

DENTAL TRIBUNE

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News in brief

Free service

Dentists are to get a free, confidential service giving them support and advice on physical and mental health issues.

The Practitioner Health Programme (PHP) which is also aimed at doctors, is initially being piloted in the London area.

Dentists and doctors have high rates of mental health problems, especially addiction problems and depression. Doctors and dentists also find it difficult to ask for help and often their problem reaches crisis levels before they feel able to seek help.

This new service and the first of its kind, will help dentists and doctors, particularly where their condition may be affecting their ability to work.

Judith Husband, vice chair of the British Dental Association (BDA), said: 'It takes courage for health-care workers suffering from an illness or an addiction to acknowledge that they have a problem in the first place, so taking the next step in accessing appropriate treatment can present real difficulties. We believe this dedicated, one-stop confidential service that has been designed specifically for health professionals, will make it much easier for dentists to get the support they need.' If it is successful, the service may be extended to other areas across the country.

For more information, see www.php.nhs.uk

New member

The Chief Dental Officer, Barry Cockcroft has been invited to join the new strategic group that will oversee all medical education and training in England – Medical Education England (MEE). The group was formed following recommendations by Sir John Tooke's Inquiry into Modernising Medical Careers and was endorsed by Lord Darzi in his NHS Next Stage Review. MEE will coordinate a major restructuring of postgraduate training for dentists, doctors and other healthcare professions, and will also carry out national-level scrutiny of workforce planning and the commissioning of education and training by strategic health authorities.

More complaints

The Dental Complaints Service (DCS) logged 127 complaints in October and 158 complaints in November last year. For January–November 2008, the DCS logged 1,501 complaints, an increase of nine per cent over the same period in 2007. The average number of complaints logged since the DCS was launched in May 2006 is around 52 per week.

www.dental-tribune.co.uk

News and opinions



Standing ovation

It's been one big emotional roller coaster for Dr Eddie Crouch lately. Here he speaks exclusively on why he continued to fight the good fight.

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Endo Tribune



Two sides

The two clinical endodontic questions continue to cause much controversy in the profession. Dr Richard Mounce explains why.

▶ page 13

Endo Tribune



Veneer pitfalls

There are more patients than ever before presenting with acute sensitivity and pain after veneer treatments says Dr Sultan.

▶ page 20

Clinical case studies



Education

Where do you start if you want to complete a full set of dentures? Justin Stewart discusses the four areas to focus on.

▶ page 23

Three cheers for Dr Crouch

An orthodontist has won a landmark victory, after taking on the Department of Health and fighting against an appeal, which would have given health bosses the right to terminate dental contracts without cause or notice.

The DH lodged the appeal earlier this year after Eddie Crouch, an orthodontist in Birmingham, won a Judicial Review, which said that primary care trusts (PCTs) were wrong to insert a clause in the NHS dental contracts allowing them to terminate the contract without cause or notice.

The DH battled it out in the High Court, saying that health bosses needed such a power.

The Court of Appeal upheld the earlier ruling that the reasons

by which a PCT can end a contract are set out in legislation and that a PCT must abide by legitimate termination reasons.

If the DH had won the appeal, primary care trusts would have had the power to end dentists' contracts with as little as one day's notice.

Dr Crouch said that it was 'reassuring' that 'fairness was seen to be upheld' and said it 'should encourage others to challenge inappropriate powers that PCTs and the Department try to influence'.

Dr Crouch was forced to rely on financial support from fellow dentists to fight the case after he failed to come to an agreement with the British Dental Association (BDA) over a confidentiality document they wanted him to sign.

In the end, the total cost for the two cases was more than £80,000, with just over half coming from donations.

The BDA supported Dr Crouch's case by sending a barrister to represent the dentistry profession in both of the hearings, but did not offer any financial support.

The orthodontist said: 'Without the support of my colleagues, many of whom I have never met, and their encouragement this would never have been possible.

'I can never repay that, and I hope they share this victory with me, which is the victory over draconian actions of a government against health care providers.'

Peter Ward, chief executive of the BDA, called it a case with 'potentially far-reaching and devastating consequences for the profession'. He added that the DH needs to 'send a clear signal of support to dentists by acknowledging and accepting the ruling'. [DI](#)

* See page seven for the exclusive interview

Mouthwash link with cancer

Mouthwashes containing alcohol can cause oral cancer and should be removed from supermarket shelves, a dental health study claims.

