

# DENTAL TRIBUNE

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

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## News in Brief

### Secret Millionaire dentist

A millionaire dentist starred in the TV show *Secret Millionaire* when she went undercover and visited the slums in India. As part of Channel 4's *Indian Winter* season, the *Secret Millionaire* show featured millionaire dentist Seema Sharma. She swapped her two million pound home in South East London, where she lives with her cardiologist husband and two daughters, for a small apartment in India's largest slum, Dharavi. Dharavi is the location for Danny Boyle's Oscar-winning film *Slumdog Millionaire*. During her stay, Mrs Sharma volunteered at a mobile school for homeless children, a toy donation charity and a children's crèche. Mrs Sharma qualified as a dentist in the 1980s and set up her own practice in London's Docklands just three years after qualifying. She now has a chain of dental practices.

### Dental implant costs

The average cost of a dental implant in United Kingdom is £1,918, according to Dentale, a dental implant training clinic. This makes it one of the most expensive places in Europe, compared to 17 European countries, where the average cost is £660, ranging from £1,100 to £546. However, once the flights and hotels have been factored in, the cost of the procedure, if carried out abroad, comes close to the United Kingdom average, said Dentale. Between 2004 and 2008, around 1.3m people in the United Kingdom went abroad for dental work.

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

## News



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A petition to reduce the dental nurse ARF is posted on online Government site

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Dental Protection assesses the various risks associated with case preparation

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Peter Dunn looks at some financial resolutions

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## Events



### Triumphant in Edinburgh

BACD celebrates sixth annual conference Chilli Piper style in Scottish capital

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## Low fluoride children's toothpaste fails to combat tooth decay

Children's toothpaste that contain low concentrations of fluoride fails to effectively combat tooth decay, according to a recent study.

Researchers found that toothpaste containing fluoride concentrations of less than 1,000 parts per million are as ineffective as toothpaste with no fluoride at all.

For optimal prevention of cavities in children over age six, toothpastes should contain at least 1,000 parts per million of fluoride, according to the study carried out by the University of Manchester School of Dentistry.

The review, published in the latest issue of The Cochrane Library, a publication of The Cochrane Collaboration, examined results from 79 controlled clinical studies on 73,000 children, found

the benefits of fluoride are reduced for toothpastes that contain less than 1,000 parts per million of fluoride.

"Toothpastes with lower fluoride levels, in the 440 to 550 range, give results that are no better than the results seen with toothpaste that does not contain fluoride," said co-authors Professor Helen Worthington and Dr Anne-Marie Glenny.

The study also found that brushing a child's teeth with a fluoride toothpaste before the age of 12 months could lead to an increased risk of developing mild fluorosis.

Children's toothpastes currently range from 100 parts per million to 1,400 parts per million.

Dr Glenny said: "From a public health point of view, the

risk of tooth decay and its consequences such as pain and extractions is greater than the small risk of fluorosis. Children would have to swallow a lot of toothpaste over a long period of time to get the severe brown mottling on the teeth, as opposed to the more typical mild white patches."

She added: "For children that are considered to be at a high risk of tooth decay by their

dentist, the benefit to health of preventing decay is likely to outweigh the risk of fluorosis.

"In such cases, careful brushing of their children's teeth by parents with a small amount of toothpaste containing higher levels of fluoride would be beneficial.

"If in any doubt, we would advise parents to speak to their family dentist." DT

## EARTHQUAKE APPEAL

We have all been shocked by the emergency situation in the Republic of Haiti after the earthquake which has claimed **thousands** of lives and left the survivors in turmoil. *Dental Tribune* is appealing to all readers who wish to help by donating much needed funds to help the relief effort to **Médecins Sans Frontières (MSF)**, an international, independent, medical humanitarian organisation that delivers **emergency aid** to people affected by armed conflict, epidemics, healthcare exclusion and **natural** or man-made **disasters**. What makes this all the more poignant is that the team at MSF responding to this disaster is **still trying to account for colleagues who were already working in Haiti, and who may have not survived.**

To help, go to [www.msf.org.uk/supportus.aspx](http://www.msf.org.uk/supportus.aspx) and click on the link to donate to the Haiti relief fund. **Thanks in advance for your support.**

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# £500k funding for tackling dental phobia

The Peninsula Dental School has been awarded £500,000 by the University of Plymouth to spend on finding out how virtual reality can be used to tackle dentist phobia.

The dental school plans to spend the money on three areas of research.

The first area of research will cover statistical epidemiology in oral health, including the review of published evidence and the creation of new approaches to understanding the complexity of dental research data.

The second will examine the extent to which virtual reality and psychological approaches could be used to tackle dental anxiety both before and during treatment.

The third area of research will consider nanotechnology, toxicology and dentistry. Nano-powders and nanotechnology are used widely in the latest generation of dental filling materials.

