DENTAL TRIBUNE

The World's Dental Newspaper · United Kingdom Edition

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News in brief

Brighter smiles

Young patients of a dentist in Bradford will be taking part in a Brighter Smile Day as part of the British Dental Health Foundation's (BDHF) annual National Smile Month. Dentist Roger Holdsworth and his team at Roger Holdsworth Dental Care have organised a day of activities to drive the health message home to their young patients. There will be competitions for the cleanest teeth, a drawing competition, friendly dietary advice and an educational DVD. Experienced dental staff will be on hand to offer advice. The BHDF campaign aims to increase public awareness of the benefits of good oral healthcare and runs from May 17 to June 16. This year's campaign message is *Look After Yourself, Brush for Health* to highlight the link between good oral health and overall health.

Psychiatric assessment

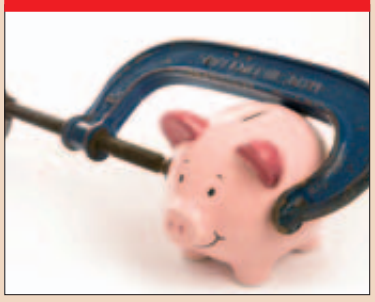
A dentist in Northern Ireland accused of murdering his wife and his ex-lover's husband 18 years ago is to be assessed by a psychiatrist. The expert will decide if Dr Colin Howell is fit to face further questioning by police. Mr Howell had been due back in court but his appearance was cancelled after he was admitted to hospital at Maghaberry prison. He is said to be suffering from severe stress and depression, and to be under close medical supervision. At the time of their deaths in May 1991, it was thought Mrs Lesley Howell and Constable Trevor Buchanan had died in an apparent suicide pact. Mr Howell, who has been in custody since January, is also charged with drugging and indecently assaulting women.

Tribunal adjourned

The General Dental Council has adjourned a tribunal looking into allegations that a dentist refused to treat a number of Muslim women unless they wore Islamic headscarves. Omer Butt, put up signs at the Unsworth Smile Clinic in Parr Lane, Bury requesting Muslim women cover their hair. Last week, a General Dental Council disciplinary committee in London heard complaints from two people who said Butt refused to treat some of their relatives unless they wore headscarves. Butt faces a charge of misconduct for his treatment of two patients. If he is found guilty, he faces being removed from the dental register.
Chairman Gill Brown adjourned the tribunal until July 1.

www.dental-tribune.co.uk

Money matters



Big business
There is no escaping the fact that we are now in recession but that doesn't mean your business has to suffer.

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Clinical

High standards
There has never been a more interesting time to be working in dentomaxillofacial imaging and 3D technology.

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Education

Implant success
With a greater sense of teamwork between restorative and surgical practices, doctors can build successful implant practices.

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DCP's

Vulnerable times
In times of personal crisis, our normal routines can be altered drastically, leaving us vulnerable to all sorts of things.

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Dwindling patients access NHS dentistry

Fewer people are now seeing an NHS dentist than they were before the new dental contract was introduced in 2006, according to official figures.

More than 27m people visited their dentist in England in the two-year period ending December 2008, representing 53.4 per cent of the population.

But the figure was 900,000 less than the number seeing dentists before the new dental contracts were introduced in April 2006.

Findings from the NHS Information Centre revealed that 27.3m people saw a dentist in the two-year period ending in December 2008, a rise of 300,000 from the figure three months earlier in September 2008.

But the number of patients seen was still 3.1 per cent less than the figure in the two-year period ending 31 March 2006 when 28.1m patients were seen, immediately before the new dental contracts were introduced.

The report; *NHS Dental Statistics for England: Quarter 3* shows that in England, NHS dentists saw 49 per cent (19.7 million) of the adult population in the two-year period ending 31 December 2008.

This represented a 1.1 per cent increase on the previous period ending in September 2008 but a 3.4 per cent decrease on the numbers of adults seeing a dentist in the two-year period before the introduction of the new dental contract.

The amount of children visiting dentists was also down by 200,000 (2.4 per cent) on the pre-contract figures.

John Milne, chair of the British Dental Association's General Dental Practice Committee, praised the improvement in access during 2008 and said: 'Although these figures mean that there are still many people who wish to access a dentist but cannot do so, the increased number of people who can is good news.'

'Today's data shows that over the last two quarters of 2008, the number of patients accessing an NHS dentist in a two year period increased by nearly 340,000'

He added however 'as well as maintaining this improvement, it is also important that the Department of Health gets to grips with the problems facing dentists as they seek to provide care and work with them to embrace Lord Darzi's vision and help them to deliver high quality care.

The conclusions of the current inquiry into dental services being led by Professor Jimmy Steele, which are expected in the summer, will need to be the subject of consultation with the profession and any reforms arising from them will need to be properly piloted before they are implemented.'

Chief Dental Officer, Barry Cockcroft expressed his confidence that the NHS will continue to build upon this improvement and said: 'Today's data shows that over the last two quarters of 2008, the number of patients accessing an NHS dentist in a two year period increased by nearly 340,000.

