

DENTAL TRIBUNE

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News in brief

Name change

A dental assistant is auctioning her name on eBay to raise money for Children in Need. The auction winner can change her name to one in a list of 50 names listed - including Marge Simpson and Pat Butcher from EastEnders. Eileen de Bont has already attracted 12 bids, the highest being £4,000 from the UK Deed Service to change her name to Pudsey Bear. Ms de Bont has agreed to change her name by deed poll for one year. Half of the proceeds will go to Children in Need with the rest going to her children.

UDA increase

Figures from the Department of Health have revealed that 82.5m Units of Dental Activity (UDAs) were commissioned for the three months running up to the end of September. This shows an increase of 1.5m, compared to the last quarter running up to the end of June, when 81m UDAs were commissioned. It is also 3.8m higher than the same period last year, when 78.7m were commissioned.

Registration figures

A total of 56,108 dentists have registered with the General Dental Council, according to its latest figures. It also revealed that 42,191 dental nurses, 7,344 dental technicians and 5,355 dental hygienists have registered.

Complaints increase

The Dental Complaints Service received 139 complaints in September. This was nine more than in September last year. For January - September 2008, the Dental Complaints Service (DCS) logged 1,268 complaints, an increase of 15 per cent over the equivalent period in 2007. The average number of complaints logged since the launch of the DCS in May 2006 is now over 31 per week.

GDC conference

The General Dental Council recently held its first one-day public conference *Dental check-up - your views on protecting dental patients*. Over 100 members of the public attended the event in Birmingham which sought to gather a range of views on dentistry, dental professionals and professional regulation. The topics covered included what are dental professionals good at and what could they do better. It discussed the issue of dental professionals being registered for many years and looked at what they should have to do to remain registered.

www.dental-tribune.co.uk



Mouth Cancer Action Week

16 - 22 NOVEMBER 2008

News and opinions



Great expectations

The Health Select Committee's report revealed a few damning truths to the profession, so what now? Read our analysis here.

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Practice management



Feeling grumpy?

Everybody always wants to know how much money the other person is earning - especially in dentistry. Mr Penfold shares his views.

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Clinical



Different strokes

So many endodontic files - so many techniques...so where do you start and who do you listen to? Never fear, John McSpadden is here.

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Education



New generations

Young dentists have the world at their feet, or do they? Will they flourish in NHS dentistry or will they be forced into private practice?

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Mouth Cancer calls 'you' for action

La crème de la crème of the dental profession gathered together last week at the Houses of Parliament to back Mouth Cancer Action Week 2008.



Left to right: Derek Watson, Penny Palmer and Barry Cockcroft

Kicking off the launch, president of the British Dental Health Foundation (BDHF), Dr Chris Potts thanked the sponsors and said: 'We are announcing a name change today from Mouth Cancer Awareness week to Mouth Cancer Action week because it is time to take action, and it is absolutely fundamental that this event is supported from the top down.'

Supporting Dr Potts, British Dental Health Foundation's chief executive, Dr Nigel Carter said: 'With 25 per cent of people not recognising mouth cancer as a serious condition that will kill them, it is very important to pro-

mote awareness of the condition amongst the public.

'The campaign over the next week is about media awareness and we are encouraging you to support the blue badge kit as it raises awareness and we want to encourage that.'

Denplan's Sarah Bradbury said: 'We feel it is extremely important that dentists spend the time with patients to check them for mouth cancer but we feel confident that we are getting the awareness out there.'

Britain's leading oral cancer specialist called on the government for backing to beat the disease. Explaining the mouth was among the top-three organs most susceptible to cancer-causing carcinogens, Dr Saman Warnakulasuriya said: 'A lot needs to be done - and I am pleased we are here with politicians who have the will and the power to take this forward.'

'We have achieved a ban on public smoking, but we need to protect children from smoking, in terms of the way sales are restricted.'

