposed uplift in the value of contract pay-ments to 0.8 per cent for GP practices and 0.9 per cent for dental practices." DT

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Editorial comment

The GDC gets tough

“Congratulations to the General Dental Council on the two recent prosecutions of people illegally practising dentistry.

Those you know me well may think I am being my rather sarcastic self when I say that, but I am not – it is not only

good for patients who can be safe in the knowledge that the regulatory body that protects their mouths is catching people who will only do more harm than good; but it is also good news for practitioners whose reputation gets tarnished when

rogue traders like these end up hurting patients.

The GDC comes in for a lot of criticism, usually when the Annual Retention Fee goes up, but it sits in the rather awkward position of being the dentist ‘police’

and sometimes that makes it an easy target. Remember though, the police don’t just nick criminals, they support victims.

I hope those of you who went to the Dentistry Show had as good an experience as I did. Look out in the next issue when I’ll be talking about some innovations and reliving a UK first in implant surgery – and yes, I did make it through the whole thing!

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, EC1 8BA

Or email: lisa@dentaltribuneuk.com

Celebrations

Education and training provider, Smile-on, will be treating delegates at the British Dental Conference to a drinks reception to celebrate the company’s 10th anniversary.

Smile-on will be at stand A012 at the British Dental Conference 2010, which is being held on 20-22 May at the Arena and Convention Centre in Liverpool.

A spokeswoman for the company said: “Smile-on has spent the last decade providing education and training solutions that are flexible, involving and inspirational for everyone in the dental profession. Visit Stand A012 to discover how these specially designed programmes can help busy professionals meet their industry obligations.”

The team has recently launched a learning and management platform in conjunction with UCL Eastman Dental Institute and KSS Deanery.

The platform, www.corecpd.com provides dental professionals with all the resources they need under one roof to fulfil the new core subject requirements as stated by the General Dental Council.

Smile-on will also be showcasing their course on Dental Nursing Education to delegates at the conference.

DNNET II is designed to help training dental nurses studying for the National Certificate or NVQ level 3 in Oral Health Care Dental Nursing and as an update for established nurses.

The spokeswoman added: “Smile-on’s key values of partnership, imagination, innovation, creativity and potential have helped evolve the products from simple training courses into the multi-media learning platforms of today and helped Smile-on become the source for cutting edge software and training resources.”

For more information call 020 7400 8989 or visit www.smile-on.com. **DT**

Brushing and flossing are vital, but don't always get the attention they deserve.

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References: 1. Data on file, McNeil-PPC Inc. 2. Sharma NC et al. *J Am Dent Assoc* 2004; 135: 496-504.

Course accreditation by Chester University

The Partners at The Dentistry Business have been celebrating earlier after six months of hard work resulted in their Level 4 and Level 7 Courses in Dental Practice Management gaining accreditation from the University of Chester; dentists will also be delighted to learn that the Postgraduate Certificate has been accredited by The Faculty of General Dental Practitioners.

With limited University accredited training available in the specific area of Dental Practice Management, these unique courses, which will be offered nationally, provide an opportunity to gain formal recognition through a Professional or Postgraduate Certificate – a move that has been welcomed by the profession.

The Professional Certificate, scheduled to start in May 2010, is designed for dental practice staff who are either already Practice Managers or who aspire to such a position. It will provide the theoretical and practical tools required to support a Practice owner, in the operation of a single or multi-site practice and provide

an in-depth understanding of the mechanics of running a business and the techniques required to address the many problems that occur at both strategic and tactical levels.

The course comprises three modules which will run over 10 full-day sessions. A successful pass will attract 60 credits that are transferable to any University or College for future studies, if desired. The modules include:

Module 1 - Planning and controlling a dental practice

Module 2 - Managing people and developing teamwork in dental practice

Module 3 - Creating a service-led dental practice

The Postgraduate course will be available from October 2010.

