

# DENTAL TRIBUNE

— The World's Dental Newspaper • United Kingdom Edition —

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## News in Brief

### DCP ARF

The General Dental Council (GDC) is reminding all dental care professionals not to miss the 31 July deadline to pay their annual retention fee (ARF) to remain on the register. All dental care professionals must be registered with the GDC to work in the UK. The fee is £96 for dental nurses, dental technicians, dental therapists, dental hygienists, clinical dental technicians and orthodontic therapists. It's important to remember that if they don't pay, they will be putting their registration at risk. The GDC will not be able to accept any payments received after 31 July.

### Military healthcare awards

The Welsh Assembly Government is asking people to nominate individuals or teams who provide care and support to service personnel for the Military and Civilian Health Partnership Awards (MCH-PA). The UK-wide awards celebrate the partnership between Britain's military and health care workers, and are open to civilian health staff and military medics working within the Defence Medical Services, the NHS, and private or voluntary sectors. They honour the people, projects and initiatives that provide serving military personnel (including Reserves), their families and Service veterans with the very best in health-care and social care. Welsh Health Minister Edwina Hart said: "I am pleased that in the third year of these awards we have the opportunity again to celebrate the hard work, commitment and dedication shown by health professionals from across the public, private and voluntary sector in caring for the men and women of the Armed Forces. I would encourage people to consider nominating either themselves or others for these awards, as it is important that we recognise their contribution to improving the lives of service personnel and veterans." Details on the awards, including how to apply or nominate, are available at: [www.militarycivilianhealthawards.org](http://www.militarycivilianhealthawards.org). The closing date for nominations is 9 July 2010.

### A fairy good movie

Denplan, the payment plan provider, will be helping to promote the new children's blockbuster *Tooth Fairy*. It has signed a deal with Twentieth Century Fox and will be highlighting the benefits of good oral health for children and publicising the Denplan brand and the film through the advertising campaign. See page four for more details.

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

## News



### Rock hard tooth

Payment plan provider teams up with Hollywood family film to promote oral health

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## Course Review



### Legal event

Chris Baker looks back on Manchester event focusing on legal issue in dentistry

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## Practice Management



### Referrals

Organise a referral evening at your practice and highlight your services, says Dr Dattani

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## Education



### Sedation stories

Dental Protection discusses various ways to minimise risk when using sedation on patients

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# Earl Howe takes on role as minister for dentistry

## Ministerial portfolios finalised; Earl Howe takes on dentistry with exception of fluoridation; new government releases coalition plans

Frederick Howe has been appointed as the new dentistry minister by the coalition government.

As the new Parliamentary Under Secretary of State for Quality, he will also be responsible for NHS Constitution, NHS Commissioning Reform, Primary Care, Medicines, Pharmacy & Industry, NICE, Research and Development, Innovation and Finance and Review of Arm's Length Bodies.

Earl Howe has been opposition spokesman for Health and Social Services in the House of Lords since 1997. In 1995, he was appointed Parliamentary Under-Secretary of State at the Ministry of Defence, a post he relinquished at the 1997 General Election.

Following the General Election of 1992, he was Parliamentary Secretary (Lords) at the Ministry of Agriculture, Fisheries and Food.

The other members of the new ministerial health team are Simon Burns, Paul Burstow and Anne Milton. Ms Milton will have the responsibility for issues regarding fluoridation.

Health Secretary, Andrew Lansley said: "We have a very strong ministerial team with a wealth of experience in the field of health. Simon Burns previously served as a Health Minister as well as, more recently, working on the shadow health team. Since 1999, Paul Burstow

has worked on the older people's brief and has a special interest in social care and disability issues.

"Anne Milton, who worked for the NHS for 25 years, has a wide range of hands-on experience, including nursing in hospitals, as a district nurse, and supporting GPs and nurses working in palliative care. And Earl Howe was opposition spokesman for Health and Social Services in the House of Lords from 1997"

He added: "Together, we will build an NHS in which the patient shares in making decisions; where quality standards are evidence-based and form the basis of the design of services and their management; and where the objective is consistent improvement in the outcomes we achieve, so that they are amongst the best in the world. We will create a more integrated public health service at the heart of healthcare policy and we will offer support, security and services to those in need of personal and social care."

The Conservative and Liberal Democrat coalition government have revealed their full agreement in a document entitled *The Coalition: Our Programme for Government*. The 30-page document summarises government policy aims across all departments, including the NHS:

It says *The government believes that the NHS is an important expression of our national values. We are committed to an NHS that is free at the point of use and available to everyone based on need, not the ability to pay.*

*We want to free NHS staff from political micromanagement, increase democratic participation in the NHS and make the NHS more accountable to the*

*patients that it serves. That way we will drive up standards, support professional responsibility, deliver better value for money and create a healthier nation.*

In terms of dentistry it states that: *We will introduce a new dentistry contract that will focus on achieving good dental health and increasing access to NHS dentistry, with additional focus on the oral health of schoolchildren.* [DT](#)

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# Dentist wins fight for PCT payment

A Merseyside dentist is to receive more than £500,000 following his victory in court against his PCT.