They are also found in the surfaces of implants, dental tissue engineering and toothpastes and their use has been driven by the demand for materials that

are aesthetically pleasing and the desire to move away from a reliance on mercury containing materials such as dental amalgam.

However, there is a fear that engineered nanomaterials may act as endocrine disruptors, could be genotoxic (which means that they could affect the integrity of cells which in some cases are mutagenic or carcinogenic) and may prove to be toxic to the wider environment.

This area of research will consider the issues in conjunction with the European Centre for the Environment and Human

Health, which is part of the Peninsula Medical School.

David Moles, professor of Oral Health Services Research and director of Postgraduate Education and Research at the Peninsula Dental School, said: "We have chosen three areas of research that require additional and focused study, and which will ultimately be of benefit to dental practitioners and their patients.

"We are very grateful to the University of Plymouth for this funding and we look forward to working with researchers there to pursue these areas of study."

Professor Wendy Purcell, vice-chancellor and chief executive of the University of Plymouth, commented: "Our ongoing support stands testament to the excellence of the quality of the School's research and the very real benefits that it affords the health and wealth of the city and the region, including helping to enable the dental treatment of up to 300 NHS patients a day at our training sites in Plymouth.

"The University is proud to be founding partner of the School and through this investment, continue to play an important part in funding vital research." DT

## Apprentice star entertains Oxfordshire dentist group

Oxfordshire Private Dentist's group, Oxident, celebrated a hugely successful year with a complimentary Christmas Dinner in the historic surroundings of Lady Margaret Hall, Oxford.

The evening began in the Old Library with a delightful drinks reception enlivened by the mystery of magician Simon Evans. With snow falling gently outside the members and their guests sat down to dinner in the banquet hall, following which they were entertained by Debra Barr, semi finalist in

this year's BBC series of the *The Apprentice*. Debra gave everyone a fascinating look behind the scenes of a reality TV show as well as giving us some useful tips on looking after a small business when the economic climate is as harsh as the English winter.

The group has grown throughout the 2009 and now numbers more than 90 members who meet for five full-day seminars each year. This year's subjects ranged from a medico-legal update day, diagnosis and treatment of facial pain, endo-

dontics, implantology and occlusal principles in aesthetic dentistry. All the meetings, including the Christmas dinner, were paid for by the generosity of major sponsors Wright Cottrell and the £15 monthly member's subscription. Meetings are scheduled for February, April and June and the committee is already planning next year's programme.

Details of the benefits of Oxident and how to join can be found by contacting the group coordinator, Liz at [oxidentcoordinator@hotmail.co.uk](mailto:oxidentcoordinator@hotmail.co.uk). DT



Russell Evans, Chairman of Oxident with 'Apprentice' Debra Barr

## CDO opens two IOW practices

The Chief Dental Officer has officially opened two NHS dental practices on the Isle of Wight, giving 12,000 more people access to treatment.

The practices, Cross Street Dental Centre in Ryde; and Whitecross Dental Care in Freshwater, are the result of a joint venture between NHS Isle of Wight and Integrated Dental Holdings.

Barry Cockcroft, Chief Dental Officer at the Depart-

ment of Health officially opened both practices.

Caroline Morris, senior commissioning manager for primary care at Isle of Wight NHS, said: "Over the past four years we have invested more than £4m in dental services for people on the Isle of Wight, which has almost doubled the level of NHS dental provision on the Island.

"In 2006 we were reaching only 26 per cent of the Island

population. We are now reaching 50 per cent and are aiming for a further ten per cent in the next year."

She added: "It is really important for the public to know how to access NHS dentistry, and who to contact should they require advice or emergency treatment.

"The Hampshire and Isle of Wight Dental Helpline can provide information and advice on all aspects of NHS dental care." DT

## Endodontic specialist to speak at May conference

International endodontic specialist Dr Julian Webber will be among the speakers lecturing at this year's 2010 Clinical Innovations Conference.

The Clinical Innovations Conference hosted by education and training provider, Smile-on, will be held May 7-8 at the Royal College of Physicians, Regent's Park, London.

Dr Webber's contribution to the conference, which is now in its seventh successful year, will be a lecture on the *Management of Endodontic Failure*.

The lecture will focus on common reasons for endodontic failure, and come up with suggestions for addressing these issues - helping practitioners ensure successful outcomes with tooth retention as the primary goal.

Dr Webber is internationally renowned for his knowledge and understanding of endodontic procedures, and has lectured around the world.

He is a former president of the British Endodontic Society, as well as a member of the American Association of Endodontists and the European Society of Endodontology amongst others.

As well as teaching endodontic techniques at the Pacific Endodontic Research Foundation in California, Guys Hospital and the Eastman Dental School in London, Dr Webber is also the man behind the Harley Street Centre for Endodontics, a purpose built state of the art clinical teaching facility, which opened in 2002.

