

DENTAL TRIBUNE

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News in Brief

Sweet tooth

Scientists have discovered that taste cells have several additional sugar detectors on top of the previously known sweet receptor. This sweet receptor is the primary mechanism in recognising sugars such as glucose and sucrose and also artificial sweeteners, including saccharin and aspartame. However, according to senior author Robert F Margolskee, MD, PhD, a molecular neurobiologist, some aspects of sweet taste could not be explained by the primary receptor. "The taste system continues to amaze me at how smart it is and how it serves to integrate taste sensation with digestive processes." Margolskee was quoted as saying. The study suggests that different sugar taste sensors have varied roles.

Tobacco not displayed

After much deliberation regarding the display of tobacco in shops it has now been passed that tobacco will no longer be displayed in shops. The new legislation, which is being implemented by the Government, will come into force for large stores on April 6 2012 and on April 6 2015 for all other shops. According to a statement from the Department of Health only temporary displays in "certain limited circumstances" will be allowed, with the rules phased in to minimise the impact on businesses. With regards to plain packaging for cigarettes and other tobacco products, the Government is keeping an "open mind" and is planning a consultation on different options before the end of this year.

Frogs have teeth!

According to new research, frogs have re-evolved "lost" bottom teeth after more than 200 million years. Tree-dwelling *Gastrotheca guentheri* are the only known frogs in the world with teeth on both their upper and lower jaw. The reappearance of these lower teeth after such a long time identifies a "loop-hole" in previous theories in evolution and ultimately fuels debate about the permanent loss of complex traits in evolution. Commonly known as "marsupial frogs", the *Gastrotheca* genus carry have other unusual traits because they carry their eggs in pouches on their backs. Dr John Wiens led a team of scientists from Stony Brook University, New York to investigate this exceptional feature. Their findings are reported in the journal *Evolution*.

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News



Fake pharmaceuticals
Raids target gangs involved in counterfeit medicine

▶ page 6

Business Management



Love and leave you
Dental Tribune looks at why patients leave you

▶ pages 11-12

Clinical



Safe or Sorry?
David Hands and Neil Photay discuss nickel allergies

▶ pages 19-20

Events



Trek with a purpose
Dentaid organises trip to North East India

▶ page 22

Can't Quite Complete

Regulator admits to backlog in registration process

The Care Quality Commission (CQC) has admitted that it will not have completed the registration process for a significant proportion of dental practices who have submitted their forms to the regulator.

In an email sent to practices the CQC stated: *We have received approximately 7,400 valid applications from primary dental care and independent ambulance services. We are working hard to have those providers fully registered as soon as possible and some providers have already begun to receive their notices of decision (NoDs) and certificates of registration.*

On 1 April, there will be some providers who are still in the final stages of registering. We would like to reassure any provider who has submitted a valid application to us, but has not received their NoDs or certificate, that we will consider them to be 'in process'.

Some dentists have been upset by this news, calling for the CQC to put back or even abandon its regulatory plans for practitioner until it is in a position to cope with the workload. One dentist, Dr Simon Thackeray, emailed CQC's Cynthia Bower to share his views on the situation, commenting: *As an organisation you are quite obviously not ready for the registration of dentists. Given the tone of emails and communication received from yourselves previously, the penalties for our failure to meet the deadline set by the CQC/Government were nothing short of draconian.*

According to the email, your organisation is not going to meet the deadline set. What draconian measures will fall upon the CQC, and you as its Head given this admission?

Dr Thackeray added: *The strength of feeling within the profession at the failure of the CQC to perform to its purpose is growing significantly.*

A CQC spokeswoman said: "Many providers may not receive their certificates or Notices of Decision by 1 April because their CRB checks are still being processed. It is a legal requirement for all providers to have a CRB disclosure in order to be registered. The CQC had hoped that PCTs would be able to provide evidence of these for most NHS providers, but this has not proved to be the case.

"While we are encouraged by the work PCTs are doing to try to help us, sourcing confirmation about provider's disclosures via PCTs is proving challenging. However, more than 90 per cent of dental providers have now applied for registration and we are processing these applications.

"CQC appreciates there are some practitioners in the industry who are concerned about registration and that it can appear daunting. However, providers should be reassured that this system will be an endorsement to many and that it both dentists and patients will ultimately benefit from the process."

The spokeswoman continued: "Providers who have applied for registration within their given timeframes can continue to provide services after 1 April. If a provider's enhanced CRB check is not finalised, and the provider is not registered by 1 April, we would only bring proceedings against them if it were in the public interest to do so. We do not seek to penalise any provider who has genuinely attempted to register."