Guest speaker and award-shortlisted novelist Lia Mills moved guests to tears with her real life account of diagnosis, treatment and recovery from oral

cancer. Backing the Foundation's campaign motto 'if in doubt, get checked out', She said: 'After my sister died of breast cancer I sailed in and out of

breast cancer clinics getting checked out, oblivious of the fact that my mouth was eating me.'

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Mouth Cancer calls 'you' for action

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She continued: 'But doesn't everyone know, by now, that if you have a lump or a sore that doesn't heal within a few weeks, you should check it out? I didn't take my lump seriously because it was in my mouth, I'd never heard of oral cancer.'

She continued: 'After aggressive radiotherapy, I can now eat, chew, swallow, I can talk and I can sing, but I miss those long uninhibited yawns. But I urge all of you to think about your mouth, just for a minute – how will you use yours today?'

As well as Under-secretary for health Ann Keen MP supporting this week's launch, attendees were joined by shadow front

bench health minister Mike Penning MP, Labour health campaigner Rosie Cooper MP, chief dental officer of England Dr Barry Cockcroft, Welsh counterpart Dr Paul Langmaid and the BDA's chief executive Peter Ward.

The Foundation's campaign week, which began on 16 November, calls for action on mouth cancer – whether wearing the campaigns Blue Ribbon Appeal badge, visiting the dentist for a check-up, or a self examination for ulcers which do not heal within three weeks, red and white patches in the mouth, or unusual lumps and swellings.

Mouth Action Week ran from 16 to 22 November, and was sponsored by Denplan, Dental Design, Vizilite Plus and the British Dental Association (BDA). [DT](#)



Lia Mills with the vice president of Zila Pharmaceuticals, Dale Johnson



Dr Saman Warnakulasuriya



Frances Geiger Pelles with Dale Johnson



Stuart Thompson, Sarah Bradbury, Penny Palmer and Aideen Kavanagh



John Siebert with the BDA's Peter Ward



Derek Watson and Chris Potts

No training spells danger warns experts

Implant experts are calling for a gold standard qualification for dentists offering implants, and for implantology to be a specialism in its own right.

The General Dental Council (GDC) recently reminded all dentists they must only undertake procedures they are properly trained in, after a number of dentists were found carrying out dental implants without proper training.

The GDC pointed to guidelines published by the Faculty of General Dental Practice (UK), *Training Standards in Implant Dentistry*.

These say: 'It is essential that the dentist carrying out this work has received suitable training, and has been assessed as competent to do it.'

It adds: 'This will normally involve that dentist taking a post-graduate training course in implant dentistry'. Dr Avik Dandapat, one of the few dentists in the UK to hold the Diploma in Implantology from the Royal College of Surgeons, believes the guidance is rather vague and would like to see implantologists having to adhere to certain standards.

He said: 'It's fairly easy to do implants but very difficult to do them to the standard the Royal College demands. And, bluntly, these should be the standards that, if not mandatory, are those to which the profession aspires.'

He is concerned that there are 'real dangers lying in wait for the dentist who has had insufficient training and/or does not invest in first class diagnostic equipment'.

Dr Dandapat, who is principal at the Dental Implant Centre in Twyford, Berkshire, believes that

at the moment implantology standards are not high enough and there is not sufficient regulation.

He would like to see a gold standard in terms of qualifications for implant dentistry.

He said: 'Official guidelines are needed, not simply to ensure that training for implantologists is comprehensive, but that surgery set up is correct and that there is a real understanding of how to interpret a CT scan.'

In an increasingly litigious society, there is a real need for caution, he warned.

The risk of getting facial cancer from a CT scan is very, very small (1 in 65,000), but the implantologist must be aware of this risk and keep exposure to the patient to the minimum.

Rupak Dey, marketing coordinator at the dental implant maker, Nobel Biocare, agrees with Dr Dandapat, that 'we are waiting for a mistake to happen before we improve implantology standards and protocol'.

He said: 'It is not very regulated, the guidance is very vague and it needs tightening up. It would be good if there was some kind of certification and a minimum period of on the job training'

Mr Dey warns that if this doesn't happen, 'we are soon going to see a huge court case hitting the headlines'.