For dental professionals eager to hear more about how to make endodontic procedures more successful in their surgery, the lecture is a must-see and also provides certifiable CPD hours.

For more information on the 2010 Clinical Innovations Conference call 020 7400 8989, alternatively email [info@smile-on.com](mailto:info@smile-on.com) DT

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## Editorial comment

### Always look on the bright side of life

It seems that the doom and gloom that has beset the country is slowly beginning to lift. No, I'm not talking about that bastion of British whinging – the weather, we'll need at least until May for that – rather the economic climate. Figures released by the Office of National Statistics has shown that the economy grew by 0.1 per cent in the last quarter of 2009. While it's not quite time to run about the streets cheering, this does mean that it may be time to quietly plan for more optimistic times ahead.

There has been more positive news in the profession as well – half a million pounds of funding into the use of virtual reality and nanotechnology in dentistry

## Guardian holds live Q&A on dentistry career

The Guardian Newspaper website held a live Q&A on careers in dentistry.

The session was hosted by the Careers section of the website as part of its National Occupation Shortage List Series.



Experts on the careers panel taking questions and giving advice included practising dentists and an orthodontic consultant from the British Orthodontic Society.

Scott Deacon, lead consultant orthodontist for cleft patients in the South West of England appeared on behalf of the British Orthodontic Society.

Mr Deacon is training programme director for Specialist Orthodontic Training in the South West and course director of the postgraduate orthodontic programme at the University of Bristol. [DT](#)

given to the Peninsula Dental School; a new dental school in Scotland; new dental practices opening in the Isle of Wight – it looks like a new year and a new decade has seen the turnaround into a more positive outlook, and long may it continue.

Also looking into the future, careers in dentistry are taking centre stage with the holding of a live Q&A session discussing careers in dentistry and the upcoming *Career Opportunities in UK Dentistry* conference next week.

Don't forget to visit my fundraising site – [www.justgiving.com/bukumbibound](http://www.justgiving.com/bukumbibound) – to find out more about how I will be supporting the work of Bridge2Aid in the Tanzanian village of Bukumbi and to help by donating. [DT](#)

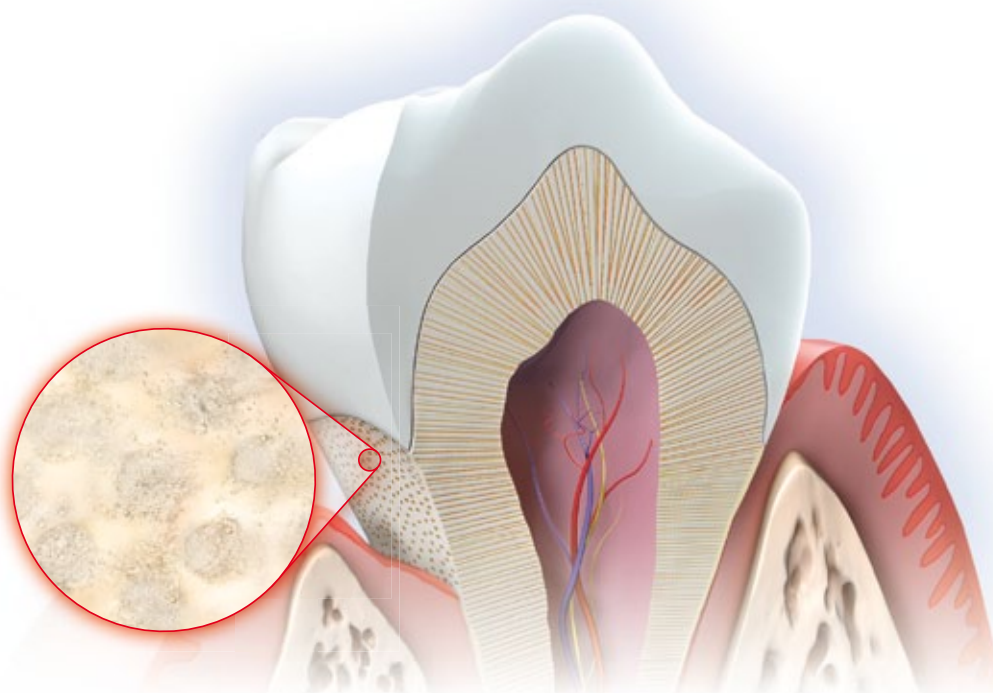
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1 Nathoo S et al J Clin Dent 2009; 20 (Spec Iss): 123-130  
2 Ayad F et al J Clin Dent 2009; 20 (Spec Iss): 115-122  
3 Schiff T et al J Clin Dent 2009; 20 (Spec Iss): 131-136

4 Docimo R et al J Clin Dent 2009; 20 (Spec Iss): 17-22  
5 Ayad F et al J Clin Dent 2009; 20 (Spec Iss): 10-16  
6 Docimo R et al J Clin Dent 2009; 20 (Spec Iss): 137-143

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## Civil litigation report welcomed

Unsuccessful defendants should no longer have to pay 'After the Event Insurance' and success fees, according to proposals in a final report into civil litigation costs.