David Tomkins, a dental practitioner from Prescott House Dental Practice in Prescott, Merseyside, took Knowsley Primary Care Trust to the High Court for non-payment of money earned under his NHS contract since April 2006.

In the third such case to be taken to the High Court, the claim centred on two aspects; one was over the earnings value of a new associate who started in the baseline period for the new contract in 2005, the other was over an additional contract given to the practice following closure of a nearby practice with a NHS contract.

In his Judgement, Mr Justice Hickinbottom, who presided over the case, stated: “On the evidence - which, in substance, was uncontentious - on 28 March 2006, the Trust and Mr Tomkins came to a

legally binding and effective agreement, agreeing all terms except those that were dependent upon the issue of Mr Zein’s atypical earnings for the baseline period used in the calculation of the annual contract value under the transitional provisions I have described. They agreed a mechanism for determining that issue, ultimately by reference to the Appeal Unit. That reference was duly made, and the issue determined. That determination was binding upon the Trust. Of course, one has sympathy with a public body such as the Trust, who are required to work within tight financial constraints. However, despite the best efforts of their legal team, the Trust has been unable to persuade me that it has any ground for failing to comply with its contractual obligations to Mr Tomkins. It agreed to pay him £100,000 additional contract value in respect of the Cross Lane Practice work. That was a contractual term agreed between them. In failing to pay him, the Trust is in breach of contract.”

Commenting on the result, David said: “First may I say I am very pleased with the verdict. It is what was expected since the trial ended. The campaign for justice has followed a long and sometimes tortuous path with many stops along the way. It has had a negative effect on my health and there have been several dark moments but my resolve was never diminished. I never doubted that I would eventually prevail. I am not triumphant in my victory as the damages are only the fees that should have been paid under the terms of the NHS contract.

“It is also a victory for common sense and justice. The way that the PCT abused its executive power has been patently exposed for all to see. They refused all requests to make good the contract and the decision makers refused to see me in person. Due to their intransigent attitude the dispute inevitably drifted to court. Their interpretation of the NHS litigation authority’s decision was as

ludicrous as it was indefensible. They should hang their heads in shame at this unprofessional and disgraceful behaviour.

“I should mention at this point all the support I have had from friends, local dentists and those further afield whose words of encouragement have been a comfort to me. I would like to thank all my hard working and dedicated surgery staff that made it possible to achieve all targets while being a dentist short. They never lost faith in the NHS providing good quality care for all our patients. Their support was invaluable at critical times. My partner Uszama Zein through his extra late nights and weekend surgeries without certain knowledge of reward was crucial to all the patients receiving their treatment.

He added: “Finally to my wife Gillian whose implacable support throughout the campaign was crucial both financially and emotionally. It was her moral

compass that guided me during times of doubt and crisis through to eventual justice and the landmark victory.

“I hope that other dentists who have had arbitrarily unfair treatment under the 2006 contract will be empowered by this verdict to seek legal advice and receive the justice they deserve.”

A spokesperson for the PCT commented: “NHS Knowsley followed the regulations and guidance during the negotiation of the new General Dental Services Contracts and felt this had been performed in an appropriate manner. Having discussed this with Mr Tomkins the Trust tried via mediation to negotiate a settlement. Unfortunately this case, after much delay, had to be determined by a judge in the High Court. NHS Knowsley is satisfied it acted in good faith and will abide by the judgment of the Court.”

The full judgement of the case can be read at <http://www.bailii.org/ew/cases/EWHC/QB/2010/1194.html>. **DT**

# Rise in number of clinical academics in dental schools

There has been a rise in the number of clinical academics in British dental schools, according to the Dental Schools Council.

The data published by the Council revealed a two per cent increase during the 2008-09 academic year.

This takes the total to 478 Full Time Equivalents (FTE), the highest number since 2000.

The Council especially welcomed the 12 per cent (15 FTE) increase in the number of lec-

turers between 2008 and 2009, and the evidence that younger clinical academics are being drawn from a more diverse population in terms of gender, age and ethnicity.

On the downside, there has been a 21 per cent decline (101 FTE) in the number of research-active clinical academics - professors, senior lecturers and lecturers - in the same time period.

Women continue to be under represented at senior clinical academic grades, with just 10 of

the 17 dental schools employing a female professor.

Fifty-five per cent of clinical academics are aged over 46, compared with 51 per cent in 2004.

The Dental Schools Council is concerned that the recent increase in lecturers alone may be insufficient to replace the expertise and leadership in clinical academia lost through retirement.

It also claims that the small staffing levels in many dental

specialties renders them especially vulnerable to change.

Prof William P Saunders, chair of the Dental Schools Council, said: “Dentistry is unique amongst the health professions, with funding from both Higher Education Funding Councils and the NHS, and teaching of dental students as a primary role of Higher Education Institutions.

“Clinical academic dentistry is one of the most stimulating and rewarding careers involving patient care, education and innovative research.”

He added: “We are delighted by the recent increase in staffing levels in UK dental schools.