'We are going to see a situation where someone has been on a course, practised on a few dummies and when they come to practising on a patient, something will go wrong. The patient will realise they have had virtually no experience,' he said.

He added: 'When you look at the medical sector, it is highly regulated. Even pharmaceutical representatives have to hold a licence. There is nothing like that in the dental sector.'

Chris Netherclift, general manager of the dental implant company, BioHorizons, said: 'It is important that the GDC guidelines are adhered to on implant dentistry.'

However he criticised the guidelines for not clarifying what is 'appropriate training' and said: 'It is a bit of a loose area. At the moment training can be given by academic institutions and training companies and the GDC needs to specify what are the preferred training providers.'

He believes dentists need a certain level of experience before they start providing implants and would like to see it being mandatory for them to work with mentors to get the experience they need.

At the moment *Training Standards in Implant Dentistry* merely says dentists 'should' work with a mentor. It is not compulsory.

Mash Seriki, commercial director at Smile-on, a company which provides training courses on how to carry out implants, is concerned that more and more dentists are being tempted to carry out the procedure without adequate training, because it is such a 'lucrative treatment'.

According to Mr Seriki, one of the problems is that there are a lot of training courses out there but there is no way of knowing what is good and what is not.

'This is quite an invasive treatment. This involves ripping the tooth out, drilling into the jawbone, putting a bit of titanium in, then the crown is added,' he said.

Yet dentists can go on a two day course and carry out implants. There is no register or formal certificate saying this person has been trained to a certain level that has been agreed as the standard across the country,' he added.

Mr Seriki would like to see dentists having to gain a recognised formal qualification before

they can practise implant dentistry.

He would also like to see it being given the same status as orthodontics and recognised as a specialism in its own right.

However the British Dental Association (BDA) is content to stand by the training standards published this year by the Faculty of General Dental Practice (UK), claiming it provides an 'authoritative source for requirements in this area'.

A BDA spokesman said: The BDA supports the General Dental Council's view that dentists providing implants must be properly trained and competent to do so.

The BDA is engaged in supporting members who wish to provide implants for their patients in ensuring they have the skills required to do so.'

He added: 'Dentists should also ensure that they have appropriate indemnity arrangements in place.' [DT](#)

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Editorial comment

It's time to save lives

It is a telling confession when a mouth cancer sufferer diagnosed her own condition from surfing the web. Speaking at the Houses of Parliament last week, guest speaker Lia Mills recalled her shocking journey. Her sister died from breast cancer three weeks after the diagnosis – that was bad enough. Vigilant to the letter 'T', Lia had regular check-ups, but during each mammogram she had no idea that her own mouth was, as she put it, 'eating me alive'. It all began with a 'sore' in her mouth that would not heal. Her first dentist told her she was unconsciously chewing her cheek and prescribed Bonjela. Her second dentist recommended replacing her old fillings. But still the sore continued. Extensive Internet research steered Lia towards the real problem – mouth cancer. After divulging her suspicions

'Somebody has to suffer to make other people listen and this woman is to be applauded.'

to her dentist (and this is the really shocking bit) he laughed, and said 'no way'. Why did he laugh? Because her 'profile' did not match the 'typical' mouth cancer sufferer. By the time the mouth cancer was confirmed, it had spread to Lia's lymph nodes and surgery began in haste. She had bone, skin and fat taken from her leg to rebuild her face, but after aggressive radiotherapy she can now eat, chew and swallow – things we all take totally for granted. Nevertheless, mouth cancer or no mouth cancer, Lia has a way with words and a powerful voice so strong you are compelled to sit up and listen.

This woman is a survivor and standing up in front of powerful people from the dentistry profession is part of her destiny. Somebody has to suffer to make other people listen and this woman is to be applauded. The support – from the top down – was there. So thank you Ann Keen, Rosie Cooper, Barry Cockcroft and Peter Ward for backing this campaign.