The news, which was revealed as *Dental Tribune* was going to press reports sufficient scientific evidence that such mouthwashes contribute to an increased risk of the disease.

The ethanol in mouthwash is thought to allow cancer-causing substances to permeate the lining of the mouth.

Michael McCullough, associate professor of oral medicine at the University of Melbourne, Australia, who led the study, said: 'We see people with oral cancer who have no other risk factors than the use of (mouthwash containing alcohol), so

what we've done is review all the evidence.

'Since this article, further evidence has come out, too. We believe there should be warnings. If it was a facial cream that had the effect of reducing acne but had a four to fivefold increased risk of skin cancer, no-one would be recommending it.'

Professor McCullough, chair of the Australian Dental Association's therapeutics committee, said the alcohol in mouthwashes 'increases the permeability' of the mucus membrane to other carcinogens, such as nicotine.

A toxic breakdown product of alcohol called acetaldehyde that may accumulate in the oral cavity

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Political gripes, dental dilemmas, guest comments, general feedback... We want to hear them all.



Petty egos

Your article about the BMA trying to ban the use of the title 'Dr' raises eyebrows. I trained in South Africa where BDS and MB-BCH students follow the same core training (full anatomy, histology, physiology, biochemistry, general pathology, haematology, immunology, microbiology including parasitology, general medicine, general surgery, general anaesthetics, general pharmacology), until the groups split up to specialise in Dentistry and Maxillofacial Surgery (BDS) or General Medicine and General Surgery (MBBCh) respectively.

Post graduate Maxillofacial and Oral Surgery is a dental Speciality in South Africa and other countries, unlike in the UK where it is essentially a medical or so-called 'double qualification' speciality.

Perhaps the argument says something about the level of UK Dental School training, I do not know. I think I speak for most colleagues from overseas who earned and deserve the entitlement to the salutation of 'Dr'. We are not about to be stripped of our academic achievements lying down.

In my opinion, the public are more likely to be misled by a PhD in Chemistry calling themselves 'Dr' than by a Dentist with a DDS or BDS qualification who is indeed a health professional of equal status to our medical colleagues.

This is nothing more than an age-old argument driven by ego-centric motives rather than the often purported 'need to protect the public'. In my experience, the public are not as foolish as they are portrayed, and will not walk into my practice seeking e.g. gynaecological treatment just because I use the title 'Dr'. It is also NOT in my best interest to mislead potential clients in adverts or on my door sign because I just would not attract the business that I would be looking for i.e. dental patients!

In summary, there really is no competition between the professions because we offer different specialist services from each other therefore there is no need for petty rivalry.

Dr Mairosi

Mouthwash link with cancer

← DT page 1

when swished around the mouth is also a 'known human carcinogen,' he said.

Top-selling mouthwashes contain as much as 26 per cent alcohol.

Smoking and alcohol are well-established risk factors in causing cancer, but the use of mouthwash containing alcohol is more controversial.

Prof McCullough and co-author Dr Camile Farah, director of research at the University of Queensland's School of Dentistry, recommended mouthwash be restricted to 'short-term' medical use or replaced by alcohol-free products.

The review reported evidence from an international study of 3,210 people, which found daily mouthwash use was a 'significant risk fac-

tor' for head and neck cancer – irrespective of whether users also drank alcohol or smoked.

But the effects of mouthwash were worst in smokers, who had a ninefold increased risk of cancers of the oral cavity, pharynx and larynx. Those who also drank alcohol had more than five times the risk.

However, Professor Damien Walmsley, scientific adviser to the British Dental Association, said further research was needed to substantiate the claims.

'Excessive consumption of alcohol and tobacco are well recognised in the UK as risk factors for developing oral cancers,' he said.

'This paper raises interesting issues, but the evidence showing any link between the prolonged use of mouthwashes containing alcohol and oral cancer is not conclusive, and requires further trials to

establish if there is a genuine connection.

'If patients are in any doubt about using mouthwash, they should consult their dentist.'

Dr Nigel Carter, the chief executive of the British Dental Health Foundation, rejected the findings and said: 'A recent, and more thorough review of all available evidence carried out by leading experts on behalf of the foundation concluded there were no proven links between alcohol-containing mouthwashes and increased incidence of mouth cancer. The public should not worry.'