For more information on this Certificate in Dental Practice Management, Level 4 for Practice Managers or Level 7 for Dentists, contact Sim Goldblum on 0161 928 5995 or visit www.thedentistrybusiness.com. [DT](#)

Illegal dentistry clampdown

The General Dental Council has seen two successful prosecutions for the practice of illegal dentistry.

In the past week, the GDC has prosecuted Bristol man Samuel Harnarayan and Bexley-based Justin Seeley.

Mr Harnarayan pleaded guilty to three offences at Bristol Magistrates Court.

The case was brought after he unlawfully held himself out as being prepared to practise den-

tistry. He also used a description on a signage implying that he is a registered dentist. Since he is not registered with the GDC these are criminal offences under the Dentists Act.

Mr Harnarayan was given a conditional discharge for six months on each count and has been ordered to pay £500 towards the GDC's costs.

In the case of Mr Seeley, he pleaded guilty to the same offence at Bexley Magistrates Court in Kent.

Mr Seeley was fined £100 and has been ordered to pay £90 towards the GDC's costs. He has also been asked to make a £15 contribution to the general victims' fund.

Commenting on the court rulings, Interim Chief Executive and Registrar of the General Dental Council, Alison White said: "The General Dental Council's priority is to protect the public. One of the tools that we use to do this is by taking action against individuals who practise illegally." [DT](#)

Finalists announced for Dental Awards

The Dental Awards is pleased to announce the finalists for this year's annual awards ceremony, which takes place on April 23rd in London and will showcase the best in the dental profession.

The judging panel, which was made up of members from various dental professional associations and practitioners have selected the finalists. These professionals, dental teams and practices across the UK have been notified and are now gearing up to celebrate at a black-tie awards ceremony taking place

at the Royal Lancaster Hotel in London's West End.

Commenting on the list, chair of the judging panel, Sophie-Marie Odum said: "We are pleased to announce the dental practices, professionals and dental teams that have been shortlisted as finalists by judges in this year's Dental Awards. This is an immense achievement, especially given the high quality of entries that we have seen this year. It is fantastic to know that there are so many dental professionals providing the best clinical care and patient service possible. So many entries

have reflected the high quality of the UK dental profession. I would like to take this opportunity to congratulate the finalists and wish them all the best of luck on the night."

This year, the national event received entries from across the country, including Devon, Sheffield, London, Liverpool and Glasgow. In its 12th year, the Dental Awards will host a glitzy event, which will include a cocktail reception, four-course meal and awards ceremony, fronted by celebrity compere, Fred MacAulay. [DT](#)

GDC's finance chair resigns

The chair of the Finance and Human Resources Committee has resigned from the Council of the General Dental Council (GDC).

Suzanne Cosgrave was a lay member of the Council from April 2003 and also chaired the

Finance and Human Resources Committee.

Ms Cosgrave was also chief executive of Worthing Priority Care NHS Trust from 1993-1998, chambers director at Wilberforce Chambers until 2001 and then operations director for Corporate

Tax at Ernst and Young.

In 2005, she joined the firm of city lawyers, Berwin Leighton Paisner, where she is senior business manager - Real Estate.

Suzanne was vice-chair of the Council for Professions Sup-

plementary to Medicine in the years immediately before its replacement by the Health Professions Council.

From July 1999 to April 2001 she was secretary of the Legal Practice Management Association.

Chair of the GDC Alison Lockyer said: "On behalf of the General Dental Council, I

would like to express our gratitude for all of Suzanne's work during her years as a Council member. We all wish her well in the future."

The process for appointing a new Council Member and for appointing a replacement chair for the Finance and Human Resources Committee will begin shortly. [DT](#)

'Major challenges' says BDA manifesto

The new government will inherit a 'flawed dental contract and an unacceptable and growing chasm in oral health inequalities,' according to the British Dental Association's (BDA) manifesto.

The manifesto, *Smiles all round - a manifesto for better oral health in England*, has been published by the (BDA) for the forthcoming General Election.