The Medical Defence Union (MDU), has welcomed the Right Honourable Lord Justice Jackson's final report into civil litigation costs and

claims it will improve the civil litigation process for claimants and defendants.

MDU head of claims, Jill Harding, said: "In our response to Lord Justice Jackson's 2009 review of claims costs, we suggested a number of reforms which we believe are necessary to restore fairness and balance to the civil litigation procedures.

"We are delighted that many of these seem to have been proposed.

"We are particularly pleased that he has recommended unsuccessful defendants no longer have to pay for 'After the Event Insurance' and success fees which have contributed to the disproportionate costs faced by defendants, including MDU doctors and dentists.

"For example, in the MDU's experience, success fees can double claimants' costs."

Lord Justice Jackson in his report accepted the need for wholesale reform of costs management including the time spent on a case and solicitors' hourly rates.

The report also recommends that specialist judges manage and try clinical negligence cases to ensure better cost and case management.

Dental Protection communication manager David Croser commented: "Dental Protection welcomes the final report of Lord Justice Jackson on civil litigation costs. Lord Justice Jackson consulted widely during the consultation process and DPL together with its medical colleagues within MPS made two submissions and also provided data to the review team; we believe that the report represents a fair and balanced review of costs. The report includes specific recommendations for clinical negligence litigation including removing the obligation that the losing defendant must pay the claimant's after-the-event insurance cover and success fees. Although DPL takes a firm stance when negotiating costs after settlement of a claim, these additional costs can sometimes double the costs which must be paid and this is necessarily reflected in the subscriptions charged to dental members.

"We would like to see the government bring forward legislation to implement these important changes. It would be a real shame if the momentum for reform of civil litigation costs was lost in the run up to a general election." DT



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Go to [www.clinicalinnovations.co.uk](http://www.clinicalinnovations.co.uk) or call 020 7400 8989 for an early booking discount.

## 'Money-making' dentist struck off

A dentist who conned patients out of thousands of pounds for fillings they didn't need has been struck off by the General Dental Council.

Dr Constantine Saridakis, who worked at the Birchwood Dental Practice in Lincoln, was found guilty of 10 incidents of giving unnecessary treatment between May 2007 and March 2008.

In a number of cases, he recommended multiple fillings on patients who actually had no tooth decay. His partner gave a second opinion on some of the cases, often finding no decay.

When confronted, Dr Saridakis allegedly said: "Sometimes I'm preventative, and sometimes I'm in a money-making mood."

Dr Saridakis was suspended from NHS Lincolnshire's dental performers list last April. However, he still treated two children then backdated the paperwork.

Two dental nurses voiced their suspicions when patients with healthy teeth were informed they needed fillings. DT



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## New dental school for Scotland

Scotland's First Minister has opened a dental school in an area where more than 31,000 people do not have a dentist.

First Minister Alex Salmond formally opened the £17m Aberdeen Dental School.

The school, which is affiliated to the University of Aberdeen, opened to students in 2008, with

students transferring to the new building last November.

The school will produce 20 fully-qualified dentists every year.

The new complex includes units for radiography, restorative dentistry and consultant or thodontics, as well as dental laboratories, student laboratories and offices.

The Scottish government hopes the dental school will lead to a rise in the number of people entering the dental profession in Scotland - and in doing so reduce waiting lists. Recent figures showed that nearly 80,000 people in Scotland are still without an NHS dentist, with NHS Grampian having more than 31,000 on its waiting list.

North-east Tory MSP Nanette Milne said: "There have been a number of difficulties in recent years with regards to patient access to NHS dentists in the Grampian area and I hope that the opening of the Aberdeen Dental School will help increase the number of dental students in training and the number of dentists who remain in the Grampian area after training."

SNP MSP for Aberdeen North Brian Adam also expressed hope

that the dental school will make a difference and said: "The Scottish Government and NHS Grampian are investing in North East dentistry to tackle the long waiting lists and poor oral hygiene in Aberdeen and Grampian which this government inherited.

"Since the SNP came to power we have seen the number of dentists in Grampian rise to 304, with an increase of 21 last year and nearly 8,000 people have been taken off the waiting list.

"This state of the art dental school will see 20 new dentists graduate every year from Aberdeen. Hopefully we can retain these dentists in Grampian and with their help make those long queues of people signing up to a dentist, a thing of the past?" DT

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## Rise in tooth whitening

Despite the economic downturn, there has been a rise in the demand for tooth whitening products and treatments, according to a recent survey.

