# DENTAL TRIBUNE

The World's Dental Newspaper · United Kingdom Edition

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## News in brief

### Queen fan

Queen guitarist Brian May aid he was 'delighted' to support a music festival held in memory of a dentist who was an ardent fan.

Ten bands appeared at the festival in Wichenford near Worcester, playing Queen tracks as part of their set.

The festival was held in memory of John Bué, who worked at the Green Dental Practice in Dines Green, and died in a motorcycle crash in June.

The organisers of the concert contacted Brian May and told him about the festival. He said he was 'delighted to support the festival' and sent signed Queen merchandise for the raffle.

He also sent his condolences to Dr Bue's wife and their two daughters.

### Wedding teeth

A man on the Isle of Wight was told by his father-in-law to be that he could only marry his daughter if he got his teeth fixed.

Thirty-two year-old Gordon Taylor was told by dentist, Dr Philip Lewis, that he would have to have fillings and cosmetic surgery.

For the wedding, which was held in Cowes, Mr Taylor wore a 'snap-on smile' cosmetic denture. Dr Lewis, revealed that when he first met his daughter's new boyfriend he was 'horrified' by the sight of his teeth.

### Fake qualifications

A dentist has pleaded not guilty to allegations she used fake qualifications including a fake Bachelor of Dental Surgery degree, enabling her to work in NHS hospitals for eight years.

Vinisha Sharma pleaded not guilty to a total of 10 charges at Wolverhampton Crown Court.

The 36-year-old is due to stand trial on March 8 following an investigation carried out by the NHS Counter Fraud and Security Management Service.

Sharma has pleaded not guilty to charges of using a fake Bachelor of Dental Surgery degree, a certificate saying she had completed a course on aesthetics and a certificate of registration from the Punjab Dental Council.

She has also denied five counts of obtaining pecuniary advantage by deception, one while with Royal Wolverhampton NHS Trust.

Sharma also denied fraud by false representation.

The charges cover a period of eight years from 2000 to 2008.

Sharma has been granted bail.




**News**

**Fluoridation Furore**
Plans to fluoridate more than 150,000 homes in the Southampton area are on hold due to a judicial review into the consultation process

page2

**FDI**

**Singapore Success**
Dental Tribune's Daniel Zimermann reports on the FDI Annual World Dental Congress, held in Singapore this month

page6

**DCPs**

**Life or Death**
Glenys Bridges discusses the need for non-registered dental staff to be aware of how to deal with a medical emergency

page19

**Clinical**

**Case Study**
Dr Andrew Croston outlines a successful treatment plan to create a better smile using the Clearstep system

page23–24


# UDA value variation highlighted by Tories

Some NHS dentists are being paid nearly 10 times as much as others for 'units of dental activity', according to figures obtained by the Conservatives.

The figures showing the wide disparity in pay come from a number of Freedom of Information requests put to primary care trusts by the Tories.

The figures show much the minimum and the maximum each trust pays for a unit of dental activity (UDA).

In Westminster Primary Care Trust (PCT), the figures show that the maximum paid for a UDA is £105.58 and the minimum £20.19.

However in Sandwell, a relatively deprived area in the West Midlands, the range is from £11.08 per UDA up to a maximum of £45.83.

Doncaster PCT is shown to pay a uniform £26.33 per UDA.

Since the new contract came in 2006, dentists are paid a flat rate covering the amount of work they are contracted to do each year, which is measured in units of dental activity (UDAs).

The actual cash value of a UDA is set by the local NHS Primary Care Trust in England or the Local Health Board in Wales, in discussion with the dental practice.

The shadow health secretary, Andrew Lansley, claimed that the wide variation in pay for UDAs shows the system is not working.

He said: "It must be hugely frustrating for many dentists to know that others just down the road are being paid so much more for doing very similar work.

The contract the government has introduced for NHS dentists needs a complete overhaul if we are to turn things around. We need to give our NHS dentists a better system in which to work if people are to get the dental care they need.

That's why a Conservative government would scrap Labour's flawed UDA system and introduce a fairer system for dentists and patients."

John Milne, chair of the BDA's General Dental Practice Committee, conceded that the value of units of dental activity does "vary according to the historical earnings and activity of practitioners, the provision of specialist services and the oral health needs of each PCT's population".

He said: "These factors lead to a variation in values, although the national average is around £25."

He added that "the main flaw with the current dental contract is the way it is centred on targets, rather than providing high-quality care to patients. It's important now that the conclusions of Professor Steele's review are consulted on and piloted so that a new system can be developed that works for patients and practitioners alike."

Derek Watson, chief executive of the Dental Practitioners Association, said: "The idea that dentists can be paid different amounts for carrying out the same courses of treatment is based on the assumption that costs vary and that different dentists do different amounts of treatment in the same course (and will continue to do so).

The amount of work in each course has now stabilised at the lowest common denominator and costs do not vary enough to justify one dentist earning ten times more than another dentist for a UDA."