The BDA warns that the next government must get to grips with the process of developing new contractual arrangements based on the recommendations of the Steele Review, and do so while at the same time increasing access to NHS dental care and contending with an already stretched public purse.

BDA Executive Board chair, Dr Susie Sanderson, said: "Whoever is elected this year will inherit major challenges.

"In England we still have a deeply flawed dental contract, patients who are not seeing a dentist, and significant variations in the commissioning skills of primary care trusts. We are also confronted by unacceptable and growing oral health inequalities."

However it was not all doom and gloom as she added: "But they will also inherit the beginnings of a new contract and a profession that cares deeply for its patients and that desperately wants a better future for them.

"The new government must work closely with dentists on the priorities identified in the BDA's manifesto to overcome these challenges."

The BDA has produced the document to help members to lobby their prospective parliamentary can-

didates. It is urging members to talk to candidates where they practise about local issues.

The manifesto identifies priorities in six key areas of dental policy: the completion of the reform process arising from the Steele Review, the need to properly support primary care trusts, increased access for patients, the eradication of oral health inequalities, harnessing fluoride as a preventive measure, and safeguarding the future of the hospital and salaried services and dental academia.

The BDA will produce manifestos for the elections in Northern Ireland, Scotland and Wales next year.

The BDA's manifesto and advice on local lobbying are available on their website: www.bda.org/manifesto. [DT](#)



Smiles all round
a manifesto for better oral health in England



www.bda.org/manifesto

The manifesto from the BDA



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Revenge with a bang

An eighty-four year-old pensioner left a bogus bomb on the steps of a dental surgery in revenge because he believed he had been overcharged, a court heard.

Peter McShane of Pembroke Dock, west Wales, left a large, oblong box with a ticking alarm

clock and twisted wire wrapped up in a bin bag on the steps of Bush Street dental surgery in Pembroke Dock.

It led to a major police operation, the hoax bomb was in a controlled explosion and houses surrounding the surgery were evacuated.

Haverfordwest Magistrates Court heard how McShane admitted making the bo-

gus bomb and leaving it on the surgery steps.

He also admitted seven other charges including criminal damage against the premises of dentist Michael Williams and a handful of neighbours.

The revenge attacks began after McShane was charged £183 after visiting the dentist in October 2007, according to the

prosecution. McShane was apparently upset because he felt that he was an NHS patient not a private one.

Despite McShane being reimbursed, he continued his attacks, which included wrecking door locks at the practice by putting super glue inside and taking a plaque from a wall. He also used super glue in disputes with neighbours and at the premises of a newsagent.

When police searched his home they discovered sev-

en tubes of super glue and a double glue gun to apply it. Police identified McShane through CCTV footage.

The defence called his attempt to frighten the dentist 'extremely amateurish' and referred to it as 'a juvenile prank which has completely got out of control'.

Magistrates have referred him to the crown court due to the seriousness of the offence. He has been released on conditional bail and will appear at Swansea Crown Court on 9 April. [DT](#)

NOW Foundation launched

The Orthodontic Therapy Charity Foundation has been launched at National Orthodontic Week.

The Foundation has been conceived by a group of orthodontic therapists, which aims

to raise funds for worthwhile causes, and all orthodontic therapists in the UK will be encouraged to take part in the fundraising.

The Foundation was launched at the National Portrait

Gallery in London on 22 March.

Each year, a charity will be chosen, and for the first year, CLAPA (Cleft Lip and Palate Association) will be the first charity to benefit from the Foundation's fundraising efforts.

This charity is a wide voluntary organisation specifically helping those with or affected by cleft lip and palate.

One in every 700 children in the UK is born with a cleft lip and/or palate. At the end of the year, all the funds raised will be tallied and a single sum donated to this good cause.

Anyone can donate to the Orthodontic Therapy Foundation either by fundraising themselves or via a new website which has been set up by the Orthodontic Therapy Charity Foundation www.otcf.org.uk.