A recent survey conducted by market research group Mintel found that around a third are 'concerned by the look of their teeth' and 18 per cent do not like to show their teeth in photographs.

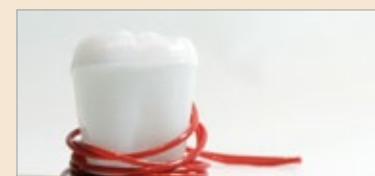
Tooth whitening has become a key reason for people to visit their dentists and sales of tooth whitening products rose to £37m last year and are predicted to increase by 86 per cent to £69m by the end of 2010.

The trend towards using tooth whitening treatments is being actively promoted by celebrities such as Simon Cowell who advocates Sonicare with all X Factor finalists being sent a Philips Sonicare as part of their make-over.

A healthy looking smile has been shown to influence well-being, enhance self-confidence and make people appear more youthful.

Philips has created 'Patient Profiles' information cards and fact sheets to help dental professionals communicate better with their patients and show the benefits of its Sonicare HealthyWhite toothbrush.

The fact sheets can be personalised with a practices' details and downloaded for free from the Sonicare website [www.sonicare.co.uk/dp](http://www.sonicare.co.uk/dp). DT



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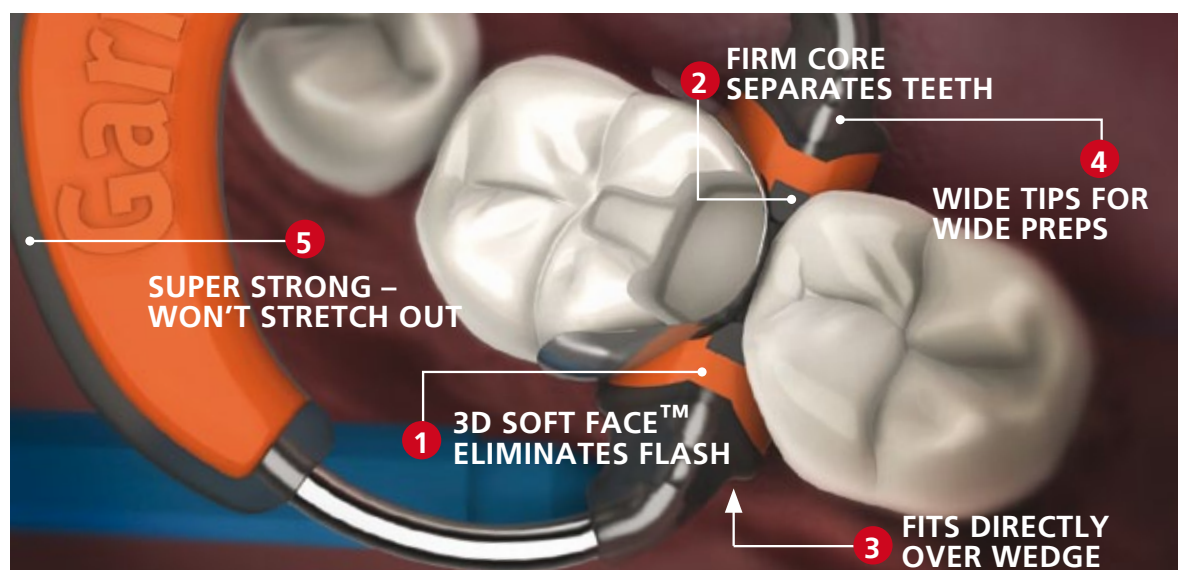
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## Dental nurses petition government

Nearly 600 dental nurses have signed a petition on the Number 10 website calling for the government to put pressure on the General Dental Council to reduce the Annual Retention Fee.

The General Dental Council (GDC) decided to freeze the Annual Retention Fee (ARF) of £96 for dental care professionals for the third year running.

However, dental nurses claim it is unfair that dental professionals on higher salaries pay the same ARF.

An online No 10 petition needs to get at least 500 signatories before it will reach the Prime Minister's office.

The petition lodged by Xyanthe Lambert says: *"We the undersigned petition the Prime Minister to reduce the annual Retention Fee for Dental Nurses to ensure a fair comparison against the higher salaries of hygienists/therapists and lab technicians, compared to Dental Nurses lower pay."*

She adds: "I would like to highlight that dental nurses are on a lesser wage than hygienists/therapists and laboratory technicians, but are expected to



Petition on the Number 10 website calling for the government to put pressure on the General Dental Council to reduce the Annual Retention Fee

pay the same annual retention fee as them."

However, Pam Swain, chief executive of the British Dental Nurses Association (BADN) believes that the most effective way of getting things changed is to join the BADN.