Chair of the BDA's Executive Committee, Dr Susie Sanderson, said: "CQC registration is a fiasco that seems to lurch from one crisis to another, spreading discontent, creating stress and distracting practitioners from patient care. It is disappointing, although sadly no longer surprising, that the process has now been pitched into a new crisis. CQC's acknowledgement of its shortcomings will do very little, if anything, to placate or reassure dentists. The organisation clearly needs time to focus on the problems it is facing and get the process on track.

"The dental profession in England is engaging constructively with the Government on major changes to contracts and commissioning to help it deliver improvements to patient care. It is important that positive approach is reciprocated. The Government has previously refused BDA calls to exempt dentists from CQC registration and even to delay the process, arguing that it is progressing well. That is clearly not the case. It is time for Government to take action to show that it understands the concerns and halt the development of a crisis of confidence among dentists". [DT](#)

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ONE IN THREE PEOPLE
HAVE MENTIONED
BLEEDING GUMS
TO THEIR DENTIST OR HYGIENIST!



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Reference: 1. GlaxoSmithKline data on file, You Gov PLC, 2010.

gsk
GlaxoSmithKline
Consumer Healthcare

Editorial comment

This week sees the D-Day for registration with the Care Quality Commission and the new dawn of regulation. The process has been a turbulent one, which to be honest shows no sign of stopping. This is shown in the news front page, where by the CQC's own admission to providers stated that it was not going to get through all of the applications submitted by this week's deadline.

Even as we go to press, it is still unclear as to the fee structure practices will have to pay to be registered. Practi-

tioners are feeling increasingly frustrated with the lack of information and are calling for the delay or abandonment of CQC registration for dentistry.

I am not against the principles of CQC, I am a firm believer in monitoring of standards and provision of a high quality service. However those who are being regulated need to have the highest confidence

in those applying the rules. This currently is not the case. I can only see more discontent from both providers and the CQC if the situation continues the way it is going. I'm calling on both parties to make this work in a way that is of benefit to patients, providers and the CQC. Am I naive? I really hope not. DT

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

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Not good news for oral health

The 'Public Health Responsibility Deal' published this week sends mixed messages on the Government's commitment to improving public health and is unlikely to force the pace of change needed to tackle alcohol abuse in particular. According to an oral health charity, the British Dental Health Foundation is concerned that the voluntary nature of the pledges to improve public health are soft options and likely to be overlooked in favour of commercial considerations.

Studies in Scotland have shown that the alcohol industry completely flaunts the ban on encouraging young people to drink and has sophisticated and costly campaigns to snare the young and encourage binge drinking. The industry simply has too much at stake and cannot be trusted on these issues with the nation's health.

The BDHF points to the Government's own statistics on alcohol abuse to justify a different approach to improving public health. In its recent White Paper - 'Healthy Lives, Healthy People: Our strategy for public health in England' - the Government estimated that alcohol abuse costs the NHS £2.7 billion each year. DT

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Results from stain removal study conducted at Bristol University on Beverly Hills Formula toothpaste over a 5 minute treatment period

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Students kick the habit

In the first known scheme of its kind in London, student volunteers from Thames Valley University (TVU) in West London have qualified as Smoking Cessation Advisors to help fellow students in Ealing, quit the habit.

Ealing Stop Smoking Service has trained 11 Psychology students at TVU to a professional standard so that they can help their peers quit smoking through a free personalised six week programme.

TVU and Ealing Stop Smoking Service found that students could save £1,000 a year if they stopped smoking ten cigarettes a day, which is equivalent to almost a third of a basic student loan. Research has shown that 63 per cent of smokers in Great Britain want to give up smoking and 22 per cent of people in London smoke, which

is the second highest rate in the country*.

Clinics, located at St Mary's Road in Ealing, run on Monday afternoons, Tuesday evenings and Friday lunchtimes so that full-time and part-time students are able to attend them. Student Advisors offer confidential advice and free recommendations on everything from stop smoking medication to nicotine replacement therapy.

Pauline Fox, Health Psychologist and Principal Psychology Lecturer at Thames Valley University, said: 'The University is very proud to be working with Ealing Stop Smoking Service to give students the support they need to quit smoking so they don't need to 'go it alone'. Students are four times more likely to stop smoking if they use our service and as Student Advisors can recommend stop

smoking medication at prescription rates, they can do it on a tight budget.'