“However, we do anticipate the added pressures to the public purse over the coming years, and, as a community of dental schools, we look to work closely to protect and support the quality of teaching and research, as well as the contributions of clinical academics to the NHS and of clinicians to academia.”

This is the eighth data update to be published by the Dental Schools Council since 2000. **DT**



# Smile-on celebrates its 10th anniversary

Smile-on treated dental professionals attending this year’s British Dental Association Conference to a drinks reception to celebrate its 10th anniversary.

For the last ten years, the dental training and resources provider has continued to help dental professionals meet their CPD obligations, providing courses that are flexible, involving and inspirational.

At the event, Smile-on representatives talked to delegates interested in the MSc in Restorative and Aesthetic Dentistry, run in conjunction with the University of Manchester, CORE CPD - the latest learning platform that looks after all your core subject needs and DNNET II, which is designed to help dental nurses studying for the National Certificate or the NVQ level 3 in Oral Health Care Dental Nursing, but also serves as a great refresher course for more experienced nurses.

A spokeswoman said: “The company’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.” **DT**

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# Editorial comment

## Something to smile about?

Well, anyone who reads my missives at all will know how rubbish I am at predicting things! Last time I confidently predicted that Paul Burstow would be the minister responsible for dentistry, and no sooner had the ink dried on the pages, then Earl Howe was named minister! Of course, there had had to be a modification to this responsibility, with Ann Milton being tasked with fluoridation issues. *DT* hopes to speak to Earl Howe soon and find out his views on the issues facing dentistry, so watch this space.

As I write this, dentists up and down the country will be digesting the article in this morning's *Times*, claiming that a rising number of dentists in the UK

## Business benefits

Thousands of dental businesses could benefit from many of the measures in the coalition agreement between the Conservative and Liberal Democrat parties, according to the Forum of Private Business.

The Forum believes moves to cut red tape, impose 'sunset clauses' on regulations and review employment law will all be welcomed by small to medium-sized dental enterprises (SMEs).

Forum head of policy, Matthew Goodman said: "I'm sure this document will come as a breath of fresh air to many small business owners. In many ways, it reads like a 'wish list' of things the Forum has been demanding for several years.

We're also encouraged by the coalition's pledge to evaluate the fairness of employment legislation, and its impact on Britain's competitiveness. Many small business owners believe employment law is grossly skewed in favour of the employee – the need for a more fair and balanced approach is something the Forum has repeatedly highlighted.

However, he added, "The challenge now is for the Government to translate these intentions into real, practical changes to the business environment, without simply creating more state bureaucracy and unnecessary compliance costs at a time when many small businesses are still struggling." *DT*

are more interested in extraction and artificial restoration than using techniques such as endodontics to save natural dentition.

Shame on that reporter, I hear you cry, but the claims are being made by fellow clinician and

endodontist Dr Julian Webber. According to the article, Dr Webber states that "Good old-fashioned dentistry standards seem to be disappearing, with some dentists removing teeth that could be root treated and rebuilt. Preserving a tooth

is technical and demanding. The alternatives, such as putting in an implant, can also be tricky, but some dentists prefer them because they are more lucrative."

If you get the chance, read the article ([http://www.timesonline.co.uk/tol/life\\_and\\_style/health/article7141227.ece](http://www.timesonline.co.uk/tol/life_and_style/health/article7141227.ece)) and let me know your thoughts on it. *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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## The World's First Online MSc in Restorative & Aesthetic Dentistry



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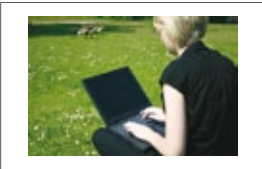
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# New strategy is required for dental research

A research summit for oral and dental researchers has called for changes in the way dental research is carried out.

Delegates from institutions across the United Kingdom highlighted a number of steps that must be taken to build on current successes, including

closer collaboration with other researchers such as chemists and materials scientists, better engagement with funding bodies and the public, and refocusing research activity on quality rather than quantity.

The research summit, which was organised by Prof Paul Speight, president of the British

Society for Oral and Dental Research (BSODR), was held at Sheffield University.

It attracted 60 leading figures from dental research across the United Kingdom including representatives of every United Kingdom dental school, the Faculty of General Dental Practice, the Cochrane Oral

Health Group and the Department of Health.

The speakers were Prof Stephen Holgate from the Medical Research Council, Prof David Williams, president of the International Association of Dental Research, Prof Mike Curtis, immediate past president of BSODR, and

Prof Jimmy Steele from Newcastle University.

The event was sponsored by the British Dental Association (BDA), BSODR and the National Institute for Health Research.

A full strategy with detailed proposals for next steps will now be developed by the BSODR. [DT](#)

## GDC seeking Fitness to Practise panel members

The General Dental Council (GDC) is looking for fifty new Fitness to Practise panel members.

The GDC is hoping to attract applications from dentists, dental care professionals and lay people.

Fitness to Practise panel members play a vital role in the GDC's work to protect patients.

The GDC has the power to take action by either removing or restricting a dental professional's registration if they fall short of the high standards expected.