The BADN is currently gathering information about the salaries of dental nurses so it can highlight the low pay they get and present its case to the GDC.

GDC president, Angie McBain claims that the GDC fails

to take into account the fact that many dental nurses only work part-time and yet are expected to pay the same as hygienists and therapists (who are paid a minimum of £25,000 when newly qualified).

BADN want a complete revision of the registration fee to include lower fees for dental nurses, reduced fees for all part time registrants and payments to be spread across at least two instalments over the year, as well as for BADN to be consulted fully on all matters concerning dental nurse registration in the future. **DT**

## Career opportunities event

The one-day event 'Career Opportunities in UK Dentistry' celebrates its tenth year this February.

The event organised by the British Dental Association and UCL Eastman Dental Institute is being held on 12 February at a new and bigger venue – the Central Hall Westminster, located opposite Westminster Abbey and the Houses of Parliament.

The conference is aimed at vocational dental practitioners, young dentists, anyone considering a change of career or returning to dentistry after a career break, as well as dentists from overseas.

The day will consist of a programme of lectures by knowledgeable speakers. There will also be an exhibition with employers of dentists and organisations who support dentists throughout their careers.

Professor Jimmy Steele will be making the keynote address discussing challenges and opportunities that have arisen from the Steele Report.

There will also be a panel debate attended by Stephen Por-



Venue held at the Central Hall Westminster

ter, professor of Oral Medicine and director at the UCL Eastman Dental Institute Susie Sanderson, chair, British Dental Association Executive Board; and Jimmy Steele, professor of Oral Health Services Research, School of Dental Sciences, Newcastle University.

For more information about the event, please visit: <http://www.eastman.ucl.ac.uk>. **DT**

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### BDTA's new president takes the reins

Edward Attenborough has been inaugurated as the new president of the British Dental Trade Association

Mr Attenborough has taken over from Simon Gambold, managing director of Henry Schein Dental, who has served as president since 2007.

Mr Attenborough said: "Simon has served as president with immense dedication and commitment for more than two years and has achieved a great deal during his term of office.

"He has strengthened our links with the professional associations and worked hard to improve our lobbying capabilities and self regulation within the membership.

I aim to continue with the focus on quality standards in both the surgery and laboratory sides of the industry as well as meeting the needs of the membership and very much look forward to working with members to achieve this."

Mr Attenborough will be supported in his role by vice-president Karen Turner, managing director of Dentafix.



# GDP UK round-up

**With the GDP UK online community remaining a continual bubble of activity over the holiday period, forum founder Tony Jacobs says there's much to look forward to in 2010**

**G**DP UK readers were busy through the December holiday period with the site even busier in early January when the snow meant more col-

leagues were at home with time to spare. The activity on the site suggested that catching up with the practice book-keeping was the last thing on their mind.

In the early part of the New Year, a topic was raised asking what dentists were talking about 10 years ago. I had a look back in the archives of messages posted

in January 2000, and although I cannot promise it was a perfect and thorough review of all the postings at that time, some of the topics might jog your memory.

Debates from that time concerned the bleaching of teeth, the different methods, and the pros and cons of each style of treatment. Then there were discussions on the erosion of teeth, pregnancy, and NHS services in specific towns and holistic dentistry. There were also arguments, as there are now, about the effectiveness of the British Dental Association (BDA) in representing the profession. Obviously this is a perpetual discussion point, and may always be.

## Today's hot topics

Back to the present, I will tell you about the hot topics now. The concept of the use of homeopathy in dentistry was raised with one or two proponents. This argument was attacked by a group of members, citing many reasons why this was unscientific. To give non-members a flavour of how severely debated these topics can be on GDP UK as a vibrant forum, this topic attracted 107 replies within a few days.

On a lighter note, there was an informal competition to post pictures showing the lowest temperature on a car's external thermometer during the period of snow [I managed -11C in Manchester]. Travel in the snow, and some beautiful views from practice windows were posted, allowing for expressions of wonder and awe.

*'When the subject of the weather was broached, the whole country was unanimous in how much dental practices had been affected.'*

Other topics included advice on instrument washers, a discussion on lesser-known implant brands, section 63 courses and their organisation, as well as a small dental Christmas carol competition.

## UDA claim campaign

Meanwhile, Ian Gordon started a campaign supporting NHS practices being able to claim some reduction in UDAs targeted for this year due to the disruption caused by the snow in early January. When the subject of the weather was broached, the whole country was unanimous in how much dental practices had been affected, with the public being given local or national advice not to venture out, with warnings of particular danger to the elderly and very young.