Rachael Davis, Stop Smoking Facilitator at Ealing Stop Smoking Service said: 'We are delighted to have trained Thames Valley University's hardworking and enthusiastic students as Stop Smoking Advisors. Peer support is really effective in changing behaviour, especially amongst students; this was the catalyst for the project. We are very proud to be working in partnership with Thames Valley University on this project which puts student wellbeing at the heart of the education service that it provides.'

TVU student Caroline Laffarge has been trained by Ealing Stop Smoking Service as an a Stop Smoking Advisor and said: 'As a student myself I understand how stressful exams can

be and what it is like being away from home for the first time so to quit smoking can be a big challenge. The training I received from Ealing Stop Smoking Service and the support from TVU has been excellent and I am thrilled to be involved in this exciting project. When a stu-

dent comes to see me and wants to give up smoking I ask them about their smoking behaviour history, I take a carbon monoxide reading from a detector and set a quit date.'^{DT}

* Figures from General Household Survey 2009



L-R: Weronika Suszynska and Krishna Talsania, both advisors, run through the first meeting of a smoker and a mentor in TVU's scheme

'Smile Factor' for NSM

The British Dental Health Foundation (BDHF) is delighted to announce the theme for this year's National Smile Month, the 'Smile Factor', running from 15 May - 15 June. The aim of the campaign is to put the smile back on peoples' faces and help them display their full personalities through the 'Smile Factor' theme.

Now into its 35th year, National Smile Month remains an integral part of the Foundation's work in promoting greater oral health. As

in previous years, the Foundation will also be raising the awareness of a healthy diet and the link between good oral health and good overall body health and promoting the three key messages of brush for two minutes twice a day using a fluoride toothpaste, visit the dentist regularly, as often as they recommend and cut down on how often you have sugary foods and drinks.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, described the thinking behind this year's campaign.

Dr Carter said: "A smile can be a very powerful show of emotion, yet not everyone has the confidence to do so. They say you can hide behind a smile if you are not happy or are self-conscious about your teeth, so many people are missing out on showing their very own 'Smile Factor'. Others are being held back by poor oral well-being and its impact on their general health. This year's campaign is designed to challenge those perceptions and get you smiling again."

Every year the Foundation en-

courages local communities, practices and individuals up and down the country to take part and get involved in National Smile Month, and as ever, there will be a wide range of different ways in which people can do just that. There will be many family and community events throughout the campaign

- all of which need your support.

If you'd like to find out more about National Smile Month, wish to take part in an event or organise one, all campaign material is now available. Please call the Foundation's PR Department on 01788 539792 to request a copy.^{DT}



Wanted: NEDBN exam panel members

The National Examining Board for Dental Nurses (NEBDN) is seeking to recruit new members to its Panel of Examiners in order to deliver a new assessment of the National Certificate in Dental Nursing qualification in 2011.

Featuring Objective Structured Clinical Examinations (OSCEs),

NEBDN has completely revised the format of the qualification in order to provide a more modern approach to the assessment of dental nurses.

To become an Examiner with NEBDN you must:

- Have previous experience of assessing OSCEs within dental training

- Be registered with the General Dental Council
- Be currently practicing as a dental surgeon or dental care professional
- Have two years' experience since qualification
- Be well organised and able to maintain high quality standards
- Be passionate about Dental Nurse Education and helping peo-

ple reach their full potential

Becoming an Examiner will help you to:

- Improve your personal development and professional status
- Develop your skills and understanding of Dental Nurse Education and training
- Gain verifiable CPD through ongoing support and training

- Network with other professionals with a commitment to improving Dental Nurse Education

For further information and an application pack please visit our website www.nebdn.org or contact sarah@nebdn.org Full training and support will be provided. Successful applicants will be invited to an assessment day in May 2011.^{DT}



Dental archive bequeathed by estate

A bequest from former BDA president, John Walford McLean OBE, is to be used to fund work on an archive documenting the history of dentistry since the start of the National Health Service. Being developed in conjunction with King's College London Dental Institute's (KCLDI's) Unit for the History of Dentistry, the recently launched John McLean Archive: A Living History of Dentistry, will fill a void in the dental profession's recorded history.

Members of the McLean family presented the BDA Trust Fund with

a cheque in support of dental research, which will be used to fund the archive, at a reception held at BDA headquarters in London. The reception was attended by trustees of the Fund, representatives of KCLDI and the BDA, and members of the project's team, including Professor Stanley Gelbier and Dr Steve Simmons from KCLDI's Unit for the History of Dentistry, and BDA museum staff members Rachel Bairsto, Melanie Parker and Sophie Riches.

