

DENTAL TRIBUNE

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News in brief

Piercing damage

Every fourth person with a piercing in the tongue or lips revealed symptoms such as gum bleeding claims a new study. The 400 patients surveyed - aged 20 years on average - showed that 13.9 per cent of them had broken teeth or other dental complications. Dental professionals are warned of the increasing number of patients with oral piercings, and to provide appropriate guidance to patients regarding the health risks.

Poor parenting

Parents are failing to help their young children look after their teeth according to the National Dental Survey 2008. It found that more than 20 per cent of under-five year olds are being left to brush unsupervised. A quarter of parents believe that children do not need to brush twice a day, 25 per cent think there is no need for them to avoid fizzy drinks, while 67 per cent believe that brushing for just one minute is recommended.

Child neglect

Dentists and dental care professionals are well placed to identify possible abuse or neglect of children or vulnerable adults - and have a responsibility to raise their concerns if they do, said the General Dental Council (GDC). All registrants should know who to contact for advice if they have concerns about potential abuse or neglect, says the GDC in a new statement on child protection.

Perio link

Rheumatoid arthritis is the latest condition where there appears to be a link with periodontal disease says new research. But the findings reveal that poor oral hygiene alone did not account for the association between the two conditions, suggesting that other factors may also play a role. For some patients, the arthritis may affect manual dexterity, which can make daily routines difficult.

Long wait

Young people in Norfolk are waiting up to four years for orthodontic appointments, despite more than £5million being pumped into the region's NHS dental services. But only a fifth of it will be spent on tackling the shortage of orthodontists. This figure was slammed by the Liberal Democrat shadow health secretary and North Norfolk MP Norman Lamb, who described the waiting times as 'unacceptable'.

News and Opinions



Coming clean

A senior member of the Northern Ireland branch of the BDA speaks honestly about his concerns of the future of dentistry in the north-west.

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Practice Management



Breaking free

Is it time to revisit your role and leave the fee-earning to your practice team? Take some time out to build your business into the empire you desire.

▶ page 9

Practice Management



Instant therapy

Are you making the most of your dental therapist? There are so many reasons why you have to have one in your practice - don't miss out.

▶ page 15-18

Events



Essential registration

Make sure all your DCPs are registered with the GDC before July 30. Just turn up at any of the drop-in registration days to sort it all out for good.

▶ page 30

LDCs call for revolution freedom



From left to right: Laura Crouch, Gyles Brandreth, TV personality and Guest Speaker, and Dr Crouch and his wife, Jane Crouch.

Eddie Crouch received rousing cheers at the Conference of local dental committees (LDCs) following his speech on the state of NHS dentistry.

Speaking to delegates at the pre-Conference dinner, he said: 'The whole new contracting arrangement was about securing state control over NHS dentistry - control of where and how NHS dentistry is delivered and how much public money is spent on it. But he added: 'The level of control that was introduced affects all of us who still work within the NHS.'

Chairman of this year's Conference of LDCs, Dr Crouch had harsh words for the Department of Health (DOH), its minister and the chief dental officer. But the British Dental Association (BDA) and its general dental practice committee (GDPC) also failed to escape the wrath of his words.

Referring to the minister, Ann Keen, who had provisionally accepted his invitation to attend the conference six months ago he said: 'Is dentistry important to this government or is it just one more of this Government's public statements that must be questioned?'

Having tried both in 2005 and 2006 to galvanise the BDA and GDPC into action over the new contract, Dr Crouch was clearly unimpressed.

He said: 'The GDPC's failure to recognise the depth of feeling at that LDC Conference is deeply worrying.' He added: 'Do the BDA committees actually make policy decisions and set political direction in the way dentists want anyway?'

Nevertheless, he thanked the BDA for assisting his court case as an interested party. He said: 'I did not expect them to pay my costs but it was the judge who thought they should help.'

Dr Crouch thanked all the 'wonderful people' who had supported him through his Judicial Review. 'The letters of encouragement and the generous financial assistance from dozens and dozens of supporters have helped me and my family immensely', he said.

In conclusion, Dr Crouch said that it would be a sad day 'when dentists queue up for IT training in presentational skills to impress primary care trusts with business plans and box ticking exercises, instead of improving clinical skills on postgraduate

courses to provide better care for their patients.'

The theme of *Evolution, not Revolution*, was reflected at the conference the day after. Talks of working with the DoH and accepting that the contract is here to stay were top of the list.

More people than ever before came forward to say that the new arrangements could work - despite serious misgivings.

The set tone was amplified by Lester Ellman, chair of the General Dental Practice Committee (GDPC). He said: 'We need change - not a knee-jerk, panic-stricken, untried change, but evidence-based, tried and tested change. We need evolu-

tion, not revolution.' (See page two for more on this speech).