Dental Tribune reported just a month ago that mouth cancer causes more deaths per number of cases than breast cancer, cervical cancer or melanomas. The mortality rate of these cancers is just over 50 per cent because it is always detected too

late. In 2005, there was approximately one death every three hours. Enough is enough – we need to raise awareness and we need to take action in whatever way we can.

Mouth Cancer Action Week ran from November 16 to November 22. *Dental Tribune* urges all of you from the profession to do what you can to get the word out there. Lia Mills was lucky – she

lived to tell the tale. There are many other people who will die, because of lack of awareness of this condition. Whose life will you save this week? [DT](#)



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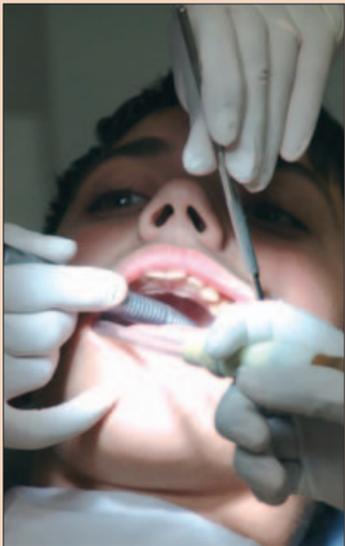
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The course will tackle subjects such as improving the patient experience

Masterclass seminar takes off

The British Dental Association is launching a new masterclass seminar to help dental professionals 'enhance the patient experience, perfect their communications skills and develop more effective business plans'.

The event, 'Advanced business and communication skills for dental practices', will be led by speakers from Henley Business School.

It will also feature an interactive session analysing dental professionals' communication styles and techniques.

Peter Ward, chief executive of the British Dental Association (BDA), said: 'Communication and business skills are vital to the success of dental practices.'

This seminar brings dentists the very best advice from leaders in the field and provides clear ideas of how their knowledge can be translated to improve the everyday performance of the practice.'

Sessions on the one-day course will tackle subjects including improving the patient

experience, enhancing the profitability of the business and developing a convincing business plan.

The interactive afternoon session will look at determining personal communication styles, the advantages and disadvantages of different styles. It will also use an actor to demonstrate different communications techniques that can be applied in business situations.

Details of the seminar, which was developed with the support

of the British Dental Trade Association (BDTA), are available at: www.bda.org/events.

The first session will be held at London's Café Royal on 28 November 2008.

Seminars will also take place at The Novotel Birmingham Centre on 6 March 2009 and the Radisson Edwardian Manchester on 10 July 2009.

Delegates can book online or by calling the BDA on 020 7563 4590. [D](#)



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The £2m investment 'makes a difference'

A £2m investment into NHS dental care in Moray in Scotland is at last starting to make a difference, according to NHS Grampian.

Moray has the lowest number of people registered with an NHS dentist in the whole of Scotland.

Just over three-quarters of adults and nearly 50 per cent of children in Moray are not registered with an NHS dentist.

Around 7,500 people are currently on the NHS waiting list.

The Scottish Government and NHS Grampian have invested in a number of purpose-built dental practices in a bid to get people off the waiting list and registered with a dental practice.

One proposed dental practice on the site of Spynie Hospital in Elgin will create a 10 dental chair surgery, four of them allocated for student dentists and the remainder for special needs patients and general practice.