The panel members will sit in public hearings and can

consider cases where a registrant's fitness to practise may be impaired due to their health, conduct or performance, as well as applications for restoration to the registers and appeals against registration decisions. Most hearings take place in London.

The recruitment process is being led by the GDC's Appointments Committee.

Chair Bronwen Curtis called it an 'exciting opportunity' and said: "We want to give people as much time as possible to think about whether this is the right role for them. All applicants will be considered on their individual skills and experience.

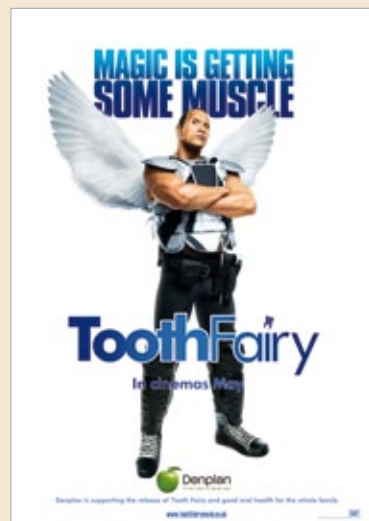
We especially hope to hear from dental care professionals who traditionally have been less likely to apply for this kind of role with the GDC."

The Fitness to Practise Committee is currently made up of 75 panel members: 38 dentists, 22 lay people and 15 Dental Care Professionals (DCPs). It is a part-time role, with members sitting for around 20 days a year. They are paid £353 a day and are reimbursed their expenses.

Interest can be registered by emailing [csecretary@gdc-uk.org](mailto:csecretary@gdc-uk.org). Information will also be published on [www.gdc-uk.org](http://www.gdc-uk.org) once the recruitment period officially opens in June. [DT](#)

## Tooth Fairy boosts oral health message

In case you haven't heard, the Tooth Fairy has had a Hollywood makeover! Denplan is delighted to be a promotional partner of the latest children's blockbuster starring Dwayne Johnson (formerly known as The Rock) and Julie Andrews. The movie launched in cinemas on 28 May and you can see a preview at [www.toothfairymovie.co.uk](http://www.toothfairymovie.co.uk)



Poster advertising the new film

"As a national consumer facing brand with a network of around 6,500 member dentists treating approximately 1.8 million patients, Twentieth Century Fox recognised the benefit of Denplan being a promotional partner to the movie," said Sarah Bradbury, Denplan's Marketing Communications and Brand Manager.

"Our nationwide campaign has been designed to support the launch of the movie and to highlight the benefits of good oral health for children in a fun and engaging way, as well as supporting dentists and private dentistry and the Denplan brand."

Family competitions in association with Twentieth Cen-

tury Fox are currently featuring across key regional press. Prizes include a weekend break for four with tickets to see an Elite Ice Hockey League game plus family movie tickets, private movie screenings and movie-themed goodie bags.

"We've also teamed up with Philips and Colgate to create free and valuable dental kits as reader offers that will appear in selected regional press nationwide. The aim is to raise awareness of good oral healthcare, as well as creating opportunities for practice teams to promote their products and services by driving patients directly into their practices," added Sarah.

At a regional level, this consumer campaign also provides Denplan members with an exclusive opportunity to promote their practices and their Tooth Fairy events in the local press. The media love an excuse to feature Hollywood news and celebrity imagery, making any release relating to the movie extremely appealing.

"To ensure our member dentists and their teams get the most from this campaign, we've prepared a host of themed materials exclusively for Denplan members. These include our Tooth Fairy Movie PR Toolkit, complete with dual branded posters, stickers and activity sheets plus sample press releases. By participating, our members can highlight to patients the added value of being associated with their practice as well as educating younger patients and their parents on the benefits of looking after their teeth." [DT](#)



Kelly Osbourne: "Fear is really kicking in"

## Celebrities with dental phobia

TV presenter Kelly Osbourne has revealed her dental phobia on her Twitter page.

The daughter of Ozzy and Sharon Osbourne tweeted: 'I have to go get my filling today and the fear is really really kicking in. I need to get over this fear of the dentist but I can't!'

Kelly is not alone in her phobia, as other celebrities such as Robert De Niro are known to be frightened of the dentist chair.

A recent survey conducted by the British Dental Health Foundation discovered that one in four people do not visit a dentist due to dental phobia.

Chief Executive of the Foundation, Dr Nigel Carter, said: "Dentists recognise that many patients have this phobia, and therefore try to cater to that person's needs. Our aim is to make regular dental check-ups an acceptable part of everyday life for everyone." [DT](#)



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Code	Description	Price
BAC150E	Autoclavable Treatment Centre with BA/EMS type handpiece	£229
BAC150S	Autoclavable Treatment Centre with SATELEC type handpiece	£159
BACS122	Tip Changer for scaling & Perio tips	£7.99

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  - 2 x Endo Head (BAC151E)
  - 2 x Tip changer (BACS122)
  - 2 x Endo wrench

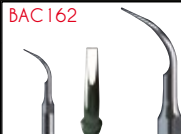


Code	Description	Price
BAC100	Complete BA unit with 2 Autoclavable Treatment Centres	£699