Meanwhile, the conference agenda committee is to take over and manage all future conference events. This includes the responsibility that 'conference resolutions will be considered expeditiously by the GDPC or other appropriate bodies.'

The unprecedented move, means the committee can now liaise directly with the DoH and its ministers, instead of relying on the GDPC.

Conference elected Jerry Asquith to chair the conference in 2009, and Richard Emms the following year. ■

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BDBS thrilled with launch success

The British Dental Bleaching Society (BDBS) was delighted with the response that greeted its official launch. The interest in tooth bleaching was high, and the BDBS outlined aims, objectives and the benefits of membership to interested attendees.

One of its main aims is to focus on controversial issues such as the classification of tooth whitening kits as cosmetic products and visits from trading standards officers to dental practices.

In addition, it is concentrating on the General Dental

Council (GDC)'s statement that only registered dentists should be providing the service, as well as the misleading information circulated about chlorine dioxide.

The end may be in sight for one long-running dispute over bleaching. At a meeting in Brussels on June 8, the European Union (EU) Commission took another step along the road to a coherent policy on tooth whitening.

There was no change in its stance that materials used should be considered 'cosmetic' products, but a decision was made that they should only be used by, or under the direction of, a dentist to bring the EU into line with the GDC.

The significant step forward joined the decision to allow dentists to use up to 6 per cent hydrogen peroxide. There was some debate over whether tooth whitening products were 'sold' to the patient or, as the UK argued, part of the treatment.

In some EU countries dentists are not allowed to sell products to patients. However, the latest proposals have been sent to member states with replies required by the end of June.

For further information, on the society, contact, l.greenwall@btconnect.com or anna-watson@btconnect.com



The interest in tooth bleaching was high

Four dentists receive honours

Deputy chief dental officer (CDO) Tony Jenner, who will be retiring later this year was appointed CBE. He has been responsible for several Department of Health (DoH) initiatives including, last year, the Prevention Toolkit. He was originally seconded to the Department from

Chester where he was a consultant in dental public health. He has been deputy CDO for two years.

Also made a CBE is Surgeon Commodore (D) Graham Morrison who recently retired as Director Naval Dental Services

An MBE goes to Kieran Fallon a general dental practitioner in Glasgow for services to NHS dentistry and community in Scotland. Kieran has been a prominent member of the British Dental Association (BDA) serving on its representative body and general dental practice committee in Scotland, among many other roles.

Also made an MBE is Matthew Gill a general dental practitioner in South Shields for services to NHS dentistry. He is an elected member of the BDA's general dental practice committee.



Dr Ellman: 'We need evolution, not revolution.'

The Department of Health (DoH) must undo the damage done by the new dental contract, while dentists need to seize the opportunities that will emerge from the chaos, delegates heard today at the annual Local Dental Committees' conference in London.

Addressing the conference, the Chair of the British Dental Association's (BDA) General Dental Practice Committee, Dr Lester Ellman said:

Essential registration looms closer

Dental nurses and dental technicians who haven't yet registered with the GDC, should do so now, the GDC urged today.

In a move to strengthen patient protection, registration with the GDC is now compulsory for all members of the dental team. Dental nurses and dental technicians must ensure they are registered by 30 July 2008.

The GDC will be accepting completed application forms right up to the last moment, but is urging those eligible for registration to apply before then.

'We have put huge effort into ensuring that no-one misses out on their opportunity to register,' said GDC President Hew Mathewson.

'The so-called transitional arrangements recognise that many dental nurses and dental

Contract damage 'must be unravelled'

'The Department must work with the profession, not against it. Dentists need stability to grow their practices which the contract does not provide.

'We need change – not a knee-jerk, panic-stricken, untried change but evidence-based, tried and tested change. We need evolution, not revolution.'

He also renewed the BDA's call for dentists to be permitted to transfer their NHS contracts to new owners, thus maintaining the goodwill value of practices and allowing long-term business stability.

Dr Ellman also urged the DoH to sort out poor performing primary care trusts. He advised dentists to be alert to opportuni-

ties which could arise from the additional funds the government has invested in NHS dentistry.

'The additional money will allow more innovative PCTs to commission services without UDA output being the sole criterion.

'We, as the profession, need to be looking for ways to assist our PCTs to use this money wisely, to explore new contracting opportunities to advantage, for ourselves and our patients.'

Dr Ellman urged conference to accept the important role that LDCs have in engaging with PCTs and patients to develop robust local commissioning structures and in sharing good practice.