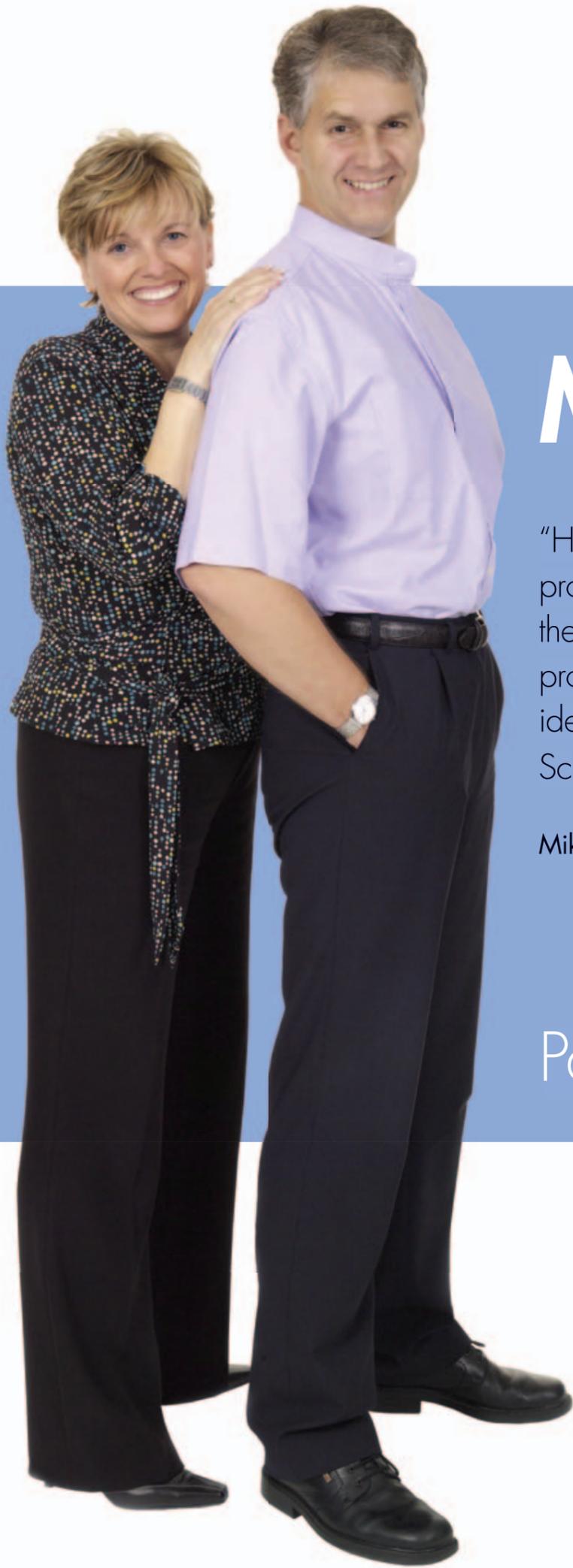
Dental lead for Moray, Malcolm Stewart, hopes to get 100 people each month off the waiting list and registered with a dental practice.

Children under 12 will be given priority and the aim is to have them registered with a dentist within 12 weeks of their name being placed on the waiting list.

Latest figures show that just 26.3 per cent of people – adults and children – in Moray were registered as of June, which was an increase on last year's figure of 24.8 per cent.

This compares to the Scottish average of nearly 60 per cent.

Highlands and Islands MSP Mary Scanlon, the Tories shadow health secretary, called it a 'shocking state of affairs'. [D](#)



Me & Henry Schein

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The Perfect Partnership

Yemi Opaleye explains how he took one of the biggest gambles of his life - relocating his NHS practice.



When you first meet Yemi Opaleye he does not strike you as much of a risk taker, he is a very calm man, with a gentle manner that you can imagine makes his patients feel very much at ease. Yet two years ago, Yemi took what was probably one of the biggest gambles of his life when, in partnership with his colleague - Bob Middlefell, relocated their NHS dental practice into what was then, the local cottage hospital that had recently been earmarked for closure. The arrival of dental services gave a much-needed boost to the hospital and after constant local campaigning it appears that the hospital (dental services and all) have been saved.

Nestling in beautiful Gloucestershire countryside, Tetbury is a small "chocolate-box" town where it seems surprising to find NHS dentistry alive

and well. Yet here, Yemi, Bob, and their Associates have established a real commitment to the provision of NHS treatment and are working extremely hard to service the needs of the 15,000 patients on their list.

Tetbury Dental Practice was originally set up in 1969 and the move to the hospital was in truth, a necessity.