Has the campaign been successful? You will have to watch this space. [DT](#)

## clinical governance

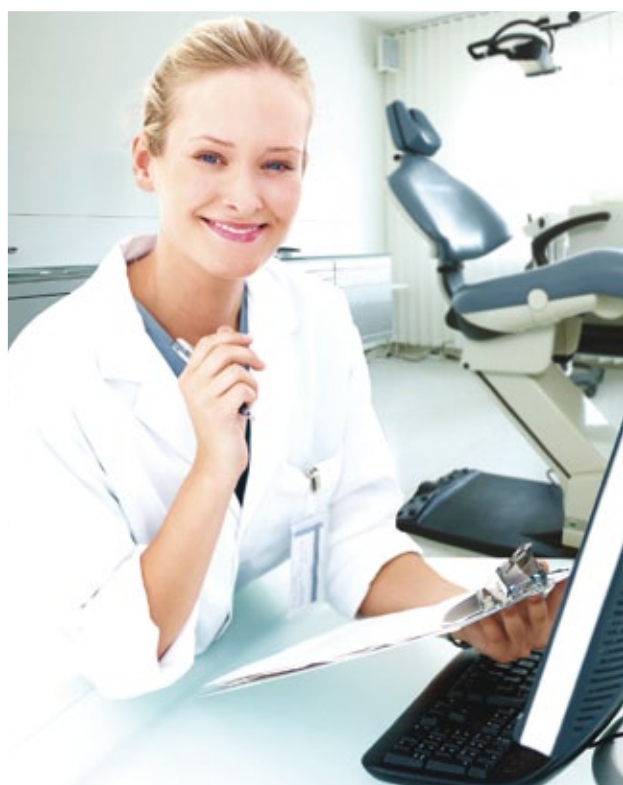
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# And all from the back of an envelope!

**Dental Tribune** speaks to Raj Rattan about his involvement in the development of Clinical Governance Progress Management and how it can save practices valuable time

Clinical Governance has been gaining momentum in practice thinking over the last 18 months or so. With it being a requirement of the NHS contract, and the upcoming strategies that the Care Quality Commission will be putting in place, the time really is now for practices and PCTs to ensure their CG procedures are in order.

One of the PCTs who have been more forward thinking about how they ensure compliance with CG is Bromley. Starting in 2005, the PCT had been running CG seminars for all Bromley dental practices. Two years ago the PCT decided that what they then needed was a programme whereby they could measure consistently practices' performance in the different areas of CG and identify the gaps.

## Ambitious project

This is where Raj came in. Raj Rattan is a practitioner based in West Wickham and a dental advisor at Bromley PCT. He was asked by the PCT to devise a local Clinical Governance assessment programme; the idea being that the PCT could have some way of objectively measuring where practices were in terms of CG, what the ideal benchmark was, identifying the gap and helping practices bridge that gap. This was an ambitious project to undertake as Bromley's 'patch' contains roughly 60 practices.

Raj recalled: "Once the PCT had asked me to come up with a local Clinical Governance programme, I devised a concept that was essentially based on the seven domains which the Healthcare Commission of the time had identified in the *Standards for Better Health* document. Following on from that came a list of criteria and a scoring system, which allowed people to self-assess as well as allowing the PCT to analyse what was going on. It was all built in Excel; the outcome was that it would generate a series of graphs which would show practices where they were in each of the domains and how much each practice still needed to do."

It was the by chance that Raj had finalised his ideas and was scheduled to present them to the PCT as Bromley's lead on CG, Harry Goldingay, had spoken to Smile-on, a provider of online and distance learning programmes, about a new online CG programme. Raj said: "I gave my presentation on the Excel-based programme I had been working on and Harry commented to me



With CGPM, Primary Care Trusts can dial in and monitor progress, dental professionals can upload the necessary evidence, which the PCT can read before visiting the practice

"this is really interesting as what you've shown us I think would fit nicely with a call I had this afternoon from Smile-on with their programme'. This then led to a meeting between the PCT and the company and I was asked to present my Excel 'product'."

CGPM was then developed as a partnership between Raj and the team at Bromley PCT (Harry Goldingay - Associate Director Risk, Jill Webb - Assistant Director Primary Care Commissioning & Performance, Emma Wallis - Dental & Ophthalmic Commissioning & Performance Manager and Carol Adeloyle - Dental Practice Advisor) and the development team at Smile-on. The development costs were shared between Smile-on and the PCT and the PCT then bought licences for all Bromley practices. The aim was to make the programme easy to use for both practices and the PCT, and make the requirements for each domain clear so that practices were informed about what they needed to comply with. Raj said: "There were two things I think that made our programme different at that time. One is that we scored practices against well-defined criteria but we also weighted the criteria. For example, if a practice hadn't scored against item x, then we could say that we weren't as bothered as item x was a minor protocol (eg the placing of a Health & Safety poster) that the practice could easily sort themselves. It's important, but not as important as say not taking a medical history for a patient. So by having the criteria and weighting them we were able to get a score. Following feedback we then did some joint work on what is now called CGPM. The static product in the Clinical Governance CD was already in existence, so my work with the PCT on my spreadsheet was the bridge between what Smile-on had and what Bromley PCT wanted to do.