Last night, a spokeswoman for Johnson & Johnson Ltd UK, the manufacturer of Listerine, said: 'There is no scientific evidence to support an association between the use of alcohol-containing mouthwashes, such as Listerine, and an increased risk of oral cancer.' DT

More Honours for the profession



Dr Sue Gregory is awarded an OBE

Shiv Pabary, a general dental practitioner in Newcastle and Gateshead was

awarded an MBE for services to the NHS.

Dr Pabary is a member of the General Dental Council's Fitness to Practice Panel. He became a principal in 1988 and now works between three NHS practices. He is a part-time dental adviser to two primary care trusts.

Dr Sue Gregory, who has just taken up her post as Deputy Chief Dental Officer at the Department of Health, has been awarded an OBE for her services to the NHS.

Dr Gregory, a former dental public health consultant for NHS Bedfordshire, is a fellow of the Faculty of Public Health, Royal College of Physicians and a member of the Faculty of Dental Surgery of the Royal College of Surgeons of England.

Dr Gregory said: 'I am tremendously excited by this award. It is always a great privilege to be recognised for the work that you do and this is a really fitting ending to a wonderful few months.' DT

New president for the BSDHT

Marina Harris is to be the new president of the British Society of Dental Hygiene and Therapy.

Ms Harris trained in the RAF and qualified as a dental hygienist in 1984.

She currently works as a dental hygiene tutor at the University of Portsmouth's School of Professionals Complementary to Dentistry.

She has been working closely with Mike Wheeler, the former

president, for the last two years in her capacity as president-elect, to ensure a smooth and successful handover.

A BSDHT spokeswoman said Ms Harris has 'inclusive leadership style' and a 'team player philosophy'

Ms Harris told BSDHT members when she took over the presidency 'I sincerely believe that the success of your society should never be down to ... a particular presidency, rather that it evolves



BSDHT new president

and develops in response to the changing political climate within the profession itself, and most importantly, in response to the needs of its members.'

The new president-elect is Sally Simpson. DT

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Executive Vice President Marketing & Sales Peter Witteczek p.witteczek@dental-tribune.com

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Chairman
Torsten Oemus
t.oemus@dental-tribune.com

Managing Director
Mash Seriki
Mash@dentaltribuneuk.com

Editor
Penny Palmer
Tel.: 0207 4008979
penny@dentaltribuneuk.com

Director
Noam Tamir
Noam@dentaltribuneuk.com

Advertising Director
Joe Aspis
Tel.: 020 7400 8969
Joe@dentaltribuneuk.com

Marketing Manager
Laura McKenzie
Lauram@dentaltribuneuk.com

Dental Tribune UK Ltd
4th Floor, Treasure House
19–21 Hatton Garden
London, EC1N 8BA

Editorial comment

The price of success

“If at first you don’t succeed, try, try and try again. These fitting words were as good as written for Dr Eddie Crouch, who never once thought about throwing in the towel. Some of us are born to fight, while others - well they just don’t have it in them. But what a way to end 2008 - not just for Dr Eddie Crouch, but also for the profession. Furious right from the start on the way the ‘un-ried and untested’ contract was thrown at the profession, Dr Crouch was having none of it. *Challenge* - designed to ‘champion the cause of individual General Dental Practitioners (GDPs) who feel unable to fight the might of the Primary Care Trust (PCT) or the Department of Health’ was quickly set up. It attracted many followers but clearly this was not enough. The new clause allowing Primary Care Trusts to terminate the contract with GDPs without cause or notice was, according to Dr Crouch and most of you out there, not just an insult but an

Nevertheless, at least the BDA turned up in the end. Dr Crouch says it shows ‘the huge learning curve the profession is on with dealing with these issues’, and that the BDA for ‘vari-

ous reasons’ chose never to pay any of the legal bills. *Dental Tribune* thinks he is being kind. In short the BDA paid him a big fat zero - what a generous, supportive Association we have. So as

usual in situations like this, it is our true friends who have come up trumps. Dentists and orthodontists have dug pretty deep - and paid for almost half the costs.