He criticised the process of tendering claiming it "is no substitute for the free market as it is slow, inefficient and frequently unfair".

A DH spokesperson said: "The dental contract is working – the number of dentists working in the NHS is growing and more people have seen an NHS dentist in the last year.

"PCTs have control over how much they pay for a unit of dental activity – it is only right that this can vary depending on local challenges and needs.

Some figures may also reflect the income guarantee which helped to keep dentists in the NHS when the dental contract was introduced in 2006." DT

# Fluoridation plan goes to the High Courts

Claims that health chiefs ignored public opinion when they approved plans to fluoridate parts of Hampshire are to be examined by the Royal Courts of Justice.

Mr Justice Mitting has given permission for a Judicial Review of the strategic health authority's decision stating that the case raised important questions of public law.

However the South Central Strategic Health Authority (SHA) claims it is confident it followed the law. The South Central Strategic Health Authority (SCSHA) board's decision was made in February, despite 72 per cent of 10,000 respondents in a public consultation opposing the move.

The judge accepted the SHA's defence it followed the law, which says it only had to 'pay regard' to public opinion, but wants the lawfulness of that approach to be looked at in court.

Government ministers had said that SHAs could only go ahead with fluoridation if they had the residents' support.

The application for a judicial review was lodged by a Southampton resident Geraldine Milner.

A statement from Leigh Day & Co representing Ms Milner said: "Ms Milner is opposed to the proposals to fluoridate the water supply on account of the continuing uncertainties with regard to the long term health risks associated with fluoridation, as well as concerns with regard to the possible adverse environmental effects. She also considers that more targeted and less intrusive measures should be used to deal with problems of tooth decay in the Southampton area."

The legal challenge argues that the SCSHA failed to have regard to the government's policy that mass fluoridation of drinking water should only go ahead in any particular area if a majority of the local people are in favour of it.

Leigh Day & Co claim in part of the Water Bill that became the Water Act in 2003, Lord Warner, the Junior Health Minister, stated in Parliament that it was government policy that "no new fluoridation scheme would go ahead without the support of the majority of the local populations determined by local consultations conducted by strategic health authorities …"

*Plans to fluoridate Southampton and surrounding areas are now on hold*

The SCSHA said in a statement that the board is "satisfied that, based on existing research, water fluoridation is a safe and effective way to tackle tooth decay and that the health benefits outweigh all other arguments against water fluoridation".

If the SCSHA gets its way, Southampton will be the first place in England to introduce fluoridation since Health Minister Alan Johnson's 'fluoridation for all' proposal in February 2008.

A SHA spokesman said: "Mr Justice Mitting found that there was an arguable case in relation to whether South Central Strategic Health Authority was entitled to rely on the regulations, or whether it should have had regard to verbal statements made in Parliament."

South Central Strategic Health Authority is pleased with the ruling and the Judge's view that 'in all other respects the decision-making process was unimpeachable'.

The SHA remains confident that the decision that has been made by the SHA board was carried out in accordance with the relevant legislation laid down by Parliament, and is in the best interests of the health of local people."

Ann Keen, the Parliamentary Under-Secretary of State for Health Services, has said that the government is firmly in favour of fluoridation "because of the potential it offers for reducing inequalities in oral health".

The two Hampshire MPs, Romsey MP Sandra Gidley and Eastleigh MP Chris Huhne, are against the plans and have called the decision 'bizarre'.

Ms Gidley said: "They may be in favour of fluoridation but it's up to them to make the case to the public, which they have clearly failed to do. They are in favour of fluoridation but don't appear to be in favour of local democracy. I am just filled with despair."

While Mr Huhne said: "First of all they gave powers to the Strategic Health Authority to over-ride the local community.

"I am afraid this is consistent with the past arrogance that has seen local opinion ignored."

Health chiefs want to add fluoride to the water supplies of 200,000 households covering parts of Southampton, Eastleigh, Totton, Netley and Rownhams.

The law was changed in 2002 to allow SHAs, rather than water companies, to decide on fluoridation.

Any result from a judicial review will not be known until February 2010.

Following the successful request for a Judicial Review of the South Central SHA decision on fluoridation, all proposals for schemes in the North West of England have been put on hold. DT

# Implant dentistry paper scoops award

*Christopher Lynch*

*Leila Khamashta Ledezma*

A paper on the teaching of implant dentistry in undergraduate dental schools has scooped the Young Dental Writers' Award.

Christopher Lynch was presented with the first prize by the British Dental Trade Association's (BDTA) president, Simon Gambold for his paper '*The teaching of implant dentistry in undergraduate dental schools in the UK and Ireland*' which was published in the British Dental Journal.

Leila Khamashta Ledezma won second prize for her paper '*Be alert to the signs! Non-accidental injuries and the dental team*' which was published in Team in Practice.

The BDTA sponsored the Young Dental Writers' Award category at the recent British Dental Editors' Forum, which was held at the offices of the British Dental Association.