Head of BDA Museum Services, Rachel Bairsto said: "In time, this archive will provide an essen-

tial record of the significant evolution of the dental profession from 1948 onwards. This will be invaluable for generations of professionals to come. We are honoured to be given the opportunity to realise this project through the generosity of one of the most highly-regarded leaders in the profession, John McLean, whose legacy will long be remembered."

The project will comprise a series of witness seminars and individual oral history interviews, encompassing the full breadth of dentistry in the UK. [DT](#)



The archive will provide an essential record of the evolution of the dental profession

Wesleyan warns dentists of under insurance risk

Wesleyan has launched a new service for its dental clients to help ensure that they have the correct level of home insurance cover. Wesleyan's Private Clients Insurance service now includes a free 'walk-through' home valuation for dentists after new statistics show that up to 70 per cent* of professionals have inadequate cover levels.

According to the Birmingham-based mutual, a leading provider of tailored financial advice and products to the dental profession, the majority of dentists fail to appreciate the value of their home contents and sometimes forget to re-assess cover levels to include valuable new purchases.

Wesleyan believes that its insurance service is the first in the UK to offer personal valuations for free to dentists regardless of

the level of sums insured.** Mark Lee, Business Development Manager for Wesleyan's Private Clients Insurance, said: "Our dental customers are time poor and don't always have the time to review their insurance cover. As a result they are often underinsured and leave themselves exposed if something should happen to their home. This service takes away the hassle of calculating contents cover by leaving it to an inde-

pendent valuation professional who will visit at a time that suits the client.

"Private Clients Insurance is designed specifically with our customers in mind. For example, they can delegate authority for dealing with their policy to another person so they don't have to handle any of the administration involved. Private Clients Insurance customers also get a dedicated personal client man-

ager who looks after their needs."

The new valuation service has been launched following the successful first year for Wesleyan's Private Clients Insurance, which has seen an eight-fold increase in demand since re-launching in 2010. [DT](#)

* Statistics provided by Wesleyan valuations partner Lyon & Turnbull

** terms and conditions apply

Dental charges rise

Just days after it was revealed that dental charges will be frozen in Wales and prescription charges will be scrapped in Scotland Ministers have confirmed that prescription fees and dental charges will increase in England.

The announcement has unsurprisingly been greeted with anger prompting people to question the equality of a different fee scale for different parts of the UK.

Ministers have confirmed that dental charges will increase by the following: band 1 treatments will go up to £17, band 2 treatments will increase to £47 and band 3 treatments will be raised to £204.

Along with this rise in dental fees prescription charges will also increase by 20p to £7.40 per item from the 1st April.

Dental charges in England are the highest in the UK and now England remains the only country in the UK where prescriptions aren't free.

The British Medical Association has criticised the price increase, claiming that the increase amounts to a tax on the sick. Sue Sharpe, from the Pharmaceutical Services Negotiating Committee, also condemned the news, saying that people from low income families may struggle to get the medication they need.

Katherine Murphy, Chief Executive Patients Association said: "At a time when many patients are struggling to make ends meet, another increase on charges they must pay is not acceptable.

"It is essential all patients feel they can access healthcare when they need it and not be deterred by costs."

A spokeswoman from the Department of Health said that the government was investing an additional 10.7 billion pounds in the NHS and claimed that abolishing prescription charges in England would leave a shortfall in NHS funding of 450 million pounds per year. [DT](#)

Fellowship for Dental Dean

Prof Elizabeth Kay, Dean of the Peninsula Dental School, has been awarded Fellowship Ad Eundem of the Faculty of General Dental Practice (UK) (FGDP(UK)) at The Royal College of Surgeons of England. She received her award at the Annual Faculty of GDPs (UK) Diplomates Ceremony in London.

The award of Fellowship is the highest accolade a member of the FGDP(UK) can achieve. It is a mark of achievement for those who have made a contribution to patient care or the profession of primary dental care, significantly over and above what might be reasonably expected of a member of the FGDP(UK).

Russ Ladwa, Dean of the FGDP(UK), commented: "It is obvious to all to see that Professor Kay has an exceptional enthusiasm for her profession, and a willingness to help others along their chosen path. Her tireless work and support for dental practitioners to provide an improved quality of care for their patients is well known and I thank Prof Kay for that."



Prof Elizabeth Kay

Prof Kay added: "I am of course delighted to have been awarded such a prestigious accolade. While it is me who has been made a Fellow, it is an achievement that reflects the hard work and dedication of my colleagues and our students at the Peninsula Dental School, as much as it does me personally." [DT](#)

Gone with the wind

Matthew Walton, the dentist who repeatedly broke wind and belched in front of patients and staff has been struck off.