To find out more information about National Orthodontic Week, go to page eight of this issue. [DT](#)

Private practice suffers in 08/09

The upward curve in private practice profits suffered a setback in the financial year 08/09 when the average net profit dropped by 4.3 per cent below the profits achieved in 07/08. This is one of the key findings from the annual dental practice statistics benchmarking exercise carried out by the National Association of Specialist Dental Accountants (NASDA) and announced at a press conference.

The gross profit of the typical dental practice (NHS, private and mixed practices) fell from £257,189 in 2007/8 to £255,085 in 2008/9. However as private and mixed practices were able to reduce their costs the gross profit as a percentage of the income of

the typical practice has actually increased in the year from 66.9 per cent in 2008 to 67.3 per cent in 2009.

Meanwhile, NHS practices saw increases in their direct costs and as a result their gross profit percentage fell from 67.8 per cent in 2008 to 67.4 per cent in 2009. Private practices saw a 4.3 per cent fall in net profits while mixed practices profits fell by 1.4 per cent.

In addition to examining the income and expenses of typical practices, NASDA statistics offer a breakdown of the average fee income and profits of dentists. These figures show that in 08/09, a private dentist's total fee income was less than in 06/07 and

07/08. This trend was reversed for principals in NHS practices whose net profit rose by 8.9 per cent. The reasons for this are probably the onset of the recession combined with increased spending on the NHS. This was £1,997 million in 08/09 compared to £1,740 million the year before and an increase in patient charge revenue from £472m in 07/08 to £571m in 08/09*. Additionally, the trend is for NHS practices to be larger and they are more likely to utilise performers, resulting in the profit per principal increasing. Also, larger NHS practices tend to be better at negotiating for additional UDAs.

The additional work being carried out by associates is re-

flected by the 4.0 per cent increase in 2009 of their average gross earnings. The average gross earnings were £86,651 per associate after deducting the payment to principal; this figure was £83,302 per associate in 2008.

As a result the average net profit per associate has increased this year to £72,988 from £70,299 in 2008. This is the first increase in their earnings in the last three years. While associate costs have risen in NHS and mixed practices, they have fallen in private practices.

Ian Simpson, who is responsible for the benchmarking exercise and who is a Partner in Specialist Dental Accountants Humphrey and Co, said at the annual press conference that the statistics reflect the onset of the recession combined

with the Department of Health's commitment to improved access to NHS dentistry.

Nick Ledingham, chairman of NASDA and senior partner in Specialist Dental Accountants Morris and Co, predicted that there may well be a continued downward turn in 09/10. He observed that while gross profits declined, current dental practice values remain steady.

Alan Suggett, a member of NASDA's technical committee and a partner in unw LLP, presented the latest results of his quarterly dental practice goodwill survey. This showed that the average deal value in the last quarter, culminating January 31 2010, was 86 per cent of turnover, an increase of one per cent on the previous quarter while valuations were at 92.3 per cent, a decrease of two per cent. [DT](#)



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British Dental Conference Facebook group launch

A new Facebook group called *British Dental Conference and Exhibition* has been launched.

The Facebook group already has nearly 200 members networking and chatting online about the 2010 British Dental Conference and Exhibition in Liverpool on 20-22 May.

Amarjit Gill, president elect of the British Dental Association (BDA), said: "The main reason to attend this flagship event is to access inspirational leaders from both inside and outside the profession.

Dr Phil Hammond will be opening this year's conference. Phil Hammond is a GP, writer and award winning broadcaster and comedian, and will present an uplifting session which will serve as a very warm welcome



Facebook website with the new group called 'British Dental Conference and Exhibition'

to the event. What developments will have stemmed from the Steele Report, one year on? Jimmy Steele will be just one of a panel of speakers giving thought to how these changes will impact on you. We will also bring you the best speakers, on the hottest topics, in all

areas of clinical dentistry and plenty of updates from those leading the way for dental care professionals."