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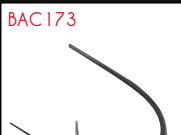
	Code	Description	E	S	A	Price
	BAC161	Scaling tip to remove supragingival calculus	•	•	•	£89
	BAC162	Scaling tip to remove supragingival heavy calculus	•	•	•	£89
	BAC163	Scaling tip to remove calculus on supragingival, subgingival & interdental	•	•	•	£89
	BAC164	Scaling tip to remove all supragingival calculus	•	•	•	£89
	BAC165	Scaling tip to remove supragingival and neck calculus	•	•	•	£89
	BAC166	Scaling tip to remove all supragingival calculus	•	•	•	£89

	Code	Description	E	S	A	Price
	BAC162	Scaling tip to remove supragingival heavy calculus	•	•	•	£89
	BAC164	Scaling tip to remove all supragingival calculus	•	•	•	£89
	BAC166	Scaling tip to remove all supragingival calculus	•	•	•	£89







Scaling Tips (pack of 3)

	Code	Description	E	S	A	Price
	BAC171	Perio tip to remove supragingival calculus	•	•	•	£89
	BAC173	Perio tip to level off the surface of endo during the periodontal flap surgery	•	•	•	£89
	BAC174	Perio tip to remove supragingival & interdental calculus	•	•	•	£89

	Code	Description	E	S	A	Price
	BAC173	Perio tip to level off the surface of endo during the periodontal flap surgery	•	•	•	£89

Perio Tips (pack of 3)

	Code	Description	E	S	A	Price
	BAC151	Endo tip 120° for anterior root canal cleaning	•	•	•	£109
	BAC152	Endo tip 95° for posterior root canal cleaning	•	•	•	£109
	BAC153	Endo tip for lateral condensation	•	•	•	£109
	BAC155	Endo pack including 3 tips: 95° tip for posterior root canal cleaning, 120° for anterior root canal & special tip for lateral condensation	•	•	•	£109

	Code	Description	E	S	A	Price
	BAC152	Endo tip 95° for posterior root canal cleaning	•	•	•	£109
	BAC155	Endo pack including 3 tips: 95° tip for posterior root canal cleaning, 120° for anterior root canal & special tip for lateral condensation	•	•	•	£109

Endo Tips (pack of 3)

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# Learn about the biomimetic approach

Dr Pascal Magne will be making his only appearance in the UK in June and will be discussing biomimetic restorations in the posterior dentition.

He will be lecturing at the Great Hall, BMA House in Tavistock Square, London on 10 June and will be defining the biomimetic principle in restorative dentistry, discussing direct composite resin restorations - myths and facts, semi-direct and CAD/CAM techniques - immediate dentin sealing and step by step adhesive delivery procedures.

Apart from their cosmetic advantage, the new posterior 'tooth-coloured' adhesive restorative techniques offer many other benefits such as tissue conservation and natural strengthening of remaining tooth substance.

These emerging concepts, which are following the so-called 'biomimetic approach', provide the ability to restore not only the aesthetic but also the biomechanical and structural integrity of teeth.

Dr Magne's presentation will show that dental composites and ceramics constitute striking elements of this nascent approach to tooth restoration.

Indications for bonded restorations in the posterior dentition will be presented, including the biomimetic approach to severe loss of coronal substance and nonvital teeth.

The event costs £395 and this includes attendance at selected or all lectures and demonstrations, conference documents, refreshments and lunch.

For more details or to book your place, email Catherine domanski@positivecomm.com. [DT](#)

## Report on dentofacial appearance wins Schottlander prize

Dr Darshani Anandanesan, a dentist from London, is the winner of this year's Bristol University Open Learning for Dentists (BUOLD) Schottlander prize. The prize is awarded to the student completing the BUOLD Prosthetic Course, whose case study has been given the highest mark by tutors.

Ms Anandanesan's winning case study concerned a 34-year-old patient who had all her teeth extracted, and who was then unhappy with the complete dentures provided for her in the Philippines.