It also shows that NHS dentists are providing more services for patients, an increase of 800,000 (3.1 per cent) courses of treatment in 2008/09 from the same period last year.

We want to ensure that every person who wants to access an NHS dentist is able to do so and have invested a record £2bn in dentistry and set up a national access programme to help the NHS deliver this. The tide is turning and we are now seeing access to NHS dentistry starting to increase.'

He added that in 2007/08 there were 655 more NHS dentists than the year before, and with 25 per cent more students each year since 2005, there will be more to come in the future. DT

Swine flu dentistry link

Bad dental hygiene could increase the risk of swine flu, according to the British Dental Health Foundation.

The National Dental Survey carried out by the British Dental Health Foundation as part of National Smile Month found that dreadful dental habits are helping spread germs as 40 per cent of the UK population admit to picking their teeth with their fingernails.

The survey found that people are also picking their teeth with everyday items such as earrings, credit cards, paperclips, paper and even screwdrivers.

Foundation chief executive Dr Nigel Carter said: 'Hygiene warnings have been made clear ever since the swine flu outbreak, and it is worrying that these habits have been revealed as the numbers affected by flu steadily rises. Personal hygiene should be a top priority for all.'

Results highlighted the UK's lack of awareness of the importance of oral health, with research linking gum disease to heart disease, diabetes, strokes, premature births, low birth–weight babies and, in recent early studies, infertility.

Yet awareness of these important overall health links is low.

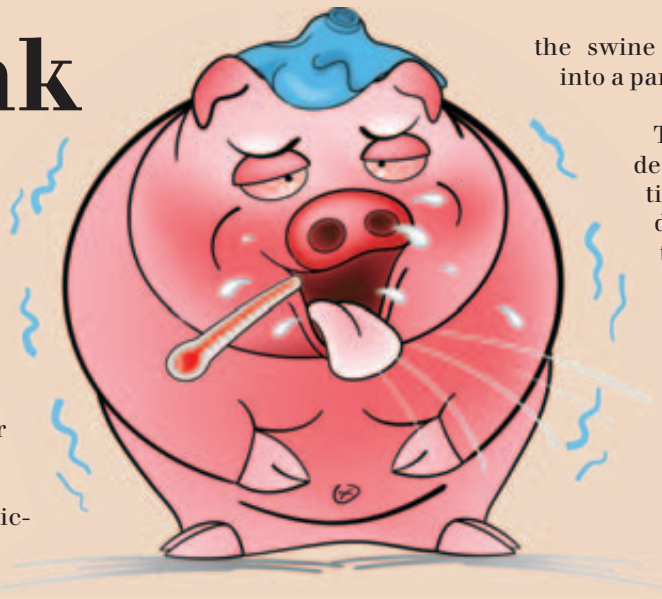
Two–thirds remain unaware of possible links to heart disease, four in five knew nothing of the links to strokes or diabetes, while 94 per cent of respondents had no clue of potential risks posed to pregnant women.

'The public could be put at risk by poor dental hygiene habits yet awareness of these risks is very low,' said Dr Carter.

Gum disease in particular has been linked to serious health issues. It affects most people at some point in their lives, so there is no excuse for ignoring good dental hygiene.

People should take care of their gums by brushing teeth twice a day with fluoride toothpaste, cleaning between teeth with floss or an interdental brush, cutting down on how often they take sugary snacks and drinks and visiting the dentist regularly,' he added.

The Foundation's National Dental Helpline is available with expert advice for the public advice on 0845 063 1188.



Dreadful dental habits are helping to spread germs

National Smile Month promotes good oral healthcare under the tagline 'Look After Yourself, Brush for Health' and is supported by Oral B, Wrigley's ORBIT Complete sugarfree gum and Tesco Dental Insurance.

The Department of Health (DH) has issued guidance to dental practices on what to do if the swine flu outbreak turns into a pandemic.

The DH is warning dentists that fewer patients will attend a dental practice for treatment during a pandemic as illness and anxiety will encourage patients to cancel or delay appointments.

However some patients both well and infected will need dental treatment.

All patients should be screened for symptoms of flu before attending the practice by telephone and again on arrival at the practice, said the DH.

Treatment of infected patients should be limited to pain relief and should avoid aerosol-generating procedures where possible and infected patients should be segregated from well patients.

The full guidance can be found on the Department of Health website at *www.dh.gov.uk* DT

Tories unveil new dentistry reforms

Dentists will be required to work for the NHS for at least five years.

The Tories' plan to reform NHS dental care in England includes school check-ups, missed appointment fees, NHS work quotas and scrapping the unit of dental activity.

Under the plans, which are outlined in a document titled Transforming NHS dentistry, the Conservatives said they would make changes to the contract to bring back registration so dentists were paid to provide treatment to a set number of patients with incentives in place to encourage good care similar to the current GP contract.

Their proposals also include a return to school screening for five-year-olds.