You can register for the conference at www.bda.org/conference or by calling the booking hotline 0870 166 6625. **DT**

New NHS surgery for Winchester

Health chiefs in Hampshire hope to open a new NHS dental surgery in Winchester offering dental care for up to 9,500 patients.

Hampshire Primary Care Trust, which is currently holding talks with bidders who want to run the new practice, also wants the surgery to offer an outreach service to cater for some patients in Stockbridge and the Meon Valley.

Winchester is seen as having a shortage of NHS dentists, with Government figures revealing that in some parts of the city, less than half the people have NHS dental care.

The trust has not yet revealed when the new Winchester surgery will open, or where it will be.

Natalie Jones, NHS Hampshire lead commissioning manager of primary care dental services, said: "We are really pleased

to be working on providing further NHS dental services in Winchester and the surrounding area.

"The mobile service that is included in this contract will help us bring these services closer to people's homes which we know can be an issue for people living in rural communities.

"Once the contract is awarded, we will be in a position to make more information available, and then we will start to take the details of people who want to register. In the meantime we would encourage anyone seeking an NHS dentist to check Hampshire Dental Helpline on a regular basis as details of availability across the whole of Hampshire are frequently updated."



Hope of a new NHS dental surgery in Winchester

The trust wants to avoid patients queuing for the places so will not be releasing them all at once but will be allocating them in weekly or monthly batches.

The trust will take applications by phone or e-mail until the spaces for each period are gone. Those who miss out will have to wait until the next batch of places comes up.

Once the new surgery opens, Hampshire PCT hopes it will be open to the public seven days a week. **DT**

New deputy CDO for Denplan

Denplan has announced that Henry Clover (BDS) has been promoted to Deputy Chief Dental Officer. Henry will also join the Denplan Executive Leadership Team (Denplan's Board), representing Professional Services.

A former general dental practitioner, Henry converted

his own practice to private practice in 1993. With his experience as a Denplan member dentist, he joined Denplan's Professional Services department on a part-time basis in 1998 and full-time in 1999, with responsibility for professional support and member services.

Commenting on his promotion, Henry said: "I am delight-

ed to take on this new role and look forward to the challenges that leading the Professional Services Team will most certainly bring. Here at Denplan we always strive to listen to our members and offer services, solutions and training designed to meet their individual needs, particularly at a time of increasing regulation and change within the profession. I will do everything I can to help my team achieve this goal." **DT**

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Picture perfect for NOW launch

The British Orthodontic Society launched the first ever National Orthodontic Week last week in London *Dental Tribune* was there



It's not the worst start to the week when you get to spend it in the calm surroundings of the National Portrait Gallery in London's Trafalgar Square, looking at some of the most famous faces in the 20th Century photographed by Irving Penn. This is where I found myself at the launch of National Orthodontic Week, the brainchild of the British Orthodontic Society.

This event, newly launched for 2010, is aiming to raise the awareness of the benefits of orthodontics to the public and highlight the options available to patients.

NOW was launched in a presentation given by BOS chair Nigel Harradine, where he likened the importance of the face in portraits to the fascination of orthodontists in aspects of the face. One of Penn's most famous photos was of Picasso, and Dr Harradine used a famous quote of Picasso's, where he said *'Photographers, along with dentists, are the two professions never sat-*

isfied with what they do. Every dentist would like to be a doctor and inside every photographer is a painter trying to get out.'

Nigel took the quote very tongue in cheek – as he said he was very proud to be a dentist and an orthodontist and wouldn't want to be anything else – and his lively style kept the audience amused as he detailed what NOW had been established to achieve. He showed some case presentations of how orthodontics had been able to change not just the dentition and the facial shape of his patients, but their self-esteem and quality of life. This, he said, was one of the most fundamental aspects of orthodontic treatment – it was not only about the physical benefits, rather the effect of treatment on the psychology of patients that mattered.