"Our existing building was very old and would have required a complete refurbishment to bring it up to standard, so although there was some doubt about how long the hospital would be open, we figured it was the best option under the circumstances."

Once installed on the hospital's first floor, in what was originally an open ward, Yemi and Bob with the help of a team of external consultants

commenced on a programme of re-designing the facilities. Now, two years later they have six surgeries, a dedicated hygienist suite, two large sterilisation units - one situated at

"Henry Schein Minerva are providing us with everything we need; great service, excellent delivery, additional support in the form of staff training, we don't need to waste time looking for other deals - we are more than happy with the deal we get from Henry Schein Minerva."

each end of the building, efficiently servicing the surgeries and a large, welcoming waiting room.

Helping in whatever way she could on this large, sometimes overwhelming project was Sally Dawson, Yemi's local Henry Schein Minerva representative. Yemi contacted Henry Schein Minerva when he first moved to the hospital premises and Sally visited him one lunchtime, a meeting which he admits was the point at which he began to have real confidence in the future, and the potential success of the practice.

"Sally was fantastic. She didn't just turn up to take an order, she had a real interest in the whole project, the refurbishment, design alterations, and all that we were trying to achieve. She just talked such a lot of sense and what was surprising for me was that a huge company like Henry Schein Minerva could offer extra support and help with things like training - no strings attached!"

Yemi & Bob both believe in giving people the correct tools to perform their role to the best of their ability and then letting them use their own initiative to develop the job.

In conjunction with Henry Schein Minerva this has become even easier to do. Sally arranged a whole programme of staff training, including a session on cross-infection techniques to bring staff up to date with the latest protocols and help the practice's sterilisation units run effectively. Customer service is another area where Sally has already completed the first session, - my visit was testament to the excellence of this training - 3 different people passed me as I waited at reception and every one of them asked if I was being looked after. Impressive, even for the most switched-on of private practices.

They are delighted with the training their staff have received which they acknowledge is playing an important role in building the patient base and helping the practice run smoothly and efficiently.

"Everyone is aware of the sheer numbers of patients seen by NHS practices. We must run an efficient model to make sure we can cope. It

only takes one small problem for appointments to back up very quickly."

With a total of 6 dentists (full and part time) and a part time

hygienist to keep up with, ensuring a constant and consistent supply of consumables and equipment is essential. For this, Tetbury Dental Practice relies completely on Henry Schein Minerva's expertise in service and delivery and Yemi sees no reason to consider any other suppliers.

"Henry Schein Minerva are providing us with everything we need; great service, excellent delivery, additional support in the form of staff training, we don't need to waste time looking for other deals - we are more than happy with the deal we get from Henry Schein Minerva."

Two years after making the move to Tetbury Hospital, They are very pleased with the progress they have made. They have a busy, successful NHS practice, providing quality care in pleasant surroundings. Naturally, the demand for these services is high and their goal is now to build the practice to a level where all the surgeries are in full-time use, efficiently providing quality care for all their patients. To do this they recognise the role that dental companies have to play.

"To be successful you need help from many different sources. Henry Schein Minerva and Sally my local representative have been true to their word from the beginning. They have delivered on all their promises and are a fantastic partner for our practice."

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Me & Henry Schein

"Sometimes people think that big companies aren't interested in NHS dental practices, my experience of Henry Schein Minerva is just the opposite. They have encouraged and supported us in many ways, providing an excellent staff training programme which has really helped develop our personnel. We now have an established facility that provides outstanding care for our patients, all made possible by the first class service we receive from Henry Schein Minerva."

Yemi Opaleye – Tetbury Dental Practice, Tetbury

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A close inspection

The Government's response to the Health Select Committee raised a few hackles in the profession, but what does it all really mean? *Dental Tribune* takes a good hard look at the report and analyses the good, the bad and the ugly parts.