Dentists trained at taxpayers' expense will also be required to work for the NHS for at least five years, instead of the current three year minimum.

They also want to see a tough stance taken against people who consistently miss appointments by giving dentists the power to charge them for failing to turn up.

Shadow health secretary Andrew Lansley said: 'Dentists are fed up with the flawed system of perverse incentives that Labour have introduced.

We will make preventative treatment a real priority because we urgently need to improve our nation's dental health.'

The Conservatives have pledged to properly pilot any reforms they bring in.

John Milne, chair of the British Dental Association's (BDA's) General Dental Practice Committee, said: 'The dental contract that was introduced in 2006 has created significant problems for dentists and patients alike.

Those problems have been well documented, by the BDA, patient groups and the Health Select Committee.

In seeking to address those problems it will be important to afford access to dentists to all and ensure that dentists can provide modern, preventive care.

Also vital is engagement with the profession in developing the detail of these proposals and properly testing new arrangements before they are implemented. The BDA looks forward to seeing those details and discussing them further.'

Lib Dem health spokesman, Norman Lamb, agreed that the government's new dental contract is not working, but said: 'I am not sure what the Tories are suggesting will work. It could create turmoil in the health service. We are looking into this issue as we feel it is a priority.' DT

Preventing back pain

An e-learning solution giving practical help on how to prevent occupational back pain has been launched.

The CD-Rom Perfect Posture for the Dental Team, was produced by Smile-on in conjunction with Ellis Paul, who has more than 30 years of experience in teaching perfect posture and four-handed dentistry in the UK and overseas.

Studies have shown that 80 per cent of dental professionals suffer from back or neck pain caused entirely by working in distorted postures.

This is a symptom of an underlying condition which can vary from merely an unpleasant pain to a permanent musculoskeletal lesion.

At best it makes life miserable - at worst it causes absence from work (with often considerable loss of income) and frequent visits to physios and osteopath.

In some cases it has forced dentists into premature retirement.

This e-learning programme, which is also available online, aims to prevent pain, disability and depression of work standards due to musculoskeletal problems.

Just a few of the techniques shown include using the five variables, better access and vision, direct and mirror vision, soft tissue control, aspiration and instrument handling, plus correct stools and seated posture.

A spokesperson for Smile-on said: 'Back and neck pain is preventable and amazingly most dentists either do not seem to know this or, if they do, don't bother to take appropriate steps to do something.

Surely it is far more sensible to take relatively simple measures to prevent it occurring in the first place rather than waiting till they are in pain and rushing off for treatment.

The CD-Rom produced by Smile-On provides the complete solution to the problem. It comprises the whole of Ellis Paul's One-day Hand's-On Course but with additional techniques such as rubber dam, and a whole section on exercises.

Recognising that it is not only dentists but dental nurses, therapists and hygienists also suffer occupational back pain, it shows how the same preventative techniques apply to them as well. Thus it is for the whole team.'

For more information please call Laura McKenzie on 020 7400 8989 or email info@smile-on.com DT

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Guest comment

The laboratory experiment

My technician told me that the current climate is not easy for dental labs, which have to cope with a 20-30 per cent increase in materials purchased from abroad. With a decline in output since 2006, many laboratories are struggling to find money for future investment and are forced to constantly evaluate the service they provide in terms of cost, quality and value. With the decline in the pound forcing the cost of materials up and rising competition from overseas laboratories, it is clear that something has to give, but it is also clear that neither dentists nor patients benefit from these changes.

The HSC found that the number of complex treatments such as crowns, bridges and dentures had fallen by 57 per cent since 2006 whilst at the same time extractions were rising. The initial promise of dentists having more time for preventative care seems to be superceded by the reality that for some this new system offers little more than unrealistic targets, with every complaint raised by the profession answered with the ambivalent term 'swings and roundabouts'. The rising cost of labwork, materials and cross infection procedures illustrates the inflexibility of this approach and acts to further undermine confidence in the future of the NHS.

Whilst the retail price index stands at 3.2 per cent recommendations from the review body on doctors and dentists pay have set dentists pay rise at just over a fifth of one percent, which in real terms means a pay cut. Clearly prudence by central government needs to be exercised especially in our current economic climate but why should individual practices be left to pick up the tab when providing a national service? Perhaps it is here where government needs to rethink the sensitive balance between cost, quality and value when deciding on future commissioning.

The tightening of cross infection regulations in dental practices is surely a good thing. As times change, so does our understanding of how we face the challenges of modern day dentistry. Unlike hospitals, dentists face a delicate balancing act between providing healthcare and running a business. Hospital doctors in this respect do not have any direct financial burden if choosing a treatment option which is not cost effective, whilst dentists still do. So when a change in regulations such as the introduction of single use endodontic files or washer-disinfectors is introduced, GDP's directly feel the pinch. In a hospital setting this may not be such a problem, but in general practice making large investments such as these can have a bigger impact.