"What we now have is CGPM, which allows dentists to log on and self assess their CG procedures; PCTs can dial in and monitor progress, dentists can upload their evidence which the PCT can read, which is fantastic.

"Then what happens, and again I think this is quite unique, is the practice uploads all the relevant evidence to the online system, the PCT looks at it and then when the PCT comes round to do your CG practice visit they've already seen your evidence. So, a dental advisor will do the visit and say 'I see you've already uploaded your infection control policy and I think it's really interesting, can you show us in the surgery how that works?'"

## Getting the picture

Raj added: "From the touch of a few buttons the PCT can get a picture not only what is happening in an individual practice in Bromley, they can also aggregate. Where we are now is every practice in Bromley has completed the online assessment, and all will have been visited by the end of March 2010 - that's approximately 60 practices."

Of course change is always hard and something on this scale has not come easily. Bromley PCT has had to work out a strategy to make the process easy and attractive for practices including an incentive scheme which offers a payment when practices achieve the required level. Raj commented that there had been some resistance to CGPM, but that it was a common occurrence when change of this scale happened. "What was very interesting was there were a number of people who originally said 'this is more paperwork - this is more admin'.

"The interesting thing was after having completed the process these same people were saying 'you know what, now that I've done it I'm really glad I did as I

am now more comfortable that I have now got all of these things in place'. It allows practices to comply with the contract and meets the PCT's agenda."

Before the programme was rolled out it was piloted on four pilot sites in the Bromley area. This allowed the development team to assess the usability of the system and gather feedback from real users who made themselves available as 'guinea pigs' to see if it worked. After these pilots, changes were made to refine procedures and make the system more user-friendly for both practices and the PCT.

## Hands-on workshops

In an effort to make it easier for practices, the PCT organised a series of workshops with groups of 12-15 attending; booking a local college to enable everybody to access a computer workstation so they could log on to the system and try it out. Raj said: "We had originally run a series of workshop discussing the Clinical Governance CD. When CGPM went live, we ran another series of workshops. Before we introduced CGPM we went to a lot of trouble to engage with dentists throughout the programme; we also consulted with the LDC. The PCT told the practices 'this is what we want to do'. There was resistance, there's bound to be,

It has been a two-year journey for Raj, Bromley PCT and Smile-on to get to where they are today. For the PCT, Jill Webb and Harry Goldingay said: "The PCT is delighted that all practices agreed to adopt the CGPM, which enabled all parties to build upon previous collaborative work on primary dental clinical governance. Whilst the development of the system was very time intensive, it is beginning to provide the PCT with an important platform for assuring its Board about the quality of primary dental services in Bromley. We are now working with Smile-on to ensure that every aspect of the system is working smoothly. We shall then move into the next development phase of the project which will be to review the current standards and adapt them, as necessary, in order to support Bromley providers to meet their CQC (Care Quality Commission) Registration requirements in April 2011."

Raj is deservedly proud of what has been achieved. "This has been terrific for me personally - I love working on new projects and I always felt where the hard bit of governance was actually doing the gap analysis; also measuring the improvement of practices. How I feel about it as an individu-

*"Ok if this is what we need to do, let's find the nicest way in which to get it done"*

but the majority said 'ok if this is what we need to do, let's find the nicest way in which to get it done and have a supportive way to do it'.

"The workshops ran over a period of six months at the end of last year. Because they were run in small groups, what we did was get the first cohort up to speed then they were the first group to be visited, then the second were the second to be visited and so on. So the whole programme was done in a very structured and supportive way because there was no point in doing the visit unless they had been to the workshop. And also at all times they had email access to people such as Harry and me to get help.

"This has meant the practice visits can now take no more than an hour and if practices have all of their paperwork organised, probably less than that. The shorter visits can take around 45 minutes, the longer ones can take up to 2.5 hours."

al is probably the same as a photographer feels taking a picture then finds it hanging on someone's wall. I think actually seeing it, live and functional, having started to sketch it out literally on the back of an envelope - it's fantastic.

## Personal thanks

"A personal huge thanks to the PCT who gave me the freedom to develop my idea and allowed me the time to develop it properly. This has been a great example of teamwork between practitioners, a PCT and an IT provider. Also most of it was done remotely which saved time - we had no more than five face-to-face meetings.

"Finally, I'd like to acknowledge the pilot practices - their input was invaluable in the development of CGPM. I'd also like to acknowledge the LDC for their support during the rollout and a big thank you to all the practices in Bromley for their engagement." DT