All in all Dr Crouch’s act of bravery shows not just courage but also a side of utter selflessness. For he did this not just for himself but for the whole profession, and it will never be forgotten. **DT**

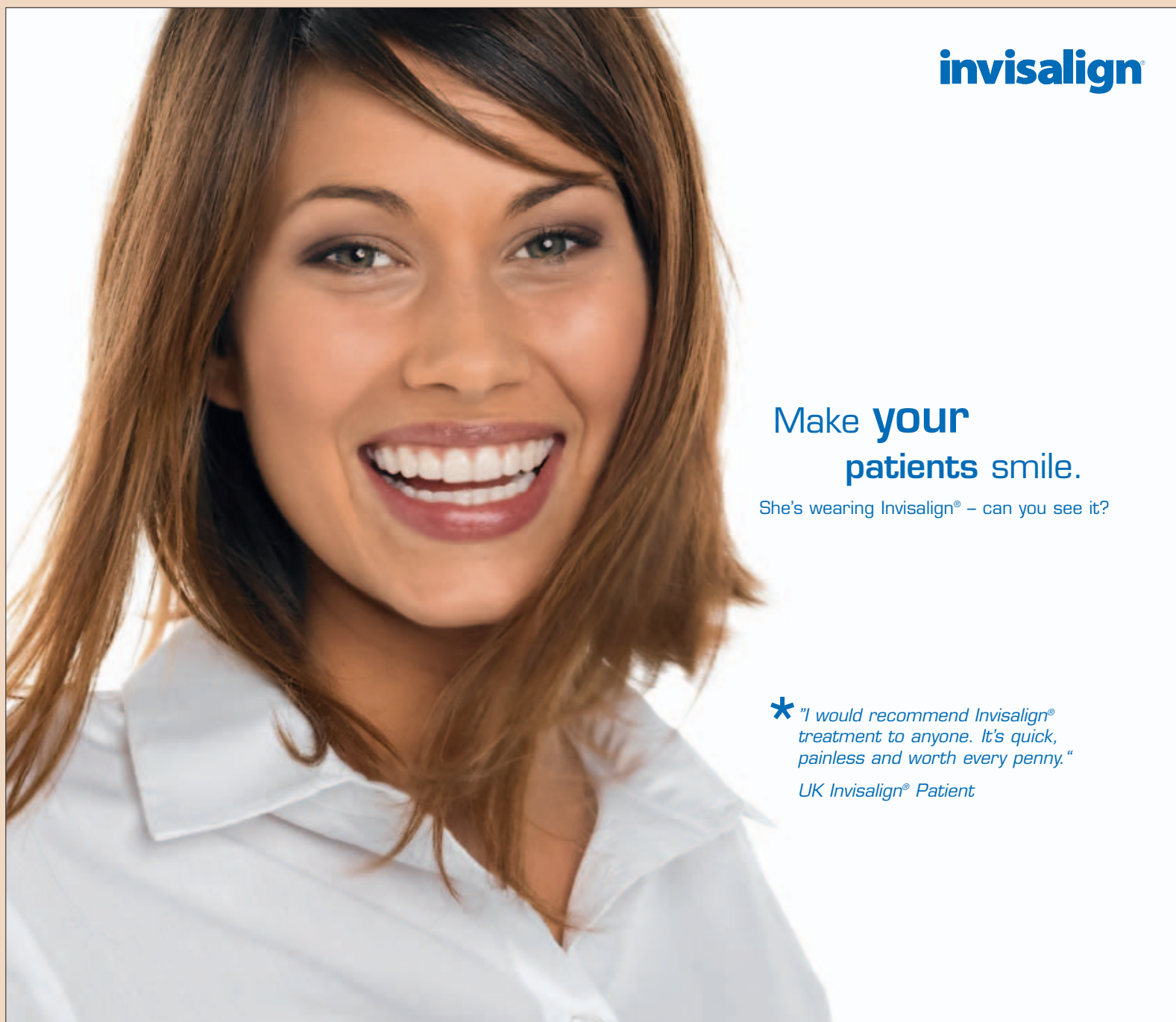
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‘In short the BDA paid him a big fat zero - what a generous, supportive Association we have’

absolute joke. Only a man with steely determination could fight this one out in court and it had to be Dr Crouch. But not only did he have to fight this largely unsupported (think David and Goliath First Samuel 17), it drained him emotionally and financially, the latter costing him thousands and thousands of pounds. And he won. But then the news that the DH was going to appeal the hearing was the next blow. The British Dental Association (BDA) showed some support at this stage but did not pay any costs at all. Said Peter Ward, ‘Separately, the BDA had attempted to reach an agreement with Dr Crouch that would have protected him financially, but for his own reasons, Dr Crouch preferred to instruct and pay for his own legal team.’ Thank you BDA, at least we now know how far the profession’s association is truly prepared to go when it comes to achieving historical victory for dentists.