Regardless of which side of the fence you sit on, the question lingers on: is the NHS providing a service based on cost, quality or value? Of course the answer is probably a little bit of each, but as the cost of dentistry rises within the confines of a rigid, target driven contract what should we expect to give? And do the general public really expect cross infection controls (suitable more for complex brain surgery than general dentistry) at any cost? DT

About the author

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

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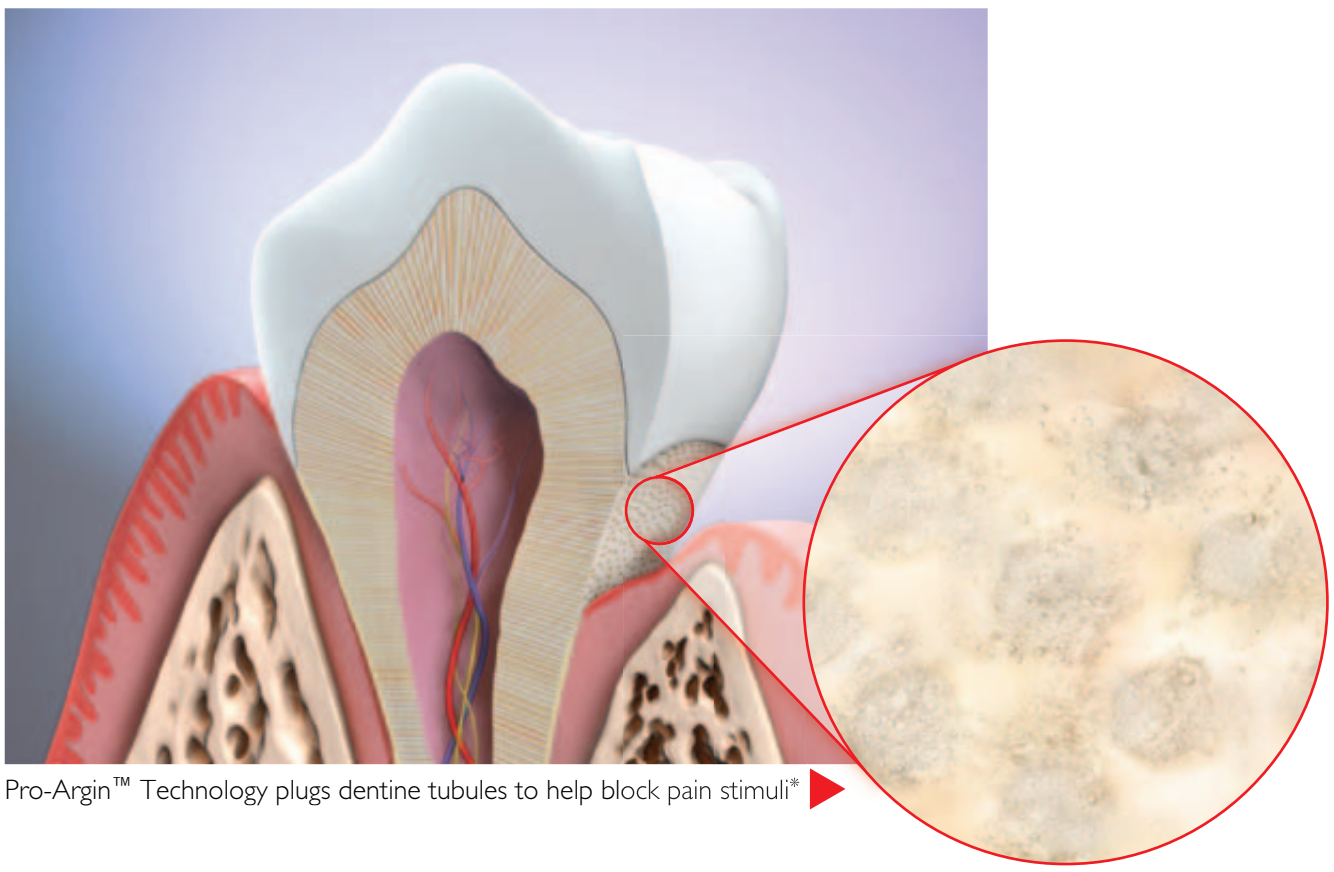

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Dr Nigel Carter and Steve Tidman

Lava goes large in London

Champagne and canopies were flowing in style for leading industry figures earlier this month to celebrate the launch of the Lava chairside oral scanner (Lava C.O.S) for the first time in the UK.

The tried and tested product, which has already been rolled out in the USA for the past 12 months, is capable of delivering an uninterrupted 'digital workflow process' to dentists and technicians.

Designed with breakthrough technology that allows for quick, real-time 3D video capture of the tooth anatomy, it allows precise-fitting restorations, and offers patients the convenience and comfort of digital impressions.

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The authorised laboratory which has access to the data manipulation software, can confidently mark margins and ditch dies using the exact video images that the dentist captures in the mouth.

The data files are then transmitted to the model manufacturer which create and return the resin model to the laboratory. Should the laboratory wish to use a Lava framework for the restoration the file is simultaneously sent to the Lava scan ST to design the framework which can be milled and returned to match the timeframe of the returning resin model.