With a string

of allegations to his name, Walton was reported to have made derogatory comments about certain patients' unemployment, disabilities, age and ethnic origin.

Other charges included Walton being routinely being rude, abrupt and sarcastic; not allowing dental nurses to communicate with patients; not allowing his dental nurse sufficient time to clean the clinical area in surgery be-

tween patients and routinely not warning his dental nurse that he was about to take x-rays of patients when she was in the room.

Walton, worked at the practice in Whitchurch, Shropshire, between August 2006 and December 2007.

The committee in London told Walton it had taken into account his "lack of insight and lack of remediation". [DT](#)



MPs visit dental college

A visit by the All-Party Parliamentary Group (APPG) for Dentistry allowed a group of MPs and Peers to see the work of a busy dental school, including its research, teaching and clinical activities. Guests were able to visit KCLDI's craniofacial development and stem cell research laboratories, tour facilities for the care of vulnerable and anxious patients, and see the state-of-the-art HAPTEL technology used in teaching students. The visit was led by

Professor Nairn Wilson, Professor of Restorative Dentistry and Dean and Head of KCLDI.

Parliamentarians learnt about the evolution of dental academia, including the opening of new dental schools, expansion of student numbers and the contribution many general dental practitioners are playing in educating dental students. The development of shorter courses for graduates from related disciplines and the development of

training for dental care professionals were also highlighted.

The Parliamentarians also heard from Lauren Holmes, the President of the institution's Dental Society and a fourth-year student. She highlighted the experience of dental students and stressed the importance of the reforms currently being undertaken in dentistry engaging the next generation of practitioners who will deliver care in the system that is created. **DT**



(left to right) Professor Nairn Wilson, Baroness Masham of Ilton, Lord Colwyn, Sir Paul Beresford MP, Baroness Howe of Idlicote and Baroness Gardner of Parkes. Images courtesy of Acumen Images.

A retainer and a whole lot of bacteria

Researchers at the UCL Eastman Dental Institute have found that insufficient cleaning could allow a build-up of microbes on orthodontic retainers.

Dr Jonathan Pratten and colleagues looked at the types of microbes which live on retainers and found that potentially pathogenic microbes were growing on at least 50 per cent of the retainers that were conducted in the study.

The results of the study, which was published in the Society for Applied Microbiology's journal Letters in Applied Microbiology, has indicated that there is possibly a need for the development

of improved cleaning products for orthodontic retainers. According to reports, Dr Pratten and his team took samples from the mouths of people without retainers and those wearing either of the two most widely used types of retainers and searched for microbes which are not normally found in the oral cavity.

The researchers were particularly interested in two species of microbes; Candida, a type of yeast, and Staphylococcus, including MRSA. The results of the study showed that species of these microorganisms were present on 66.7 per cent and 50 per cent of retainers respectively, regardless of the retainer

type. Reports stated that these microbes were also present on the interior cheeks and tongue of retainer wearers.

Living in communities, otherwise known as biofilms, the bacteria can be very difficult to remove, and although they pose no real threat to healthy individuals, both Candida and Staphylococcus can be potentially dangerous to people with a low immune system.

The researchers are now looking at developing effective methods of cleaning retainers; however, for the meantime it is hygiene that is the key to reduce the bacteria. **DT**

America's Toothfairy

Dental manufacture KaVo Group has made a leadership commitment to the health of the nation's children as the newest National Children's Oral Health Foundation: America's Toothfairy (NCOHF) underwriting partner. In just five years, NCOHF affiliates have reached more than one million children with preventive, restorative, and educational oral-health services. NCOHF underwriters include leading national and international dental corporations that fund Foundation operating and program expenses to help ensure that 100 per cent of every additional dollar donated to NCOHF provides underserved children with the care they deserve.

Duijhoven, president and global group executive, KaVo Group.

"The core values of the NCOHF and the KaVo Group are very similar. We use innovative ideas, the best team, and spirit of continuous improvement to drive awareness and access to comprehensive pediatric oral health services to eliminate this epidemic."

"We are honored that KaVo has joined us in our mission to eliminate children's needless suffering from America's number one chronic childhood illness," said Fern Ingber, NCOHF president and CEO. "Their laudable philanthropy makes it possible for NCOHF to respond to the escalating number of children in critical need of services in 2011." **DT**

"We are thrilled to have become an underwriter and advocate for NCOHF," said Henk van

Consultant appointed Vice President RCPSG

A female consultant has become the first woman to be given the job of Vice President of the Royal College of Physicians and Surgeons of Glasgow.