Hew Mathewson: 'We have put huge effort into ensuring that no-one misses out on their opportunity to register'

technicians are experienced and confident thanks to doing their jobs well over a long time. But we cannot hold the door open for ever.

'We have registered literally thousands of dental nurses and dental technicians over the last few months. It would be a terrible shame if there were any who were eligible to apply on the basis of experience, but failed to do so. If you're eligible and you haven't applied yet, I urge you to do so now.

From 31 July 2008, you won't be able to register with the GDC as a dental nurse or dental technician unless you have a current recognised qualification.

Current registrants need to take action too. Make sure your team colleagues are registered. If you work with unregistered colleagues after the 30 July deadline, you could be putting your own registration at risk.

For registration application packs and more information, please go to www.gdc-uk.org/Potential+registrant, call us on 0845 300 7794 (UK local rate) or email GDCregistration@gdc-uk.org. The registration fee is £96 and will cover dental nurses and dental technicians up to July 2009.

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Guest comment

LDC Conference - Has it a future?

Chairing a Conference of one's peers is an opportunity that only a few receive. It gives you an opportunity to speak unopposed to a listening audience at the pre-Conference Dinner and to have the chance for all to hear your views, on topics of your choosing.

I wrote, rewrote and then again redrafted the speech many times and when you deliver it, you hope that some of what you have said has made your audience think, and when a large number stand up to applaud, it does exhilarate. You hope your words spark action, based on what happened the following day at LDC Conference; I may have a long wait.

I have become a figure of resistance, slightly untrue, in that I have only opposed unfairness within the contract, rather than the underlying principles of local commissioning. Resistance is fading fast based on how few at Conference now wish for a radical review of the contract.

Lester Ellman approaching the end of his tenure as Chair of GDPC and addressing his last LDC Conference in that position, spoke of evolution, and no doubt all his hard efforts have taken its toll. Few thought his actions of breaking dialogue with the Department of Health (DoH) at the time he did, was wrong. Many have used hindsight to criticise. I am pretty sure no one else could have tried harder, but his lack of success has frustrated us all.

The coming months will be most interesting to see who takes on this poisoned chalice, with two potential candidates speaking at Conference in the shape of John Mooney and John Milne. John Milne will be known for his work with the Key Stakeholders Group and Darzi Review, and John Mooney is popular amongst the GDPC members.

Richard Grant's motion on no confidence in the minister received unanimous support, but few in the media took up the story from the press release.

There are tales of the 1992 Conference where debates were almost riot like, but that fire seems to have gone from the belly. This Conference was sparked on rare occasions, once by a motion from Northampton LDC about the failings of nGDS to provide even a core service. The delegates split equally in the vote, perhaps indicating the real division that now exists between those who hate and those that tolerate the new contract.

I had appealed for controversial motions but few came forward, and any Conference is af-

ected but what debate can be had. The years of huge numbers of motions have passed, and few passed this time will ever persuade political decisions. It takes a good or long memory to remember when a motion has done that.

In contrast though to a lack of enthusiasm for a position on GDPC which went to Clive Harris unopposed, positions within the LDC Conference were fought, with Jerry Asquith and Richard Emms

given the mantle to take the Conference on.

I had accepted an offer from the CDO to lead a delegation for meetings, two of which have now occurred. Dialogue is al-

ways good and this was a decision made by Conference to continue, that I was pleased to see.

With the power of local commissioning and LDC influence, Conference has a real future but delegates need to remember this – for they are the life blood and can nurture or destroy that. □

Eddie Crouch,
LDC secretary for Birmingham

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Heavy investment for the West

Health bosses say they are investing heavily in West dental services and that NHS dentistry is not in crisis.

Fewer people saw an NHS dentist in December 2007 than in March 2006, before new dental contracts were introduced.

Seven out of the West's nine primary care trusts experienced a decline in the number of NHS dental patients.

Gloucestershire PCT saw the biggest drop, with 17,371 fewer patients, but a spokesman said yesterday: 'The PCT recognises NHS dentistry is a key priority for local people and we will be investing significant extra funds this year.'

'This includes working with a number of practices to expand their work for the NHS and open-

ing new dental centres in the Cotswolds, the Forest of Dean and Tewkesbury.

'This commitment builds on the opening of two centres last year in Cheltenham and Tewkesbury, and expansion of the Eastgate Dental Practice in Gloucester.'

NHS South West has also pledged to invest in NHS dentistry. The Strategic Health Authority (SHA) announced a £149.4 million surplus for last year, which is to be spent on a shake-up of healthcare.

Three years ago, the three SHAs that NHS South West was formed from had a combined deficit of £49m, and 18 months ago the South West region was one of the worst performing areas in the UK. It is now one of the best. Bill Boa, the SHA's associate



NHS South West has also pledged to invest in NHS dentistry

finance director, said the surplus was achieved by making trusts more efficient and reducing costs - not by making cuts.