One of the main focus points of the NOW campaign is the website (www.nowsmile.org). Nigel gave a quick tour of the site and recommended the use of it for both patients and practitioners. Its bright colours and easy to follow menu is very engaging, whilst still focusing attention on the ways the look and function of teeth can be improved; and providing clear and impartial information about orthodontic

treatment to encourage patients to find out more.

To highlight the need for orthodontic treatment in the UK, BOS had commissioned a YouGov survey to highlight people's impressions about their teeth. The survey canvassed the opinions of 2,050 people split into eight categories according to sex, age, social status, geographical location, working status, marital status and number of children in the household. The findings reveal that:

- 45 per cent of UK adults are unhappy with the appearance of their teeth
- 20 per cent of UK adults would consider having some form of orthodontic treatment to improve the alignment and appearance of their teeth
- Of the adults who felt orthodontic treatment would be of benefit:
 - 56 per cent would contemplate treatment for an improvement in appearance
 - 25 per cent for an improvement in self esteem
 - 18 per cent for an improvement in oral health and function.

Commenting on the survey, Nigel said: "We already had evidence from several studies



Top: NOW poster; Bottom left: Guest attend the launch; Bottom right: Dr Nigel Harradine

which indicates that one third of all children assessed at the age of 12 have a significant need for orthodontic treatment, and now this survey shows that 20 per

cent of adults are unhappy with the alignment and appearance of their teeth and would consider having orthodontic treatment. Such findings corroborate anecdotal evidence from orthodontists who are experiencing a significant increase in enquiries from adults who may not have had an opportunity to correct their bite and their smile earlier in life. This reflects both a change in attitude towards orthodontic treatment and recent advances in treatment techniques".

Nigel mentioned that many orthodontic practices had wholeheartedly taken up the mantle of NOW, with fundraising and awareness campaigns in their practices as well as purchasing some of the merchandising and apparel available to promote the event.

National Orthodontic Week ran from 22-28 March and to find out more visit www.nowsmile.org or www.bos.org.uk. [DT](#)

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CPD for CQC

“Tie this year’s CPD to your CQC requirements and make life easier,” says dentist and practice management consultant, Seema Sharma

All NHS and private practices have to register with The Care Quality Commission (CQC) in 2011 and all GDC professionals have to undertake verifiable Continuing Professional Development (CPD).

For CQC, practices will be expected to DEMONSTRATE HOW they have translated learning into team action, so at Dentabyte we have launched innovative core CPD courses to help you do that.

CPD for CQC requirements

The Care Quality Commission expects practices to have established written and operational systems for Infection Control, Dental Radiography, Medical Emergencies, and Complaints Handling, including:

- Written policies and procedures
- Leadership and team member roles
- Risk and hazard assessments
- Induction, training & review
- Regular audit, continuous learning and monitoring

Our aim is to help you implement simple systems which can be used to demonstrate to the Care Quality Commission that your team have put their knowledge into action. Individual practice support is also available from Dentabyte for those who need it.

The most consistent method to maintain compliance with health and safety regulations is to conduct a comprehensive annual risk assessment and audit. For assistance with achieving these standards, sample health and safety, infection control and radiation risk assessments/audits are available at our CPD for CQC courses.

Key considerations for your practice team

CPD for CQC topic 1 - Infection Control

HTM_01-05 (2009) is the latest guidance, available from the Department of Health. Infection Control Advisor, Sandra Smith, will be outlining the key requirements for compliance with seven standards for infection control in dentistry:

1. Prevention of blood-borne virus exposure
2. Decontamination
3. Environmental design and cleaning
4. Hand hygiene
5. Management of dental medi-

cal devices – equipment and dental instruments

6. Personal protective equipment
7. Waste control

Aspects of HTM_01-05 that are particularly challenging include the requirement for separate dedicated decontamination facilities and the increased volume, and resultant cost, of infection control consumables.