The institution was established more than 400 years ago in 1599 and a woman has never been given the position, until now. Dr Alyson Wray, a consultant in paediatric dentistry at the Royal Hospital for Sick Children and Glas-

gow Dental Hospital, has been awarded the prestigious title.

Dr Wray said that the appointment was a "huge thing" for the organisation; she said that she has spent many years being the only woman in the room at conferences and meetings, but claimed that in recent years, things have started to change and women are being given more opportunities. **DT**



The Royal College of Physicians and Surgeons of Glasgow

SO WHY DON'T THEY MENTION THIS?



New plans to stub out smoking

New ambitions to tackle the substantial public health harms from tobacco were announced on No Smoking Day by Health Secretary Andrew Lansley.

The Government has published *Healthy Lives, Healthy People: A Tobacco Control Plan for England* which sets out how tobacco control will be delivered over the next five years.

Local communities will take a leading role in reducing smoking rates. The plan confirms action to end eye catching tobacco displays in shops which encourage young people to start smoking.

Andrew Lansley said: "Smoking is undeniably one of the biggest and most stubborn challenges in public health. Over eight million people in England still smoke and it causes more than 80,000 deaths each year.

"Smoking affects the health of smokers and their families. My ambition is to reduce smoking rates faster over the next five years than has been achieved in the past five years.

"We want to do everything we can to help people to choose to stop smoking and encourage young people not to start smoking in the first place. We will help local communities to take a comprehensive approach to reducing smoking so we can change social attitudes to smoking."

The Tobacco Control Plan has three national ambitions to reduce smoking rates in England by the end of 2015:

- From 21.2 per cent to 18.5 per cent or less among adults
- From 15 per cent to 12 per cent or less among 15 year olds
- From 14 per cent to 11 per cent or

less among pregnant mothers

These ambitions represent reductions in smoking rates that exceed the reductions we have seen in the past five years. The Government has set out key actions in the following six areas:

- Stopping the promotion of tobacco
- Making tobacco less affordable
- Effective regulation of tobacco products
- Helping tobacco users to quit
- Reducing exposure to second-hand smoke
- Effective communications for tobacco control

Within the plan, the Government sets out actions to maximise the use of information and intelligence to support tobacco control activities. It also explains how tobacco control policies will be protected from vested interests. [DT](#)



New FtP panel members

Last year the General Dental Council (GDC) agreed a Corporate Plan for 2011-2013 that stated it will efficiently manage hearings capacity and productivity. As part of that promise, and following a successful and competitive recruitment campaign last year, 51 new Fitness to Practise panel members have now joined the GDC.

The new panel members were recruited by the Appointments Committee, and those who were successful at interview underwent a two-day pre-induction training programme at the end of last year. They've been slowly introduced since the end of January this year and will sit on the Interim Orders, Professional Conduct, Health, Perform-

ance and Registration Appeals Committees. No more than two new panellists will be used on a five-person panel during their induction period.

Ten dental care professionals (DCPs) were appointed along with 19 dentists and 22 lay members.

Neil Marshall, Director of Regulation at the GDC, said: "We have seen an increase in complaints in recent years and are working hard to clear a backlog of cases. In addition to the new panel members we have also invested in more hearings staff and additional legal advisers in order to increase our hearings capacity. We're also reviewing our fitness to practise processes

and procedures across the board in order to be sure that we are dealing with these matters as speedily, effectively and efficiently as possible."

The GDC's key purpose is to protect patients and regulate the dental team. It supports the quality of practice and reputation of the profession by setting standards, promoting them and taking action when they are not met.

The GDC aims to deliver regulation which is proportionate, targeted, consistent, transparent and accountable. It is committed to managing its resources effectively, efficiently and sustainably and to ensuring decision-making is collective, robust and accountable. [DT](#)

Wedding day?

The Royal Wedding on April 29th has been declared a Bank Holiday. But are employers obliged to give their staff the day off? Dominic Tomkins of Bowling Law, a member of NAS-DA's Lawyers Group, says the answer lies in the staff contract and the practice's normal policy. If staff normally work bank holidays then it'll be business as usual.

For practices that want to close for the wedding, says Dominic, the question of whether they have to give their staff paid holiday for the 29th will depend on the individual staff contract. If the contract allows the staff member a fixed number of days' annual leave per year inclusive of public holidays the wedding won't increase the staff member's annual leave entitlement, and the practice could just insist that the staff member uses up one day of their outstanding annual leave entitlement on the 29th.