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News & Opinions

Government launches 'independent review'

Dental bodies have welcomed an independent review of NHS dentistry launched by the government.

The review was set up following a damning report by the Health Select Committee which criticised the new dental contract.



'This announcement is long overdue'

One of the key aims of the review is to identify ways the government and local NHS can work together to increase access to NHS dentists and improve quality of services. The review team will examine why there are improvements in some parts of the country, while problems continue elsewhere.

It will also investigate whether the decline in complex treatments reflects the clinical needs of patients.

BDA supports fluoridation plans

The British Dental Association is backing a proposal by the South Central Strategic Health Authority to fluoridate the water in Southampton and parts of South West Hampshire.

The British Dental Association (BDA) claims it has drawn widely from available scientific evidence and believes that fluoridation of the water supply at the proposed one part per million is a safe and effective method of reducing dental decay in people of all ages and from all social backgrounds.

It also agrees with the World Health Organisation's position that the level of dental caries falls from seven at a fluoride concentration of 0.1mg to around 3.5 at a fluoride concentration of 1.0mg

Health Secretary Alan Johnson, said: 'I have appointed the independent review team to help us understand what more needs to be done to ensure that every person who wants to visit an NHS dentist can do so. The review team will also advise on how we can ensure that all NHS dental services meet the highest standards of care. We want to make sure that every patient's needs are met and that dentists are carrying out the right level of preventative care.'

The independent review team will be chaired by Professor Jimmy Steele, chair in Oral Health Services Research at the School of Dental Sciences in Newcastle. The other members of the team are Eric Rooney, consultant in Dental Public Health, Cumbria Primary Care Trust (PCT), Janet Clarke, clinical director of Salaried Dental Services, Heart of Birmingham Teaching PCT and Tom Wilson, director of contracts, Milton Keynes PCT.

The results of the study, *A Review of NHS Dentistry in England* will be published in the spring.

The British Dental Association (BDA) called the independent review 'a step forward in addressing the significant problems facing NHS dentists and patients'.

BDA executive board chair Susie Sanderson said: 'The BDA is pleased to see the long overdue announcement of a review of NHS dentistry in England.

The announcement recognises the significant problems patients and dentists face, and places the Department of Health on a path to addressing those problems.

Iain Hathorn, chairman of the British Orthodontic Society (BOS) voiced his concern about what he calls the unequal provision of orthodontics around the UK and the low numbers of trained specialists.

He wants increased funding for treatments to be made available to patients, where necessary, and for more funding for academic appointments to support the increased numbers in undergraduate training.

Mr Hathorn said: 'The BOS is also committed to help inform commissioners for primary and secondary care who were given such a poor report from the Health Select Committee. There is a high turnover of managers in dental commissioning, who need help to understand the complexities of dental and orthodontic contracts, to ensure the highest numbers of patients get the treatments they deserve.'

Chief executive of the British Dental Health Foundation, Dr Nigel Carter said: 'The government must address the issues, and the independent review is a start.'

Official figures released by the NHS information centre in June showed that the number of people seeing an NHS dentist had fallen by a million after April 2006, when the reform package came in. DT

(i.e. one part per million).

The BDA's scientific adviser, Professor Damien Walmesley said: 'The BDA bases its support for the proposed scheme on solid research. This has been carried out nationally and internationally.

On a local level we have looked at the impact of fluoridation on the dental health of people living in Birmingham. Five-year-olds in Britain's second largest city have half the rate of tooth decay as their peers in Southampton where it isn't fluoridated.

I believe that if fluoridation was introduced in Southampton it could play a major role in help-



ing to reduce the high rates of tooth decay there as it makes teeth more resistant to disease.'

This is the first consultation of its kind in England since a change in the law over the way fluoridation can be introduced. The three-month long consultation ended on 19 December. The responses will now be assessed and the 12 board members of South Central Strategic Health Authority will vote on the contentious issue at a special meeting on February 26. DT

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GDC appoints new committee members

The General Dental Council has appointed new members to its independent Appointments Committee - which monitors its Fitness to Practise Panel.

The role of the Appointments Committee is to oversee the training and performance of the Gen-

eral Dental Council (GDC)'s independent Fitness to Practise Panel, made up of 76 members, and recruit new members as required.