He said: 'Dentistry is an important issue. We have key priorities in our future framework and dentistry is one.'

In Wiltshire, £1.4m is being invested in NHS dentistry, and £1m in Bath. [D](#)

Street check-ups for the disabled

A dentist called yesterday for planning officers to live 'in the real world' after a 99-year-old woman was forced to have her teeth checked in the street.

Mary Hedges was unable to get into her dental practice because a disabled ramp or a handrail cannot be installed to help people up the three steps outside the Grade II-listed building.

Instead, her dentist checked her teeth on the pavement outside Dr Resh Diu, clinical director and owner of Daventry Dental Practice, said conservation officers should 'live a little more in the real world'.

Dr Diu said the surgery moved to the building in March because it could accommodate the growing practice. The entrance had

three steps off the road but Dr Diu thought this could be addressed with a handrail.

He said the practice had been advised it could not place anything on the front of the building that would change the appearance.

Dr Diu said the practice looked into putting in a ramp for the front steps as well as a stair-lift, but neither was allowed.

He added: 'We have two ground-floor surgeries in place so that patients who struggle with stairs can be seen in.

'Unfortunately, patients still do need to get up the front three steps.

'The lady who had a simple examination outside was elderly and very upset so, though far



Disabled ramps cannot be installed outside Grade II-listed buildings

from ideal, my team elected to accommodate her request.'

He added: 'Conservation officers need to live a little more in the real world.'

But Daventry District Council chiefs said the practice was advised about the condition of the building and limitations before it bought it. [D](#)

Dentists join NHS Choices

The health service's year-old website is to encompass dentists, pharmacists and social care.

NHS Choices will extend its pages of service providers to include dentists and pharmacists, as well as beyond healthcare to social care, according to its head of strategic development Bob Gann.

'Almost 3,000 GP practices are editing and have taken control of their own pages on NHS Choices,' he told *Dental Tribune*. 'Hospitals can regard it like their own MySpace (pages).'

The site has just introduced a personalised version, allowing users to create their own page with the practitioners and subjects of interest to them. Gann said NHS Choices is working with Connecting for Health to integrate this with its HealthSpace project, which provides a secure online system

which will eventually give access to electronic patient records.

Gann said that NHS Choices, which opened on 11 June last year, has successfully introduced TripAdvisor-style comments on hospitals - to which the hospitals have a right of reply - and blogs on certain conditions.



Almost 3,000 GP practices have taken control of their own pages

'We think there is enormous wisdom in the crowds of people coping with conditions. They know more about a condition than any clinician ever can,' he said. [D](#)

New practice for Stockbridge

Stockbridge residents no longer have to travel miles to see a dentist, with the opening of a new practice in the village.

The opening party saw over 100 guests enjoy champagne and canapés to celebrate the River Dental and Cosmetic Clinic opening.

The new clinic in Clarendon Terrace offers appointments for simple check-ups, emergency toothache relief and hygiene, through to state of the art cosmetic treatments.

One of the owners Dr Alistair Gallagher, who also co-owns another dental clinic in Odstock, Salisbury, is thrilled Stockbridge now has the opportunity of a local dental clinic.

'We are very excited to be in Stockbridge. We've been looking to achieve this for about two years,' he said.

'We really feel The River Dental Clinic will be a great addition to the area and we will endeavour to become very involved with the community rather than just a new business coming to the village.' [D](#)



The opening party saw over 100 guests enjoy champagne and canapés

More NHS dentistry for Bristol

were seen in the city during the past two years than in 2004 to 2006.

But two Bristol dentists have told *Dental Tribune* there are still problems with the new system and some patients still have to be turned away.

The new figures from the show South Gloucestershire Primary Care Trust dentists have seen 3,343 more patients. But NHS dentists in Bath and North East Somerset PCT and North

Somerset PCT saw 12,063 and 3,731 less patients, respectively.

Bristol PCT plans to improve its services with new practices in Fishponds, Southmead and Hartcliffe to open by the end of the year, and emergency contracts added to surgeries in central Bristol.

It is also launching its helpline service next month so people who need a dentist can find out where they can be

treated in an emergency or for routine appointments.

Mike Frain, who runs five practices in the Bristol area, said: 'There are still issues to be dealt with.

'What is really grating on dentists is that from practice to practice there are disparities in the amount they get paid because of the way UDAs are calculated.

'Some practices also use up their allowed number of UDAs

before the end of the year so have to turn patients away.'