CPD for CQC topic 2 - Radiation Protection

The Health and Safety Executive (HSE) must be notified 28 days before work commences with X-rays, and all practices must be compliant with two sets of regulations:

Ionising Radiations Regulations 1999 (IRR99) is aimed at employers. Under IRR99 the employer is required to comply with the HSE's Approved Code of Practice (ACoP) and demonstrate a structured approach to radiation protection to ensure dose is kept as low as reasonably practicable (ALARP), including:

1. Formal (prior) radiation risk assessment.
2. Establishment of Local Rules.
3. Restriction of exposure.
4. Designation of areas (Controlled or Supervised).
5. Training in radiation protection for all staff.
6. Radiation monitoring, record keeping and review.
7. A Quality Assurance Programme

Ionising Radiation (Medical Exposure) Regulations 2001 (IRMER) addresses patient safety and describes the personnel involved in the use of radiation, the referrer, the operator and the Medical Physics Expert (MPE).

Jimmy Makdessi will outline how to meet the responsibility that IRMER also places on the employer to:

- maintain an equipment log
- set out a framework for procedures
- conduct radiographic audits and
- record certified training for team members
- rate all radiographs in patient notes
- monitor quality

CPD for CQC topic 3 - Medical Emergencies

Practice teams must be fully equipped to appropriately manage the medical emergencies that

might occur in the practice.

Professor Sharma is a consultant cardiologist at St George's Hospital, and has implemented, organised and supervised the medical emergency systems for the London Marathon for several years, by coordinating and training more than 100 doctors.

A renowned speaker at medical and cardiology events, he will provide a lively insight into medical emergency management in dental practices.

CPD for CQC topic 4 - Complaints

CQC states: “For the purposes of preventing or reducing the incidence of unsafe or inappropriate care or treatment, the registered person must have an effective system in place for receiving, handling and responding appropriately to complaints and comments made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity”

Complaints should be dealt with swiftly in line with GDC guidelines. Attitude is one of the main factors influencing complaint resolution and Raj Rattan will be sharing his tips for how you can meet the CQC regulation as well as use compliments and complaints management as a tool for practice growth by training the most empathetic communicator in your practice to listen, respond, act and improve.

CPD for CQC topic 5 - Legal and Ethical Issues

Raj Rattan of Dental Protection will outline how to successfully manage the common issues encountered in dental practice, including consent, confidentiality and challenges in the NHS. [DT](#)

About the author



An impassioned advocate of mixed practices, Seema is a successful dentist who owns four practices, including a six-chair multi-disciplinary centre in the heart of Docklands, and a practice management consultancy, Dentabyte Ltd. Attributing her success to sound management and investment strategies, she recently visited the slums of Mumbai to give away £50,000 to underprivileged communities living in absolute poverty, and established a philanthropic charity, The Sharma Foundation.

If you would like to know more about her humanitarian efforts, email info@seemasharma.co.uk.

For practice management and CQC support email info@dentabyte.co.uk Website: Dentabyte.co.uk

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In registering for Care Quality Commission, practices will have to clearly DEMONSTRATE how they have translated learning into team action.

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- 30 APRIL 2010 - Watford
- 14 MAY 2010 - Gatwick

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- 19 JUNE 2010 - Docklands

SPEAKERS



RAJ RATTAN: (1.5 hour)
Dental Protection
Legal & Ethical Challenges
& Solutions

SANJAY SHARMA: (2 hours)
Medical Director, London Marathon
Medical Emergencies



JIMMY MAKDESSI: (1 hour)
Dental Radiologist
Radiography Essentials

SANDRA SMITH: (2.5 hours)
Infection Control Adviser
Decontamination & HTM 01-05 made easy



RELEVANT CQC REGULATIONS

- Regulation 13 - Premises
- Regulation 14 - Equipment
- Regulation 16 - Consent to Care
- Regulation 17 - Complaints
- Regulation 19 - Staff

DEMONSTRABLE REQUIREMENTS

- Policies & Procedures
- Leadership & Team Roles
- Risk & Hazard Assessment
- Induction, Training & Review
- Regular Audits, learning & monitoring

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