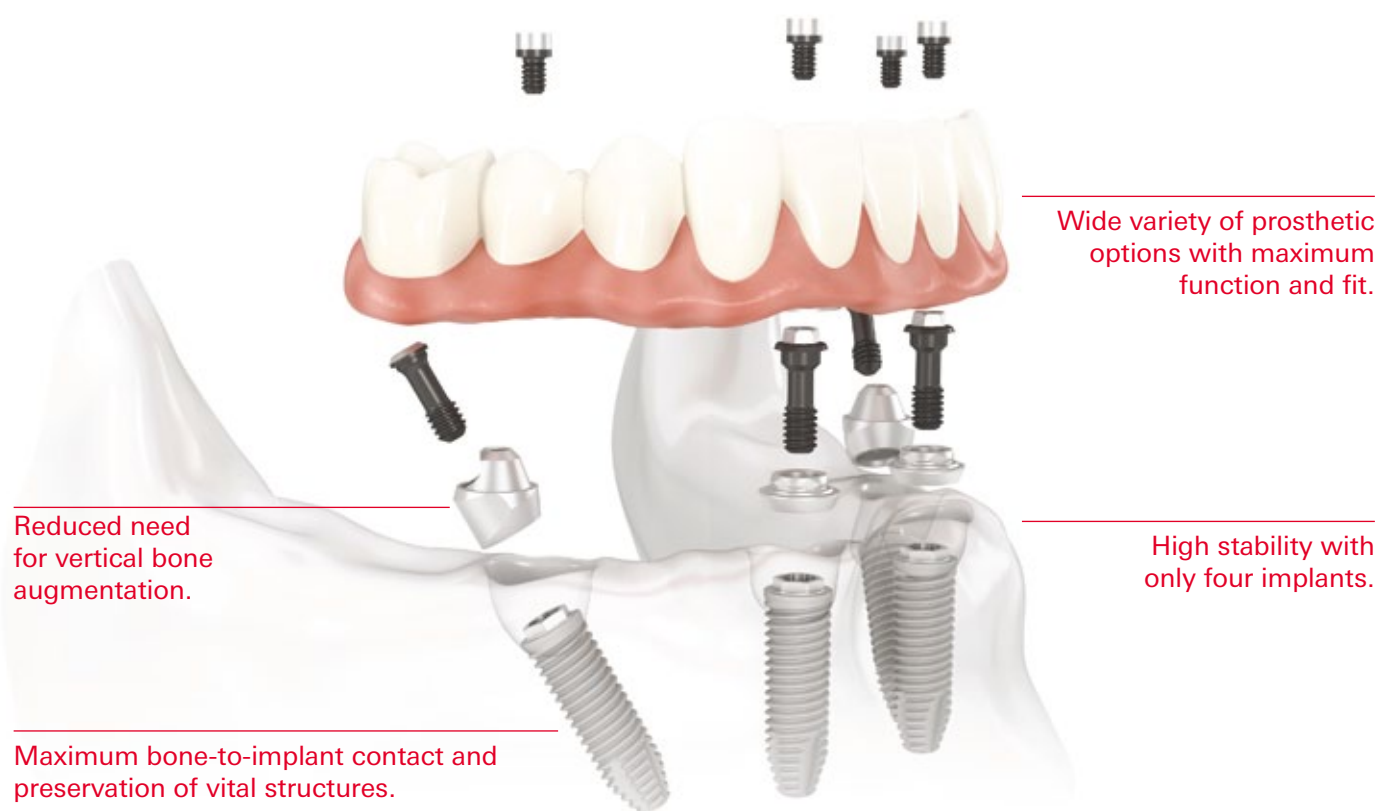
Miss Darshani Anandanesan receiving the Schottlander prize from Dr Robin Wilding

In constructing new dentures for the patient, Miss Anandanesan took account of both the patient's dentofacial appearance and the functional design of the denture. In this way she produced a set of dentures with which the patient was extremely happy. An examination was also made by Ms Anandanesan of the body of literature on dentofacial appearance and its effect on self-image and emotional wellbeing. [DT](#)



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\* If one-stage surgery with immediate loading is not indicated, cover screws are used for submerged healing.

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# A busy year ahead

124<sup>th</sup> BDA President Amarjit Gill speaks to *Dental Tribune* about his role and the coming 12 months

The BDA Conference and Exhibition saw the handover of the BDA Presidency from John Drummond to Amarjit Gill.

Amarjit qualified in 1981 from the Royal Dental Hospital, London. After working as an associate in eight different practices, he became a principal in 1985, designing and building his own practice as part of a medical centre. In 1992 he became a Partner, relocating to a newly designed practice in the Wollaton area of Nottingham where he practises today.

Amarjit has significant experience of representing the dental profession. Locally, he has served as Chair of the BDA's East Midlands Branch and the Nottingham Independent Practitioner Group, and as the development team leader of his Local Dental Committee. On the national stage he has chaired the BDA's Private Practice and Equality and Diversity committees and served as Deputy Chair of the organisation's Executive Board. He is also an invited member of the International Academy for Dental Facial Aesthetics.

## 'Absolutely fantastic'

Speaking to *Dental Tribune* about the Conference and the year ahead, Amarjit's enthusiasm for promoting the best in dentistry shines through: "Taking over as BDA President at the Conference in Liverpool has been absolutely fantastic. I've really enjoyed the conference for me it has had everything but time for me to attend all of the lectures and presentations I would have liked to! Of course with having become President at the event I have had a lot of meeting and greeting to do, thank yous to make and loads of presentations to attend. For me this has all been great and I've had a fabulous time at the conference, but the reasons I love this event is the various post graduate lectures and this year I've missed out.

"A big part of the role of being BDA President is ambassadorial – I'm going to be extremely busy going places at home and abroad representing the BDA and UK dentists. Let me give you an example: I'm shortly off to Las Vegas for a conference, then I have a meeting in Sydney Australia with the Australian Dental Association, following that I am lecturing in Beijing. As you can see I'm not going to be around much!"