Dr Martin Sasada, who runs the Bristol Dental Anaesthetic Clinic in Clifton, said: 'When the new contract was introduced, we were given funding that was about 20 per cent less than in previous years.

'As a result, we are obviously able to treat fewer NHS patients. We turn NHS patients away every day.' [D](#)



'There are disparities in the amount dentists get paid because of the way UDAs are calculated'

More people are seeing NHS dentists in Bristol, according to the new statistics released last week. Figures show that 10,420 more patients



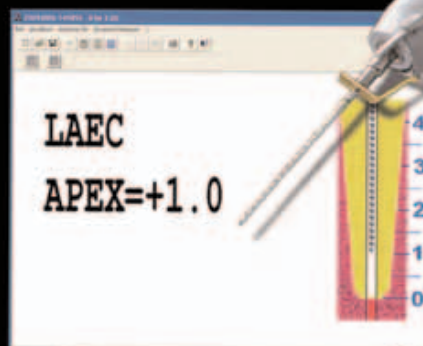
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NHS review for Bath area

A study is being launched to find out how easy it is for people in the Bath area to be treated by a dentist on the NHS. The review comes as national figures show the number of people able to access NHS dental services has fallen by 800,000 in the past two years.

A council panel will look at whether local residents have fair and equal access to NHS dental services, and at the range and availability of services and treatments.

It comes after Bath and North East Somerset Primary Care Trust (PCT), which funds the NHS locally, announced an extra £1 million for dental services.

Cllr Adrian Inker, chairman of the cross-party panel, said: 'As a local authority with social services responsibilities, Bath and North East Somerset Council also has the power to scrutinise health services. We want to hear from people's experiences

accessing NHS dental services.'

Mike Bowden, PCT associate director for commissioning, said: 'The PCT welcomes this review.

'Our investment of £1m into NHS dental provision is already achieving an increase in services, with more people now able to access a dentist.

The review will not look at quality of services, unless it impacts directly on accessibility, or private dentists.

Bath MP Don Foster said he was not surprised at the figures showing the number of people using NHS dental services had fallen from 28.1 million to 27.5 million since a system was introduced in 2006 which aimed to increase access and simplify charges.

Mr Foster's own research last year found only one city dentist



'The Government has invested an extra £200 million this year to boost services and open more practices.'

taking on new patients. 'The dentists I spoke to, and those that returned my survey, were all of the agreement that Labour's reforms had failed. A number said they would never be interested in returning to NHS work,' he said.

Chief dental officer Barry Cockcroft said the Government had invested an extra £200 million this year to boost services and open more practices.

The panel wants comments by Friday, July 11, either via www.bathnes.gov.uk/~scrutiny, the email address scrutiny@bathnes.gov.uk or by post to Overview and Scrutiny, Guildhall, Bath, BA1 5AW

Mouth cancer risks for patients

The vast majority of people in a Cardiff survey said dentists had never checked them for mouth cancer.

The UK's leading dental charity said Cardiff dental patients fear they are being put at risk of mouth cancer. Seventy nine per cent said their dentist had never checked them for the condition and 87 per cent said that their dentist has never even spoken to them about it.

The National Mouth Cancer Survey questioned 500 adults across 10 UK cities in April. It was conducted by the British Dental Health Foundation (BDHF) and Medicash.

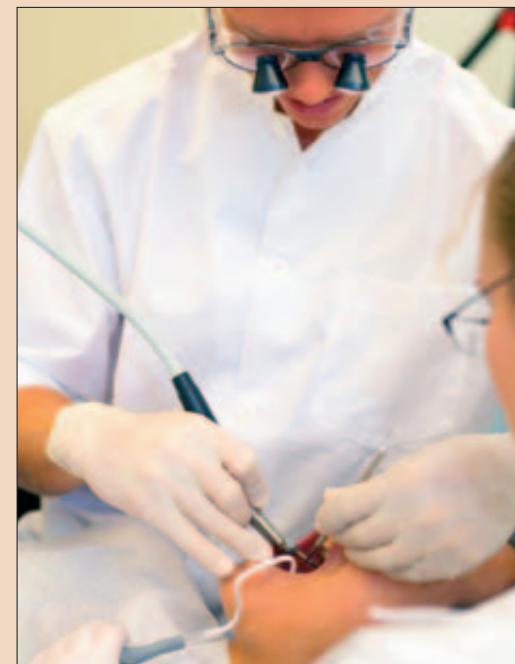
According to the Foundation, an independent public advice charity, mouth cancer is the most deadly oral condition, killing one person every five hours in the UK. The number of new cases is also increasing every year.

Dentists are expected to check for mouth cancer during routine appointments but the National Mouth Cancer Survey, conducted jointly by the Foundation and Medicash for National Smile Month, reveals that patients believe firmly that this is not the case.