In the future it will also be responsible for recommending members for the Council's Investigating Committee, which considers allegations of impaired fit-

ness to practise and decides whether a case should be referred to one of the Practice Committees.

Sally Irvine, the new chair of the Appointments Committee is currently a member of the GDC and will be resigning before she takes up her appointment.

She said: 'All those joining the new Committee bring a wealth of invaluable experience from a variety of sectors, and I look forward to working with them to ensure that the GDC's high standards continue to be met.'

The other new members are Nicola Billot, currently working

as a dental nurse manager for Gwent Healthcare NHS Trust; Jeanne Goulding, a lay member of the General Medical Council's Fitness to Practise Panels and a management consultant;

John Hunt, chief executive of the British Dental Association from 1992 to 2000; Ray McAndrew, clinical director for Community Dental Services in Glasgow; Marcia Roberts, chief executive of the Recruitment and Employment Confederation; James Walker, independent assessor for the Office of the Commissioner for Public Appointments. [D](#)

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Monitoring tool for PCTs

Smile-on has launched a tool for primary care trusts to check that dental practices are implementing satisfactory clinical governance.

The Clinical Governance Performance Management (CGPM) system has already been selected by the Dental Governance Committee (representing three primary care trusts (PCTs)) and the KSS Dental Postgraduate Deanery.



L-R: Dr Barry Cockcroft, Dr Raj Rattan and Noam Tamir attend the Smile-on launch

A spokeswoman for Smile-on said: 'Because the responsibility for ensuring that practices implement satisfactory Clinical Governance lies with the PCTs, Smile-on has provided CGPM, which allows practices to upload progress details to www.cgpmuk.com for easy monitoring by PCTs.'

Key features of CGPM include a free-of-charge messaging system and resources from the KSS Deanery and PCTs that are constantly updated.

The programme enables practices to meet clinical governance core requirements.

Clinical governance is part of the NHS drive to improve the quality of health care and to make providers accountable for delivering a consistent standard on which patients can rely.

Barry Cockcroft, chief dental officer, who was present at the launch of the programme, said he believes clinical governance is vital because 'it's a key part of delivering a quality service to patients' and because 'an initiative like this makes the dentists feel really involved'. [D](#)

Landmark victory

In an exclusive interview with the *Dental Tribune*, the profession's stalwart Eddie Crouch reveals the highs and lows of his court case and explains why it was vital that the Department of Health did not win the appeal.



Dr Eddie Crouch won the battle

Dr Eddie Crouch finished 2008 on a high when he prevented the Department of Health overturning its appeal.

If the department had won, it would have given health bosses the right to terminate dentists' contracts without cause or notice.

The appeal was lodged by the DH, following an earlier ruling, which said primary care trusts (PCTs) were wrong to insert this clause in the NHS dental contracts.

The Court of Appeal upheld the earlier ruling to the delight of Dr Crouch and the dental profession up and down the country.

Dr Crouch has been a vociferous critic of the new dental contract since it was introduced in 2006.

He believes this case 'highlights so many of the problems arising from the NHS Dental Contracts of 2006. He said: 'It shows that the rush to implement the contracts in April that year, led to some rapidly and as it turns out, poorly drafted regulations, and the lack of negotiation between the profession and the DH in these issues compounded these problems.'

Dr Crouch believes that the DH decided to appeal against the Judicial Review made in February not because it wanted to clarify the regulations, but because 'the Department was seeking to regain the power to terminate contracts even when the dentist was fulfilling their side of the agreement'.

He calls this 'determination for such power' worrying for 'every single dentist within the NHS'.

This has confirmed to Dr Crouch how important it was for him to enter into the dispute in the first place.

He calls it 'reassuring' that when these disputes were placed in 'front of the leading judges in the land, fairness was seen to be upheld'.

He hopes it will 'encourage others to challenge inappropriate powers that PCTs and the Department try to influence'.

However, it has not all been plain sailing and Dr Crouch's courage in taking on the government, has left him paying thousands of pounds in court costs.

The total cost for the two cases exceeded £80,000 with just over half coming from donations from fellow dentists and orthodontists.

Dr Crouch had hoped to get financial support from the British Dental Association (BDA) however after negotiations, they failed to come to an agreement.

'The BDA chose never to pay any of my legal bills, and as a result this case has severely drained my savings.'