When the Health Select Committee produced its damning report on NHS dentistry in July, many commentators hoped that the Government would rewrite the dentists' contract. Even before the

Far from promising radical reform the Government said it was confident that the new dental contract provided a 'better basis for Primary Care Trusts (PCTs) to commission services'. Although it accepted the Committee's view that

Accessing services

The Committee was most scathing about patients' access to services reporting that the DH's goal of improving this had yet to be realised. Its members were unconvinced by the Chief Dental Officer (CDO)'s claims that the situation had stabilised and that improvements would soon be seen. It pointed out that 'the various measures of access available all indicate that the situation is deteriorating'.

In reply, the Government admitted that progress was 'uneven'. It did acknowledge that the first two years had been 'a difficult transitional period', both for PCTs and dentists. More needed to be done however which is why the DH had increased funding for dentistry by 11 per cent this year. This should mean that PCTs could commission more services, and the Government pointed to evidence that this was already happening. There were also more dentists in the system to do the work and the 'there was no shortage of applicants when PCTs tendered for new practices'.

The Government accepted that there was more to do, such as addressing the problem that some PCTs are better than others at commissioning in a bid to improve access. Similarly, the public are not using the services in some areas where PCTs have opened new practices.



'Media speculation suggests the DH is planning a crackdown on dentists who are exploiting the system to maximise their incomes'

report was published, Conservative spokesman, Mike Penning MP, had called on the Secretary of State to 'scrap this ludicrous contract' which had left nearly a million members of the public without access to NHS dentistry.

The British Dental Association (BDA)'s chair, Susie Sanderson described the report as 'damning', which had highlighted 'the failure of a farcical contract.' She called on the Department of Health (DH) to 'listen to this condemnatory report and act swiftly'. Three months later they produced their 'interim' response.

progress on improving access was disappointing to date, the DH would work to see how the NHS could achieve 'the maximum benefits for patients from these reforms'.

It had already started to work with Strategic Health Authorities (SHAs) to improve access to NHS dentistry. This project will be completed later this autumn and the Government will then make a fuller response setting out further actions. Media speculation suggests the DH is planning 'a crackdown on dentists who have been exploiting the system to maximise their incomes, denying thousands of patients access to treatment'.

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Those UDAs

Many dentists wanted to see the death of units of dental activity (UDAs). The Committee said that the system had proved extremely unpopular with dentists and that it was 'extraordinary that the Department did not pilot the new payment system before it was introduced.' Too many PCTs had set unrealistic UDA targets and the Committee recommended that in the short-term the number of payment bands should be increased from three to five or more.

The Government defended the system. It said that there had to be some measure of activity, and that it was reasonable to use weighted courses of treatment to do this. But it accepted that UDAs should not be the only measure of activity and that PCTs should work with dentists to develop other measures for monitoring work. It was working with the University of Manchester to develop a research proposal 'to assess the impact of the new system on oral health'.

Complex treatment

The laboratory industry has certainly suffered with the number treatments involving laboratory work falling by half. The Committee said some patients were not receiving the care they needed and recommended that the DH should commission research into the problem. The Government responded that evidence from PDS pilots had shown that moving away from the fee-per-item system produced a 50 per cent reduction of treatment without any evidence of adverse effects.

Child-only contracts

The Committee argued that child-only contracts should be removed from NHS dental services as soon as possible. The Government agreed that they were undesirable and had the effect of 'pressurising adults to accept private dentistry, so that their children can receive NHS care'. The DH had issued guidance so that they should move away from child-only contracts, but in a managed way that did not threaten children's access to NHS dental services.

Registration abolition

The Committee believed that it had been a mistake to abolish registration and recommended the DH should 'reinstate the requirement for patients to be registered with an NHS dentist'. The Government agreed on the importance of continuity of care, and recognised the significance still attached to the term 'registration'. It would examine the possibility of some form of registration in the future.

For the future

The Government promised to carry out a review of how dental services should develop over the next five years and the Committee welcomed this pledge. It will look at all aspects of the arrangements for commissioning, including UDAs and other matters of concern. Its aim will be to ensure that services are responsive to the needs of individual patients, 'ensuring a strong focus on prevention as well as treatment', with improvements in the quality of care. [DH](#)



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