Dr Nigel Carter, chief executive of the Foundation, commented: 'This is a big surprise and will be a major concern for both the public and the profession.

'Mouth cancer is a very serious condition. It kills more than cervical cancer and testicular cancer combined and yet a staggering one in four people in Cardiff have never even heard of it.

'The problem here appears to be twofold. Firstly not enough dentists are carrying out the checks and secondly those that do carry them out are failing to communicate this with their patients - missing a perfect opportunity to educate them on the dangers of mouth cancer.'



Dentists are expected to check for mouth cancer during routine appointments

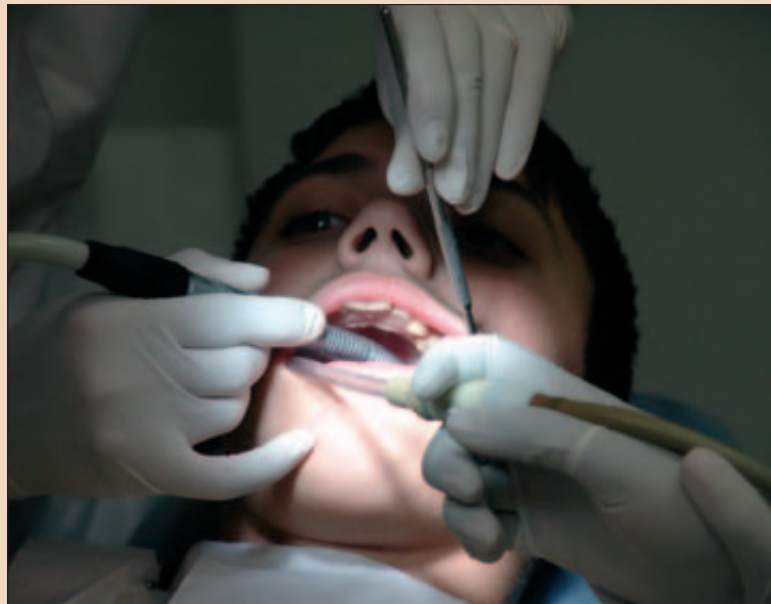
35,000 new dental places for Northamptonshire

A health trust in Northamptonshire has pledged to open up 35,000 extra dentist places across the county this year, after more than two-thirds of surgeries stopped registering new NHS patients.

Northamptonshire Teaching Primary Care Trust (PCT), which oversees dental services, has said an assessment is under way to find out where the county needs more dentists.

According to the NHS directory of surgeries, around 70 per cent are not accepting new NHS patients, with some only accepting charge-exempt patients or children under 18.

A spokesman for the PCT said: 'We recognise there is a need for more NHS dentists in Northamptonshire and continue



The PCT will invest in services enabling 35,000 patients to access dental services.

to work to increase capacity. Since the new contracts came into effect in April 2006, the PCT has invested additional capacity in five new dental practices in the county with a combined

capacity for 45,000 additional NHS patients in the system.'

'During 2008-2009 the PCT will invest in services to enable an additional 35,000 patients to access primary care dental services.

'We are currently in the process of carrying out an Oral Health Needs Assessment for the county, to decide where further capacity will be needed in the future. It is anticipated that the needs assessment will be complete by the end of the summer.'

There are currently only seven dental surgeries accepting new fee-paying patients in Northampton, and just 15 across the county.

Sumbha Patel, practice manager at Abington Dental Practice in Billing Road, said: 'The NHS is just not working at all because on the one hand, they are needing us to give people a good service but on the other hand, they don't want us to do certain things.

'I think you'd find most of them are not accepting new patients but what can you do? Patients are frightened of the new charges.'

There are three Dental Access Centres in the county, in Corby, Daventry and Northampton, for anyone who needs an urgent appointment.

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Dentist climbs 3,500 m to teach basic dentistry

A retired dentist is hoping to save lives by passing on his expertise to nurses in Tanzania.

Stuart Cripps, 62, from Winter Hill, Cookham, will be flying to Mwanza in the East African country in November to teach basic dentistry skills which are severely lacking in the region.

To fund the trip Mr Cripps and daughter Louise, 25, a junior doctor were tested to their peak.

They took on the gruelling Three Peaks Challenge—a climb of nearly 3,500 metres up Britain's highest mountains over three days.

Although daughter Louise had previously climbed Mount Kilimanjaro, Mr Cripps said it was a new experience for him.

He said: 'I've done a bit of walking but nothing as hard as this. Going up the mountains was easy it was coming down that was hard, they're so steep.'