Dr Crouch said: 'The BDA chose not to pay any costs because they had no control of the case and asked me to sign a confidentiality agreement before making any offer for the appeal.'

'I chose not to sign the agreement as I wanted to know what the offer amounted to before signing, they said that was not possible, in the end no agreement could be reached.'

The BDA claims that throughout the whole process, it has followed 'a fair and equitable approach'.

After requests for financial help, the BDA held a meeting with Dr Crouch.

Peter Ward, chief executive of the BDA said: 'Dr Crouch was not prepared to enter a confidential-



The case fleeced Dr Eddie Crouch

ity agreement regarding the terms of any assistance.

The BDA felt that having the safeguard of a signed confidentiality agreement was essential, as any arrangement would have involved the BDA sharing its tactical considerations and legal opinions of the case.

However, Dr Crouch rejected this despite the BDA's offer of further discussions.

Dr Crouch has announced that his lawyers agreed with the DH a neutral cost agreement, as he was concerned that costs might be awarded against him. This was done without the BDA's knowledge and has prevented any application he may have been able to make for a costs award against the Department of Health.'

According to Dr Crouch, the whole case highlights 'the huge learning curve the profession is on, with dealing with these issues'.

He said: 'Mistakes were made, both by myself and the BDA, that meant a collective approach with financing the case never happened, and this left me vulnerable to the costs.'

He claims the 'case would never have been successful without the generosity of many colleagues to assist my legal fees. The BDA for various reasons chose never to pay any of my legal bills, as a result this case has severely drained my savings.'

He added: 'If such cases are to be better handled in the future, the BDA must make clear to members in what circumstances they will support and indeed fund such action, as individual dentists the risks are heavy with costs.'

He is now calling on the BDA 'to work with a group of members including myself, to see how such future cases can be better managed'.

Ideally he would like the BDA to set up a separate funding stream from membership subscriptions for cases such as his.

This could be used 'to deal with the power of the government, who simply use tax payer's money to stretch their large muscles of power', concluded Dr Crouch. [D](#)

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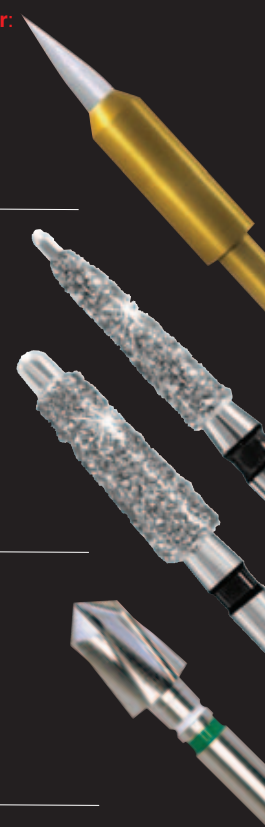
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BDHF slams politicians

The British Dental Health Foundation has called on politicians to stop playing politics with people's oral health, after the Tories made claims that dentists were overcharging patients, so they could make more money from their NHS contracts.



'Dentists are not targeting contracts for easy money'

The Conservatives carried out an analysis of data from primary care trusts (PCTs) and claimed patients in England are being overcharged for NHS dental work by up to £109m a year.

The analysis suggested dentists could be recalling patients just weeks after their first treatment and then charging them twice.

The Conservatives asked every PCT in England how many patients were having to go back to their dentist within a three-month period for treatment and were paying more than once. They claimed the analysis revealed that dentists are pushing patients just over the two-month limit of what can be counted as one course of treatment, charging patients twice and therefore earning more money.

The shadow health secretary, Andrew Lansley, said: 'The blame here lies with Labour's botched dental contract, which incentivises dentists to increase the number of charges to patients and has led to such drastic cuts in the number of people being able to find an NHS dentist.'

However Health Secretary, Alan Johnson, said: 'The question of whether dentists are fiddling the system to the tune of £109m which is what Andrew Lansley is claiming, I think is wrong.'

The government recently appointed an independent committee to review NHS dentistry. One of its roles will be to look at the system and find out whether there is too much 'gaining' in the system – of dentists calling people back just to make money.

In the wake of this furore, the British Dental Health Foundation (BDHF) is concerned that patients will be put off from having dental check-ups.

The BDHF's chief executive Dr Nigel Carter said: 'A million fewer people are visiting the dentist since the new contracts came into effect four years ago. Clearly dentists are not targeting contracts for easy money.'