*'Being involved in an association such as the BDA lets you develop parts of yourself that you just can't working as a general dental practitioner. It allows you to get out of your comfort zone'*

## Impact on oral health

As well as being involved with the BDA and practising in Nottingham, Amarjit is involved in other entrepreneurial activities, including acting as the spokesman for Dental Xpress (the mobile dental unit currently deployed in the Leicestershire area) and more recently as Clinical Dental Director for Philips Oral Healthcare. "What really impressed me was that Philips want to make an impact on the nation's oral health and as our knowledge about the links between oral and systemic health grow, so the company has the potential to impact on the nation's overall health too."

Amarjit clearly relishes the wider challenges that participating in more than just life in the

from colleagues in Nottinghamshire and across the profession. *If I had to single out any one local colleague it'd be Dr Ralph Davies. He pushed me into local BDA involvement and even collected me from home, to ensure my attendance. Today that seems a world away from this position of honour as BDA President.*

*I believe that change will be a constant during the next decade. Harold Wilson said, "He who rejects change is the architect of decay. The only human institution which rejects progress is the cemetery". The challenge for the Association and the profession for the next ten years is to respond effectively to these changes. The next 10 years, however, do offer a real opportunity to shape the*

*'He who rejects change is the architect of decay. The only human institution which rejects progress is the cemetery'*

practice brings. "Being involved in an association such as the BDA lets you develop parts of yourself that you just can't working as a general dental practitioner. It allows you to get out of your comfort zone.

"I am a firm believer in the team approach. I have always found that we are able to do things better together for the good of both patients and the practice. Teamworking is one of the ideals I will be pushing very hard in my role as President this year."

He added: "Huge thanks to my family and my practice team as without their support and understanding I would not have been able to take on this massive task!"

## Excerpts from Amarjit's inaugural Presidential speech at the 2010 BDA Conference, Liverpool Arena:

*The Presidency is the highest honour the Association can bestow and I am honoured to have been chosen to take on this role. I want to thank the East Midlands Branch for nominating me and for the support I have had*

*delivery of dentistry in the UK if and only if we positively embrace change and stop creating up reasons why there is no need to do so.*

*We are training more dentists than ever before, but we will need to look at opportunities for career advancement and Continuing Professional Development. Now that Dental Care Professionals are registered, how do they fit into the delivery of care by the whole dental team? A recent BDJ article found that patients attending a dental therapist had significantly higher levels of satisfaction compared to those who attended a dentist. The authors were from the Dental School in this very city. We in the UK have been the trailblazers of this change and where we have gone the rest of the world will surely follow.*

*Let me say that whilst we have a right to expect the BDA to help change things for the better for us, it does not absolve us of our responsibilities. The world famous Indian sage, Mahatma Gandhi, encapsulated this with "Be the change you want to see in the world."*

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# Event focuses on legal issues of new contract

**Chris Baker of Corona Design & Communication reports on a very informative day at the Lowry Hotel in Manchester...**



Delegates took the chance to network at the event

Time was when most dentists would only require the services of a solicitor when they either bought or sold a practice. Times they are a-changing! The law firm Pannone recently organised an excellent conference which discussed the way that the new dental contracts have had a significant impact on practitioners and the legal issues that can arise.

Dr Colin Hancock, Chairman of Denticare – kicked the day off with a discussion on 2 really big issues, Clawback and Goodwill. He began with a Samuel Goldwyn quote, “A verbal contract is not worth the paper it is written on”. This was to be a theme of the whole day – if you don’t record it, it didn’t happen. On the issue of clawback his message was clear: challenge the underperformance demand and detail the issues that were out of your (the practitioner) control and launch a counterclaim. Items such as FTAs and failure to recruit can be considered to be beyond your control and not part of ‘reasonable underperformance’. Also, ongoing costs such as heat, light etc. will be incurred anyway and should be offset against the demand. A member of the audience questioned Colin on the amount of clawback paid by his organisation in the last four years and the answer was simple; “none”. Colin also spoke on the subject of goodwill and stated that it is neither reasonable for a healthcare authority to ‘pirate’ a Provider’s goodwill. Goodwill is in effect a relationship between two parties NOT three!

Former BDA Chairman, John Renshaw then took us through the process (and hoops?) that need to be negotiated to gain a new NHS contract. He said to delegates who are considering applying to tender, there can be a large resentment in the NHS towards the private dentist and this shouldn’t be underestimated. He pointed out that the new PDS+ contracts need to be viewed with caution as many can involve huge commitments including 8am to 8pm service, 357 days a year!

After coffee and refreshments, James Lister a partner at Pannone LLP, discussed employment issues and in particular redundancy and flexible working. He began by dispelling the myth that redundancy only comes into play in ‘bad times’ and when there is a shortage of work. In reality, redundancy is related to you, as a business owner, having the right mix of skills and costs to make a profit ie. right people, right job at the right cost. Redundancy is overwhelmingly in favour of the employer and he illustrated this with examples that showed even an inept redundancy program will save money. There is however, a right and proper way of doing things and he took us through selection criteria for redundancy.

Flexible working will become a greater part of all our lives and all full-time employees who have the responsibility of care of a child up to the age 18 or care of an adult spouse, cohabitee or relative, have a right to request flexible hours. This request should be made in writing but informal requests should not be ignored.