'But it went really well. We had dry weather and it was fine on top of the mountains. It was very beautiful, you could see spectacular views for 360 degrees.'

'We managed it in good time and it was a fantastic experience. We did it in a total of about 26 hours spread over three days.'

Starting off at Fort William the pair travelled from Ben Nevis to Scafell Pike and finally onto Snowdon.

Mr Cripps said: 'It was certainly an action packed few days and it was great fun – it exceeded expectations.'

'The sight of us getting out of the car at the end wasn't pretty. We were quite exhausted.'

The pair have exceeded their fund-raising target. Aiming to collect £4,000, they have achieved a total of £5,000 so far. Mr Cripps, who retired two months ago after 30 years working at a practice in Beaconsfield, said dentistry skills were desperately needed in Africa.

'At the moment they have got no dentistry experience. If you get big swellings, the sort of stuff you don't see here, or a large infection then you could die.'

'There could be cases where people lose their lives because of a problem like this so it's very serious.'

'It's an important cause because it's giving aid to something that's going to be sustainable and I'm glad to pass on my knowledge. It's just something I wanted to do when I finished.'

Mr Cripps, will be accompanied on the trip by six other dentists for a fortnight.

UK charity Bridge2Aid, which specialise in providing dental

and community development programmes, have organised it.

To donate to the cause go to www.justgiving.com/stuart-cripps



Mr Cripps will be flying to Mwanza in the East African country in November to teach basic dentistry skills

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1. Çağlar E et al. Oral Disease 2005; 11: 131-137.

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BDA member voices concerns

A senior member of the Northern Ireland branch of the British Dental Association has told the Western Health and social services council of his concerns for the future of dentistry in the north-west.

Mr Barry McGonigle made his comments at the monthly

meeting of the Council. He said he held deep concerns for the industry and not least about the proposed process that could see services contracted out.

Warning that committed community-based dental provision would not come from 'birds of passage' style provi-

sion, he said one of the biggest stumbling blocks to increasing the number of dental practices was the prohibitive start-up costs – estimated at more than £100,000.

He added that for students who had just qualified after five years or more of study there were

no grants or financial handouts available to alleviate financial pressures.

'Getting started is an 18-month to two-year process,' he said.

Mr McGonigle said practices now simply could not take on any



The biggest stumbling blocks to increasing the number of dental practices is start-up costs

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more patients because they did not have the capacity to do so.

A key issue of the problems facing the industry, he said, was that provision had to come from qualified personnel and stressed was not a matter of 'dentists just looking for more money'.

'Getting started is an 18-month to two-year process'

Dismissing the tendering option as a short-term answer, he said the prevailing situation was not fair to the public. It was giving dentistry a bad name, he said.

Calling for imaginative solutions to the problems, Mr McGonigle contended these would not have to cost vast sums of money, and he went on to ask the Council members to allow him to give a presentation at their next meeting in September.

Mr McGonigle gave assurances that special needs and child cases in need of urgent treatment would be seen as priorities, but stressed that every time a person was admitted as an emergency case it put additional pressure on the patient treatment lists.

Mr McGonigle also highlighted that, from August 1, all dental nurses have to be registered. Dental nurses are practice trained, he said, and if 'flying squads' or contract dentists advertised for nurses locally it would remove skilled staff from existing practices.

Earlier in the meeting the chief officer, Maggie Reilly, outlined the results of the mystery telephone survey, which showed that between April and May this year, service had deteriorated to the extent that adults, and in some instances children, are not being registered with dentists. She said she had received assurances from chief executive Elaine Way that all would be turned to improve the current situation. [D1](#)

Raising your game

Any busy dentist knows that keeping up with change and getting on top of your business, requires time, of which there isn't much spare. Simon Hocken offers some time-saving tips

Sometimes ask our dental clients if they have ever considered whether the 'game' they are 'playing' (professionally and personally) is 'big enough' for them. Evidence that it might not be can often be seen by the look of weary resignation in their eyes and the frustration in their voice as they describe the circumstances and choices that make up their professional and personal lives. Their frustration and resignation at playing too small a game can also come from lack of business and financial success, an unfulfilled life at home or in their community.

ineffective and is no longer financially successful for the practice owners or robust enough to compete with corporate dentistry.

Free up your time

Some of our clients are becoming interested in the possibility of leveraging their time and their businesses. It is stressful to be the main or even the only fee earner in your business. Going on holiday or even on courses can feel like a rare luxury. Building a business where you are one of several fee earners eases this situation and frees up

opening a second practice in a nearby city centre. He intends this practice to become a franchise model so that the successful business can be replicated across the area. We are helping him get the business model and the business plan right, before we help him look for finance and start recruiting his new management team.