However, if the contract says the staff member is entitled to a fixed number of days' annual leave exclusive of public holidays, then that staff member (if they are full-time) will be entitled to take the 29th as an additional day of paid annual leave. Part-time staff on such a contract will have the right to their relevant pro-rata annual entitlement of 9 bank holidays per year, rather than the usual 8.

As the wedding is sandwiched between Easter and May Day, it will be and remember to consider these holiday requests in good time and fairly (be that on first-come first-served basis or some other reasonable basis).

Dominic is a lawyer with Bowling Law, members of NAS-DA Lawyers' Group and can be contacted on 020 8221 8056 or email: Dominic.Tomkins@bowlinglaw. [DT](#)

Fake drugs arrest

Three men were arrested and more than £1m worth of suspected counterfeit and unlicensed medicines were seized yesterday as part of a simultaneous raid on three residential locations, and a secure storage unit, in north and east London.

The operation targeted the gang, with eastern European connections, for alleged supply of vast amounts of counterfeit medicines internationally including many customers within the UK. The drugs were alleged to have originated from

the Far East.

The trio, who have been released on bail, are believed to be linked to numerous illegal online pharmacies selling fake prescription only medicines and other unlicensed drugs online.

MHRA Head of Operations Danny Lee-Frost said the stash of more than 300,000 tablets, recovered from what was described at the scene as an "Aladdin's Cave of fake medicine" included Viagra, Cialis and Levitra, and was designed to "trick unsuspecting custom-

ers that they were getting the real deal".

"These illegal online pharmacies have been supplying a massive amount of medicines, mostly to treat erectile dysfunction, hair loss and weight loss, to many people around the world," he said.

"What we seized yesterday is estimated to have a street value of more than £1 million but the business these men were running could have generated a turnover well in excess of that." [DT](#)



Counterfeit medicines have been supplied to both UK and international customers

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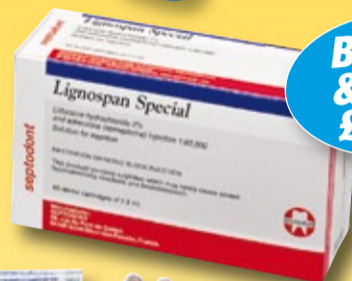
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Scams, smirks and skin

Tony Jacobs discusses the latest hot topics on GDP UK.com

So much has occurred in the time since my last column, and as always I can only convey a smidgeon of the flavour of discussions that have taken place on GDP UK.com. This column is like the précised version

of the edited part of the digest!

To begin, the hearts and minds of GDP UK readers were lifted by news that the end of the "no win no fee" method of paying litigation by patients is in sight.

Will this finish off certain law firms, dentists were asking?

There were also conversations where thoughts often kept private were put out in public; once one colleague

admitted the practice was not as busy as they would like, many joined in to discuss the facts. At local meetings, and perhaps all face to face events, there is a bravado which prevents colleagues admit-

ting this, despite the economic climate which stares us in the face and is heavily promoted by the media. The media forgets that Sky TV, the supermarkets and mobile phone companies all seem to have growing revenues, but it seems the discretionary spend on cosmetic dentistry is suffering a lull at present.

It was also discussed that when the troubles in North Africa started, a dentist cared for a patient who had returned from Tunisia after escaping the situation. She had prepared teeth but the crowns would follow in the post [due to the emergency situation there]. So, would the UK dentist please fit them? This opened a can of worms and although there was sympathy for the patient and her plight, it seems the crowns fitted in the European Community must comply with EC regulations. In addition, it was pointed out that if something did subsequently go wrong with the crowns, the solicitor's letter would land on the desk of the UK dentist who fitted them. It was generally agreed that this would not have been a problem 20 years ago - a dentist would inspect the crowns, try them in, and cement.

Another conversation was - Was this colleague the subject of a scam? A practice website received an email from a nudist; it attached a photo and asked if the patient could have treatment in the nude - does the practice accept nudist patients? Wind up or true test? The offending photo was not uploaded to GDP UK; it might not have been a pretty sight!

One PCT wrote to their dentists expressing the need for them to wear long sleeves when working, this being contrary to HTM01-05 advice to be bare below the elbow. One wag suggested clinical wear with one long sleeve, one short to satisfy both masters.

A news item which gained a few smirks was a practice in Munich trying a new marketing ploy; the principal and team were all dressed in traditional Alpine garb. Much skin was on display and the comments from colleagues were all concerned with Health and Safety and of course HT! **DT**

About the author



Tony Jacobs, 54, is a GDP in Manchester, in practice with partner Steve Lazarus at 406 Dental. Tony founded GDP UK in 1997, and the website now has over 11,500 unique visitors each month, who make 50,000 visits and create over 2m pages on the site every month.