3M ESPE's technology has been hailed as a major breakthrough by patients and dental professionals, with the company's new 'digital workflow process' providing a more comfortable method for taking an accurate impression, while streamlining the entire procedure for indirect restorations. DT

For further information about the Lava chairside oral scanner and the 3M ESPE digital workflow process please visit www.3mespe.co.uk/lavacos or call us today on 0845 602 5094.

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Inspiring Better Care

Free check-ups on the cards?

Every five-year-old would get a free dental check-up at school under a Conservative government.

The £17m scheme would mean children would be shown how to brush their teeth properly and told about the dangers of eating too many sweets and drinking sugary drinks.

Around 680,000 children would benefit from the scheme.

Around 680,000 would benefit from the scheme.

Figures obtained by the Tories reveal that on average, children have at least one filling, extraction, or episode of tooth decay by the time they are five.

Check-ups were first introduced in schools back in 1918.

However Department of Health guidelines published in 2007 removed the obligation on primary care trusts to give dental screening to schoolchildren.

New figures show that 64 per cent of Primary Care Trusts (PCTs) are no longer screening children following Labour's dental reforms – and only 23 per cent have a screening programme that is widely available to schoolchildren.

Shadow health secretary Andrew Lansley, the Shadow Health Secretary, described Labour's 'neglect' of preventative dentistry as 'shameful'.

'Not only has the Government's new dental contract worsened outcomes and access for patients, but Ministers have quietly abolished a long-standing programme that helps to protect children's oral health.'

He revealed that under a Tory government: 'Every child at the age of five when they go to school will have dental screening.'

On the BBC's Politics Show, he said: 'We'll find £17m from within the planned dentistry budget, in order to do that - that's 680,000 children and then, from that, we will also be a position to be able to look at where tooth decay is in those children and we want to change the contract so that dentists have a greater incentive for preventative work, including contracts to look after children, whether or not their parents are having NHS dentistry.

We have to make sure that we put the investment where it's needed, which is in prevention, rather than cure. The evidence internationally, it's absolutely clear, if we can have children whose teeth are good when they are younger, we are likely to have adults who have good teeth for the rest of their lives.'

However the Government has disputed the Tories' figures and claims the UK has the lowest rate of tooth decay among 12-year-olds in Europe.

The Chief Dental Officer, Barry Cockcroft, said: 'PCTs can still decide to carry out the screening if they wish but most PCTs have decided to target their resources at the significant inequalities that exist rather than carry out blanket screening which is considered ineffective.

When we removed the mandatory requirement, the decision was supported by the British Dental Association.

Currently around 70 per cent of children see a dentist in each two year period so to introduce further screening at school would create a huge degree of duplication.

PCTs are now developing locally targeted initiatives in their own areas to meet their own particular circumstances, surely a better way to target inequalities.'

The British Dental Health Foundation cast doubt on the scheme claiming the Tories' planned £17m spend would be better spent on effective preventative measures.

Compulsory screenings became optional for Primary Care Trusts in 2007 after the National Screening Committee heard evidence highlighting a lack of impact on future oral health with isolated screenings failing to solve dental problems.

Foundation chief executive Dr Nigel Carter said: 'While we wholeheartedly support Mr Lansley's commitment to increase the focus on preventative dentistry, compulsory school screenings are simply a waste of money when there are far more effective measures available.

We live in an age of evidence-based medicine and dentistry and the evidence is overwhelming that school dental check-ups are not effective. Indeed, far from improving pupils' oral health they have been shown to increase existing disparities.

Screenings are not a preventative measure since they diagnose existing decay. Instead the proposed additional budget would be best spent on real preventative measures from water fluoridation to targeted programmes in schools with the application of fluoride varnishes and supervised brushing.

He added: 'These measures have proved extremely successful at reducing child decay levels when implemented in the Scandinavian countries. We particularly need to target high-need areas with dental resources. The Foundation would welcome an opportunity to work with the Shadow Health Team in developing their future dental policy.' DT

Oasis scoops new contract

Oasis Healthcare has been awarded another NHS contract and is to open a new dental surgery in Carlisle to ease waiting lists in the town of Workington. Oasis Healthcare Ltd has received permission from Allerdale Council to change the first floor of an empty unit in Workington into a surgery.

The surgery will create 11 jobs and provide NHS dental care to more than 11,000 people.

NHS Cumbria, the primary care trust, is to manage the appointments in partnership with Oasis. The site has been chosen as it is accessible by public transport to people living outside the town centre.

The Workington surgery is part of a £1.75m scheme to create 30,000 NHS dental places in west Cumbria.

Manchester company, Oasis Dental Care Ltd, which has more than 140 practices in the UK, is also planning to open surgeries in Maryport, Whitehaven and Egremont. DT

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Teddy bear dental programme

Dental students from Barts and the London School of Medicine and Dentistry have developed an oral health programme, which uses teddy bears to help reduce the fear and anxiety children have, when they visit the dentist.