These dental entrepreneurs are all playing a bigger game and they will all need strategies and tactics to help them succeed.

Ten steps to freedom

1. Limit the time you spend carrying out clinical dentistry (to a maximum of 28 hours per week) and put a boundary around it.
2. Get up an hour earlier.
3. Give yourself time in every day to think bigger than just the doing and the delivery of clinical dentistry.
4. Take steps to maintain your confidence and self-belief. Avoid people who want to trash your ideas.
5. Think about and audit your unique skills and abilities
6. Decide what other resources you will need (time, people, money).
7. Find the right people with the right knowledge and skills to help you.
8. Create enough investment/investors.
9. Set a time scale(s) for raising your game and do what it takes to stick to it.
10. Make sure that every week you take some action to progress your game.

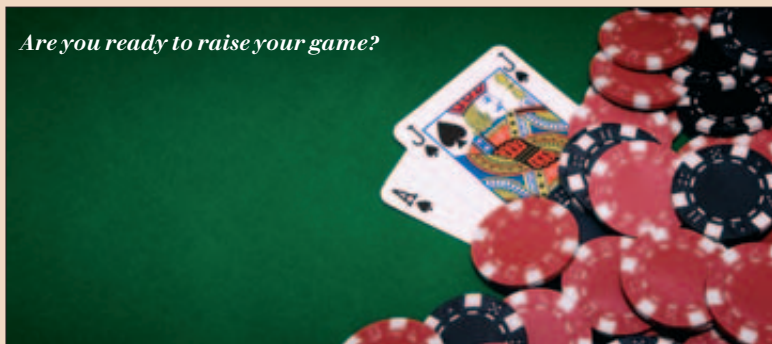
In my experience as a dentist and as from coaching a lot of dentists, not having sufficient time to stop and make the changes gets in the way of playing a bigger game. Some dentists believe that they sell their time and therefore they spend far too much time carrying out dentistry and not enough time thinking, focusing, planning and implementing. Then, paradoxically, because they are by nature, perfectionists, they become scared to take action because they are obsessed with getting it right.

Once you're free

1. You may decide to play a bigger game by expanding your clinical skills to meet the new market place in dentistry.
2. You may decide to play a bigger game by leading your business and getting it working effectively and expanding it.
3. You may decide to play a bigger game by changing your business.

Whatever you decide, now is the time for you to get off the dental hamster wheel and play a bigger game. ■

Are you ready to raise your game?



When I coach clients to envisage, 'raising their game', be it towards better clinical skills, more business success or more personal fulfilment, their eyes light up with ambition, and at last, I am working with an excited and engaged dentist.

Time for change

Dentistry, dental practice and the 'business of dentistry' is changing fast. Rapid change always creates many opportunities and the good news for 'game raisers' is that your time has come.

What's more, the public's perception of dentistry and dentists is changing too. No longer do they see dentistry as being about pain relief, restoring teeth and prevention. Thanks to the media's (and our) obsession with looking good and makeovers, some of our clients are beginning to regard dentistry as a, 'look good feel good' service sitting comfortably alongside many other health and beauty services.

There are many opportunities for early-adopters and a lot of our work at Breathe Business in 2008 is around creating new business models for our clients. Some of them are finding opportunities by questioning the status quo. For example:

For many years, dentists who work together in the same practice (as expense sharing partners or associates) have behaved like market stall holders, sharing the cost and benefits of a covered market, while running micro-businesses which effectively compete with each other for patients (and sharing any profit generated by their hygienists). This business model has always been

time for business development and leadership. Changing your role and leaving the fee-earning to your team, so you can concentrate on building your business is another path for the dental entrepreneur. Here are just three examples of clients who are creating opportunities for themselves by raising their game:

1. The dentist who wants to open a new cosmetic practice in a rapidly expanding residential commuter belt adjacent to a big city. She has found some premises in a new retail development (which are perfect) and she is busy writing a business plan, agreeing finance and a lease, working with an architect, an accountant and a branding agency on design, cash flows and budgets, branding, marketing and recruitment, for example. All while holding down her current job as an associate!

2. The dentist who is evolving his leafy suburban London practice from a private, centre of excellence, family dental practice into a practice that still maintains a group of existing, 'family patients' while creating a facility that attracts patients who want complex, cosmetic and restorative rehabilitations. To deliver this, he has recruited a team of specialist dentists who will supply implants, endodontics, periodontics, orthodontics and cosmetic dentistry. We are helping him with his time management, developing unique practice key performance indicators, branding and communications, marketing and sales, motivating his team, for example.

3. The dentist who owns a successful, award-winning general practice who has just hired his replacement. He has given up fee-earning, to concentrate on

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