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Interview with the Care Quality Commission

Neel Kothari speaks to the CQC's Linda Hutchinson



Now that the impact of the CQC is finally upon us, the clarity of the CQC's role, remit and function is still hazy, with many within the profession still questioning its necessity. Whilst the coalition government's pledge to abolish excessive regulation has made a tortoise-like start, it seems that, whether we like it or not, the next level of regulation involving compliance with the CQC must be adhered to.

To help separate myth from reality, I raised many of the profession's concerns with Linda Hutchinson director of registration at the CQC to see whether the fears of the profession have merit or are merely a result of scaremongering.

Neel Kothari (NK): There has been a lot of speculation around the remit of the CQC; can you help sort out fact from fiction?

Linda Hutchinson (LH): The Care Quality Commission (CQC) is the independent regulator of all health and adult social care in England. Our aim is to ensure the quality and safety of care, wherever it is provided. We also seek to protect the interests of people whose rights are restricted under the Mental Health Act. We promote the rights and interests of people who use services and we have a wide range of enforcement powers to take action on their behalf if services are unacceptably poor.

We are introducing a new registration system that brings the NHS, independent healthcare and adult social care under a single set of essential standards of quality and safety for the first time. Registration is a legal license to operate. We register health and adult social care services if they meet essential standards and we continuously monitor them to make sure they continue to do so as part of a dynamic system of regulation which places the views and experiences of people who use services at its centre.

NK: How justifiable are the CQC fees, given that the profession already pay for GDC regulation - and what sort of future increases do you envisage?

LH: Registration with CQC is the law and the fees are calculated on the estimated cost of regulation. These were based on a similar provider type, independent GPs, although the fees could change over time once we have a clearer idea of how much activity is required for this sector in terms of compliance monitoring.

NK: How is the CQC actually going to manage the practice inspection process? Are you going to target certain practices before others?

LH: We will target our initial compliance reviews where we have the greatest concerns. We have recently carried out pilot projects on how we will monitor dental providers' compliance with the essential standards of quality and safety.

NK: What level of experience with dentistry will the practice inspectors have?

LH: Our inspectors are experts in regulation and cover a diverse range of services which are already regulated by the CQC. An inspector may have a portfolio of services they regulate including care homes, children's health services, substance misuse services, prisons and independent doctors. We are confident that our inspectors and assessors can confidently add primary dentistry care to this range.

Inspectors and assessors are receiving bespoke training on the regulation of dental providers currently. We also have a national advisor on dentistry and a provider reference group, which we consult regularly on registration issues. As with other services, we will bring in specific expertise if required.

NK: What sort of burden do you think this will impose on practice staff such as receptionists and nurses?

LH: There are no specific requirements for practice staff other than to contribute to essential standards of quality and safety for the provider.

NK: How consistent has information from the CQC helpline been and has this thrown up any problems with the dental profession?

LH: We are confident about the advice provided by our national contact centre. Our advisors receive five weeks' training before they start handling calls and if advisors are unsure about how to respond to a query, they seek further advice from

a range of sources.

NK: If it is shown that over-regulation directly or indirectly has a detrimental effect on patient care, how would you as a regulator feel about it and would you recommend to the DH that your remit is scaled back?

LH: Regulation is in the best interests of patients and providers. In fact, registration will be an endorsement to providers who meet the essential standards. Regulation is based around providers meeting the essential standards, which are based on outcomes, the experiences people have. This system puts patients at the centre of care.

NK: Why has CQC only focused on practice policies and protocols and not actual clinical care at the point of delivery?

LH: The system of registration focuses on outcomes, which are based on the experiences patients have, rather than inputs, and we make no apologies for this.

We only normally inspect policies and protocols if we are looking for answers about questions that we have identified about outcomes for people. Our system of checks and inspection is driven by monitoring outcomes, through quality and risk profiles. We define outcomes broadly so as to include both clinical outcomes and people's experiences.

NK: How will CQC monitor compliance after 1 April?

LH: All providers will have a planned review at least once every two years and can have a responsive review at any time. Responsive reviews will happen if we have specific concerns about a provider. If you are registered with conditions on your registration, you will be subject to review more than if you have no conditions. This is a risk-based regulatory system.

So there we have it guys, did it help? Is there anything else anyone wants answered? If so please email me at neelkothari@hotmail.com and I will do my best to raise it with the CQC. [DT](#)

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL's Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice.

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