Teddy bears help to reduce the fear and anxiety children experience at the dentist.

The student led programme, dubbed Teddy Bear Hospital (TBH), has been running in the London borough of Tower Hamlets for children aged from three to seven.

The dental students have been visiting schools in Tower Hamlets and children have been bringing in their teddy bears to be treated by the dental students.

Avan Mohammed, who helps run the programme, said: 'It has proved to be an exciting opportunity for both the children and teddy dentists. The children have learnt about oral health in an interactive way, working in small groups as well as on a one to one basis. The key has been organisation and the use of child friendly language such as 'sleeping juice', 'tooth shower' and 'tickling stick'.

The programme is recognised as a valuable learning tool for both children and students. The aim is to increase awareness on the importance of oral health as well as stimulate collaboration among the dental students to promote oral health care in the community.'

She added: 'The experiences have benefited everyone, to the extent that the dentists recognised the value of being involved and because oral health still remains a significant problem in Tower Hamlets, developed a series of dental related workshops with the goal of reducing dental fear, promoting oral health and ultimately preventing and reducing dental disease in this group of children.'

The dental workshops offered include tooth brushing, visiting the dentist and healthy eating.

The students also run a Teddy Bear Hospital 'Safety Day' once a year for more than 180 children.

The children, teddies, and teddy dentists take part in interactive activities based on health and safety in the home.

The campaign has attracted various sponsors, such as GSK and Oral B, who have been major contributors to campaign.

At the end of each clinic, the children go home with a 'goodie bag' including a toothbrush, tooth paste and timer. DT

Practice Plan challenge

The dental plan provider, Practice Plan, is competing with thousands of other companies from around the world, to walk 10,000 steps a day for 125 days.

The team of seven from Practice Plan, are taking part in the office fitness programme, the Global Corporate Challenge (GCC).

The scheme is designed to increase staff fitness, promote teamwork, foster a positive, competitive spirit, and support the workforce to be active, healthy, and more productive.

Managing director of Practice Plan, Nick Dilworth called it a 'fantastic opportunity not only for the group of seven who are officially competing in the challenge, but for the whole company to get fit and healthy'.

He added: 'We are encouraging everyone to join in with the daily walks, as the wellbeing of our staff is hugely important. A healthy body is a healthy mind.'

The walking challenge begins on 21 May and runs up until 22 September, and will see 50,000 individuals globally competing to walk the furthest distance over the course of 125 days, with 10,000 steps being the daily minimum.

The average person walks around 3,500 steps a day, but the recommendation from the World Health Organisation is 10,000.

Therefore, the Practice Plan team members are in a bid to walk a combined total of 8,750,000 steps over the course of the competition, meaning 351,338 calories burned, 3,480 miles travelled and 1,167 hours of completed stepping time.

Every morning, team members will pop on their pedometers in order to track the number of steps that they take and will compete in various walking events to notch up their running total.

PR & communications assistant Holly Venning and marketing coordinator Anna Gronnow get ready for walking.

The results will be fed into a website that shows teams and organisations how they measure up against each other.

The company is organising a number of challenging walks for the team of seven, and are encouraging all of their staff to get involved, in order keep fit and healthy.

The money that the GCC generates from registration fees is spent on research into conditions such as heart disease and diabetes. DT

Expenses saga continues

An MP, who works three days a week as a dentist, has been accused of claiming on expenses for repairs to his dental surgery in Putney, south-west London.

The MP for Mole Valley in Surrey, Sir Paul Beresford, has been dragged into the expenses row by the *Daily Telegraph*, over his leasehold property in Putney, which incorporates a dental practice and a flat.

The newspaper has alleged that he used taxpayers' money to subsidise his dental surgery.

In 1992, when he was elected as Conservative MP, Sir Paul worked out a deal with the House of Commons fees office where he charged three quarters of the running costs of the property to the taxpayer, claiming three-quarters were used for parliamentary duties.

He said the flat was used as a second home and the patient waiting room doubled as his private lounge in the evenings.

In 2007, Sir Paul increased his practice and took over a larger share of the running costs, reducing his claim to 50 per cent of the expenses at the property. He said none of it was used to subsidise the dental surgery.

He said he claimed £3,521 for 2007 to 2008, which includes claims for gutter cleaning, roof repairs and council tax.

He said he has claimed nothing for 2008 to 2009, as he didn't use the flat and went home instead.