The government must address the issues, and the independent review is a start. The Opposition and the political elite should get behind this review and support a positive change.'

He added: 'Negative messages run the risk undermining Britain's oral health. For nearly 40 years we have campaigned with the key message advising people to visit their dentist regularly – as often as they recommend.'

It is vital to get regular check-ups from an expert. This is so important to dental health, its systemic links to overall health issues such as diabetes, and in checking for mouth cancer, which kills one person every five hours in the UK.' ■

DDU launches more courses

The Dental Defence Union has again joined forces with experts from Kings College London to offer two further courses worth 12 hours of verifiable Continuing Professional Development (CPD).

The courses will be held in Stratford-upon-Avon on 25 and 26 February 2009 and will cover topics such as complaints, radiography, medical emergencies and infection control, all part of the General Dental Council's recommended core CPD subjects.

Rupert Hoppenbrouwers, head of the DDU, said: 'We had a great response from delegates who attended this year's London CPD courses, which were fully subscribed, and we are looking forward to hosting them again in the West Midlands.'

The courses are a great opportunity for all members of the dental team to hear leading ex-



The courses will be held in Stratford-upon-Avon

perts discuss a broad range of important dento-legal issues. All delegates will receive a signed certificate confirming their completed CPD hours.'

He added: 'Now that CPD is compulsory for Dental Care Professional (DCPs), we are also delighted to be able to offer DCP members of the DDU a complimentary place on the course if they are accompanied by a full paying delegate.'

Day one will include a combined session for dentists and DCPs

on responding to complaints, presented by Bryan Harvey, deputy head of the DDU. There will also be a course in dental radiography and radiation protection for dentists and an interactive session for DCPs to help them understand the dento-legal environment.

On day two, Dr David Craig and Dr Chris Dickinson of Kings College London Dental Institute will present sessions covering medical emergencies and infection control. The day will conclude with an overview of legal and ethical issues, presented by Rupert Hoppenbrouwers, head of the DDU.

The courses cost £235 (one course) or £405 (both courses) for DDU members and £290 (one course) or £515 (both courses) for non-members.

DCPs who hold DDU membership can attend free when accompanied by a full paying delegate. ■

Dentists turn commando

Dental professionals from the South West team at The Integrated Dental Holdings (IDH) turned commandos for the day and raised over £350 for charity.

The team faced the three Mile Commando Challenge at Woodbury, Exeter, which saw them endure mud pits, dark tunnels and a sheep dip.

The commandos completed the course in one hour and 15 minutes raising a total of £368.75 for the Devon Air Ambulance and Heroes charity.

Lisa McKinnon, area manager, said: 'It was a fantastic day with all members leaving covered in mud, but having had a great time!' ■



The 'commandos' raised more than £350

Should you take your pension at 60?

If you're approaching 60, you'll be thinking about your retirement finances. Ray Prince looks at whether cashing it in is a good idea or whether it's worth waiting a while



Some years ago, many people working in the pensions world advised investors not to touch their pension until it was absolutely necessary. The main reason for this was that pensions grew tax-free, so the older you were, the bigger the pension you could buy.

A case in point

One particular client's personal pension policies had not shown any growth in recent years; one reason being that they now no longer grow tax-free following the introduction of Gordon Brown's stealth tax in 1997, when he removed dividend tax credits from pension funds (raising £5 billion a year in the process).

The most frightening aspect, however, is that annuity rates do not always increase with older age. So we looked more closely at each of the client's policies.

Many policies, particularly older individual ones, contain guaranteed annuity rates. This means there is a contractual obligation on the company to pay you a significantly greater pension than you could buy on the open market. One of the reasons Equitable Life got into trouble was that it offered guaranteed annuity rates at all ages in all situations.

Not all policies work this way and our client's old Sun Life policy has a guaranteed annuity rate but, unusually, it applies only on your 60th birthday. It is available only on that date and so we advised them to look to take benefits from this arrangement.

The client had another older with-profits policy, which we wanted to move for several years, but didn't because of high penalties. Due to the client's employment circumstances when this policy was taken out, we have been able to provide protection for the tax-free Cash, which means the whole policy is now available as a one-off cash payment. Continuing with this policy in its present form with tax-free cash protection would mean that the lump sum available would be unlikely to increase because of the investment fund used.

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