Again, a paper trail and correct procedure are vital. He concluded by notifying the audience that most employment tribunals’ default position is that employers can offer flexible working in the majority of cases.

The afternoon session got going with Simon Butler of Ely Place Chambers talking us through dental agreements between PCTs and practitioners and the ‘fair and sensible’ test. Simon was the barrister who represented Eddie Crouch in his case against South Birmingham PCT and the clause in the NHS Dental Contract that allowed bosses to terminate dental contracts without cause or notice.

The principle of Promissory estoppel means that when two people enter into a contract, if one leads the other to believe that a certain state of affairs exists, they cannot go back on it when it is unjust or inequitable to do so. For instance, if a PCT should have clawed back funds in Year 1 or 2, don’t, and then try and do so in Year 4, this could be considered inequitable. As you would expect, Simon also spoke about the process of termination and used the case of Dr Crouch vs South Birmingham Primary Care Trust to illustrate that is unfair for a retrospective clause to be enforced. It is retrospective because as a practitioner, you will have made decisions eg investment, premises, staffing etc., upon the initial agreement. He told us that it is “a fundamental rule of English law that no statute shall be construed to have a retrospective



# Tomorrows' Practice Manager – Dentistry is changing, are you?

Asks Seema Sharma



Connecting all aspects of running the practice takes time

*'No two days are the same, but a little less fire fighting and a little more time to plan would be a godsend... a little more money would not go amiss either!'*

This is the first in a series of articles on dental practice management in the changing clinical and commercial environment dentistry operates in today.

So you've done the rotas, checked the lab work is in, booked a temp because the nurse in Room 1 called in sick again (third time this month? Roll on her next appraisal!). The dentist in Room 2 is stressing because his 9am patient is in the chair and he has no idea how to switch the PC on let alone find the BPE probe – that's because the hygienist was in yesterday and they all seem to end up in her room..., you had to send his nurse down to sort out the stock that has just arrived, otherwise she would have found them by now.

The phones are ringing off the hook – that's good, phones bring in revenue you think fleetingly, and you've got two big treatment plans that you are hoping will go ahead soon, thanks to the fantastic presentations you made to the patients last week. You make a mental note to call them today and just as you settle down to open all the mail, the boss comes in bright as a pin with yet another new light bulb idea.

"Could you research websites today, because everyone says we ought to have one... and by the way did you look at that CQC article, and have you sorted out our clinical governance stuff to check if we will be com-

pliant? After all we did buy a disc when I went on that course a few weeks ago..."

## Should you

1. Pull your hair out?
2. Smile sweetly and say "no problem" for the next hour?
3. Put your headphones on and escape for a coffee?
4. Decide that something's got to change?

## Action Plan

Changing the boss is not an option. All bosses go on courses and come back with millions of ideas, then hope their practice managers can wave a wand to make them happen. Changing your job is not an option. You actually love your job and thrive on the day to day twisting and turning that goes on in practice management. No two days are the same, but a little less fire fighting and a little more time to plan would be a godsend... a little more money would not go amiss either! You know you would make it back for the practice.

Alarmingly, your job description will grow next year with Care Quality Commission registration. It's all very well that boss bought a disc, but wouldn't it be great if someone could help you go through it?

Revenue generation will also get harder with the economic situation. Less people seemed to be buying expensive plans recently... now with the announced cuts in public spending who knows

what will happen in the NHS. Your ultimate task is to ensure the practice is profitable, runs smoothly and grows or stays steady at a size that the boss is happy with...but each new challenge seems to drop revenue or add cost these days. Just look at the new infection control guidance and the time that washer disinfectant takes!

## Develop yourself

Every hour of your working day is taken. You can't work any harder, but you can certainly work smarter. You understand dentistry, you've risen through the ranks in the practice and you have learnt on the job – that makes you an "industry expert". However, unless you've had formal management training, experience is a good tutor but it can be hit and miss and therefore expensive in terms of the mistakes that can be made.

"Core CPD" may be good enough for nurses, but a practice manager (a practice owner for that matter) needs more of the right training to keep pace with the changing world of dentistry. Email the author at [seema.sharma@dentabyte.co.uk](mailto:seema.sharma@dentabyte.co.uk) for a job description for the practice manager of the future, then set about developing your skill set so that you are tomorrow's practice manager. There is plenty of time and as your knowledge will translate into an increased bottom line and a stress-free practice, your boss will be happy! **DT**

## About the author



Seema Sharma qualified as a dentist but gave up clinical work after 10 years in practice to go into full time practice management. Today she runs three practices, including one which is one of 30 national Steele Pilots. Seema established Dentabyte Ltd to provide affordable "real-world" practice management programmes to help practice managers and practice owners keep pace with the changing clinical and commercial environment facing them today.

Visit [www.Dentabyte.co.uk](http://www.Dentabyte.co.uk) to register for updates on practice management or email Seema at [seema.sharma@dentabyte.co.uk](mailto:seema.sharma@dentabyte.co.uk) to find out more.

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