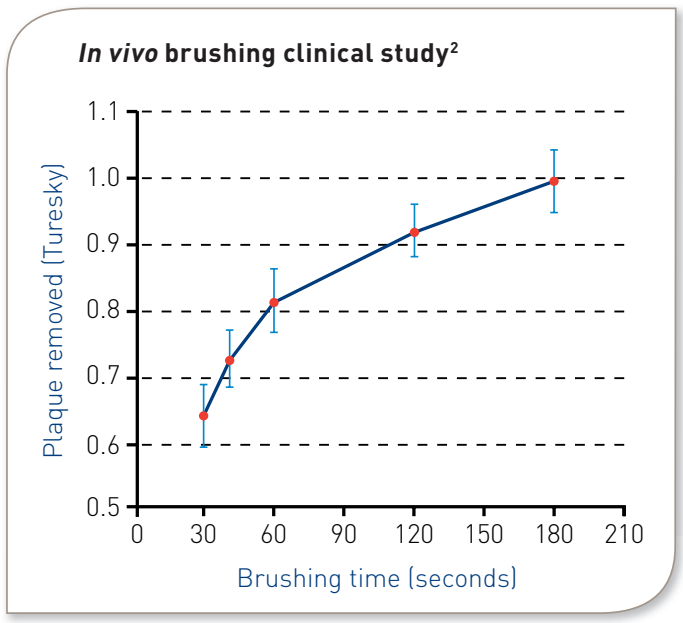
Chairman of the Mole Valley Conservative Association, Colin Crispin, has given Sir Paul his total support and said he will still be their candidate at the next election. DT

NEW EVIDENCE FOR THE BENEFITS OF INCREASING BRUSHING TIME

To motivate behavioural change, it helps if patients understand the benefits of brushing for at least 2 minutes twice a day with fluoride toothpaste, compared to an average brushing time of around 46 seconds.[1]

New research results from Aquafresh show that increasing brushing time:

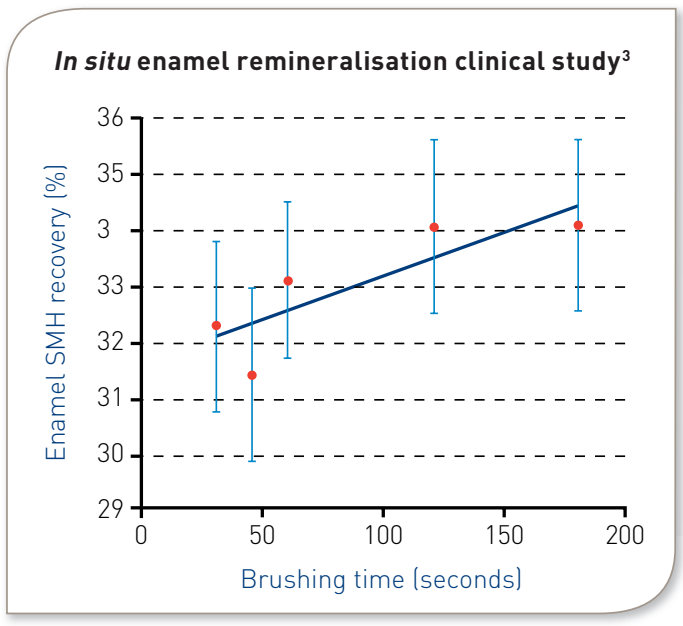
Significantly increases plaque removal



26% more plaque removal was observed with brushing for 120 seconds compared with 45 seconds*[2]

Recommend a great tasting fluoride dentifrice to encourage your patients to brush for longer, for increased fluoride protection and plaque removal

Significantly increases fluoride uptake and enamel strengthening



Surface microhardness (SMH) increased in a linear fashion over the period 30–180 seconds*[3]

* $p<0.05$

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1. Beals D, Ngo T, Feng Y, et al. Development and laboratory evaluation of a new toothbrush with a novel brush head design. *Am J Dent* 2000; **13**: SpIss 5A–13A.
2. Gallagher A, Sowinski J et al. The effect of brushing time and dentifrice on dental plaque removal *in vivo*. [Accepted for publication in *J Dent Hyg*]
3. Zero DT, Creeth JE et al. The effect of brushing time and dentifrice dose on fluoride delivery *in vivo* and enamel surface microhardness *in situ*. [Manuscript submitted]

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GDPUK round-up

Tony Jacobs picks out the most recent best snippets of conversation from his ever-growing GDPUK online community

GDPUK members have been following the developments of the Jimmy Steele review of NHS Dentistry with interest, and have been able to view reports of his group's travelling roadshow across the country. As well as gathering evidence and forming opinions, it seems that the ideas Professor Steele is describing are being modified as he and his group travels, meeting dentists and stakeholders.

One piece of evidence though might be disconcerting – at his event in London, only about 30 interested people turned up. Maybe too many false dawns? Colleagues are hoping that this report will be published before the LDC Conference in June, but perhaps its publication the week after is more realistic. Ann Keen, Minister with responsibility for dentistry, has said in Parliament that the Department of Health will consider this report very carefully. Time will tell.

In the meantime, on GDPUK, literally hundreds of other topics have been discussed. Here is an idea of some of them: waterline cleaning, publication of the final version of HTM 01-05, the passing of former GDPA and BDA president Alan Fearn, incorporation of a dental practice, the bankruptcy of a well known dentist, using operating microscopes, and buying a netbook.

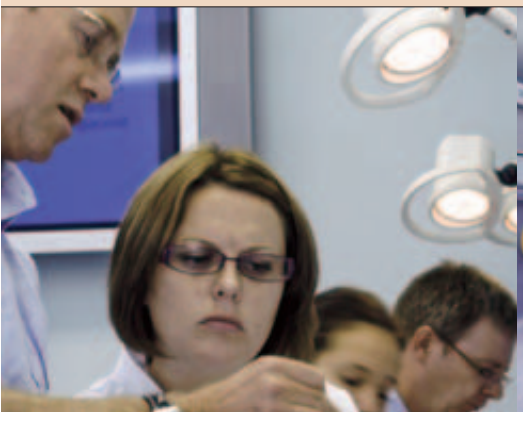
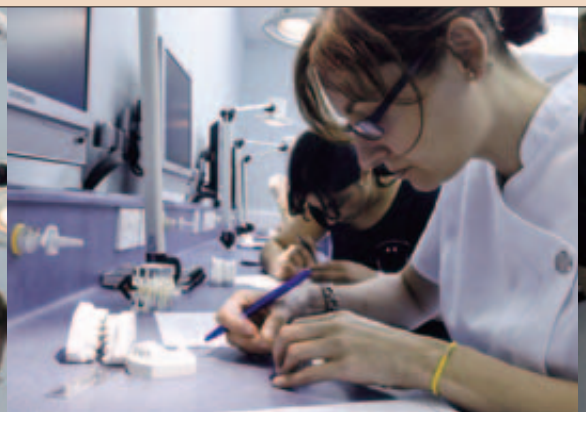
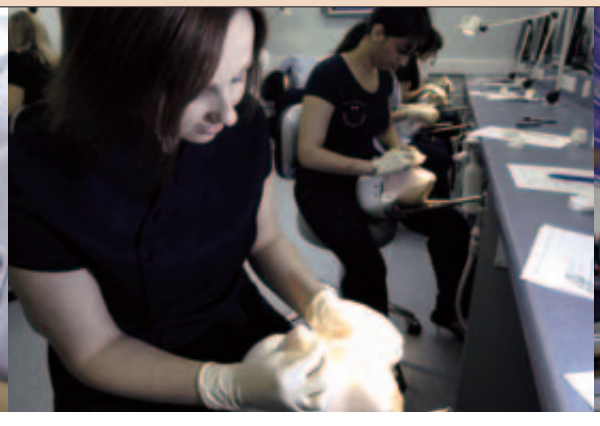
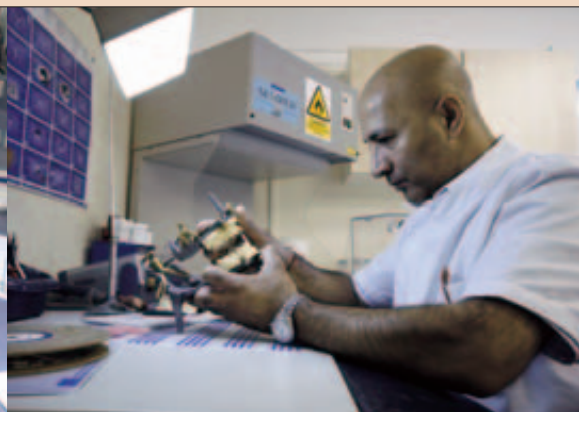
A number of the group have much to say about orthodontics and some of the latest techniques have been discussed, including Damon and Six Month Smile. Sub forums continue to discuss differing computer systems and act as self help groups regarding their software installations.

Clinical cases have also been discussed, good pictures and good advice dispensed. Sometimes the poster knows the answer, and is looking for reassurance or almost setting a quiz.

The subject of what a practice should do if a course of treatment has been completed [often a substantial one] and sadly the patient dies having been satisfied with the completed treatment, in receipt of the invoice but before settling the invoice. This subject has been tackled on GDPUK in the past and there are always two sides to the discussion. One idea is to uphold the lofty aims of the profession and void the invoice. The other side of the coin is to be aware that a care home, telephone company, credit card company and so on will continue to address their bills to the executor of the deceased. It is, of course, one of the duties of an executor to settle bills such as this. What would you do? Come and tell us at *http://www.gdpuk.com* DT

About the author

Dr Anthony V Jacobs started the GDPUK emailing list in 1997, and the group membership is now just under 2,000. The list is read in all corners of the UK dental profession as well as by laboratories, and the trade and dental industry. Qualifying in London in 1979, Dr Jacobs is now in partnership with Dr Stephen Lazarus, practicing at 406 Dental in Manchester. He enjoys his profession, and takes pride in providing both simple and complex gentle dentistry, as well as caring for families in a relaxed atmosphere. Dr Jacobs has a long-term commitment to continuing professional development, both for himself, and for the profession in general through his mailing list. He has been a member of the British Dental Association (BDA) since 1975, and is presently chairman of the Bury and Rochdale Oral Health Advisory Group, as well as vice chair of the Bury and Rochdale Local Dental Committee (LDC). Dr Jacobs also sits on the committee and helps to organise the annual conference of Local Dental Committees.

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