Tony Reed, executive director at the BDTA, said: "We were pleased to support this worthwhile contest which encourages young dental professionals to research and present information on topical issues affecting their day to day tasks and the industry as a whole.

"I believe the standard of entries was exceptionally high so I would like to offer my congratulations to both Christopher and Leila on their well deserved achievements." DT

# £1m NHS dental centre opens in Scotland

A £1m dental centre has been officially opened in the Borders in Scotland.

Public Health Minister Shona Robison opened the Coldstream facility and called the centre - which has five dentists - a "perfect example of a local health board delivering the right services, in the right place for the community they serve'.

The Scottish government has put £1m of funding into the centre which is housed in the former Coldstream Cottage Hospital.

Ms Robison said: "The Scottish Government is committed to improving Scotland's dental service and oral health.

"A big part of this is ensuring dental facilities of the highest standard are available across the country."

Mary Wilson, chair of NHS Borders Board, said: "I am also delighted with our two new NHS Borders dental centres at Coldsteam and at Hawick. These facilities allow us to make real improvements in dental health and let many more people in the Borders have NHS dentistry." 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* Lisa Townshend Tel.: 020 7400 8979 *Lisa@dentaltribuneuk.com*

*Director* Noam Tamir *Noam@dentaltribuneuk.com*

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

*Marketing Manager* Laura McKenzie *Laura@dentaltribuneuk.com*

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

# Editorial comment

# A question of access

"The big news recently for the dental profession has been the release of a draft copy of the Dental Access Contract, developed by Mike Warburton and his team. Since its appearance on the GDPUK mailing list last week rumours have been flying about the contract and what it means for practitioners. So, in this week's issue, we have a piece from Barry Cockcroft, Chief Dental Officer for England, and Tony Jacobs, founder of GDPUK. How will the Warburton contract affect your practice? E-mail us and let us know.

If you are looking for an adventure that will allow you to use your skills to improve the lives of others, then take a look at the events article on page 30.

The Dental Project Peru scheme is a unique chance to visit a wonderful part of the world and give valuable treatment to the local population, who otherwise would endure years of pain." DT

**Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?**

If so don't hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1N 8BA.

Or email: lisa@dentaltribuneuk.com

## Calderdale's petition against fluoridation

A Yorkshire councillor has started up a petition against fluoridating the region – a move currently being considered by the Yorkshire and Humber Strategic Health Authority.

The fluoride would be added to water in Kirklees and Bradford in a bid to improve dental health, however supplies in Calderdale could also be affected.

Councillor Craig Whittaker said: "It is totally unacceptable that the Strategic Health Authority (SHA) is able to force people to have fluoride in their water; it defies the most basic of human rights, that people have control over their own bodies.

"The rationale given for adding fluoride is to improve the dental health of children, but such attempts always prove controversial."

"Despite the fact that 72 per cent of those who responded to consultation were against fluoridation, Southampton Council recently voted to support South Central SHA, which has resulted in significant public backlash."

He added: "Research clearly shows that continued exposure to fluoride can have significant health implications; the process that the government has set down for making this decision goes against the fundamental principle of freedom of choice. People can choose to buy fluoride toothpaste, which is no more expensive, or fluoride tablets. Mass medication is not, and never will be the answer."

Six years ago, Calderdale Council said it was opposed to fluoridation.

On October 1, the council will be asked to 'reaffirm its position', said Councillor Whittaker.

NHS Calderdale is looking into the benefits and drawbacks of water fluoridation. This study is due to be completed in spring 2010.

It will then consult the public on its findings. DT

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# Dental hygienists and therapists to sell and supply medicine

Dental hygienists and dental therapists will be able to sell, supply and administer medicines, if new proposals by the government get the go ahead. The proposal to amend medicines legislation to enable dental hygienists and dental therapists to sell, supply and administer medicines under a Patient Group Direction (PGD), is currently out to public consultation.

In practice, the PGD will enable dental therapists and dental hygienists to sell or supply fluoride supplements and toothpastes with high fluoride content of 2800 and 5000 ppm and to administer oral or parenteral anaesthesia licensed for dental use.

The consultation document states that "the supply and/or administration of medicines under PGDs should be reserved for those limited situations where this offers an advantage for patient care without compromising patient safety, and where it is consistent with appropriate professional relationships and accountability".

PGDs are drawn up locally by a multi-disciplinary group involving a doctor, a pharmacist and a representative from the professional group that is expected to supply/administer medicines using the PGD.

The PGD must be signed by a doctor or dentist and a pharmacist, and formally authorised by the organisation in which they are going to be used.

Following the consultation, the Commission on Human Medicines (CHM) will be asked to make formal recommendations to ministers, in light of the responses received.

The proposals, if agreed, will be achieved by amendments to the Prescription Only Medicines for (Human Use) Order 1997, (the POM Order), the Medicine (Pharmacy and General Sale – Exemption) Order 1980 and the Medicines (Sale and Supply) (Miscellaneous Provisions) Regulations 1980.

The public consultation is being held in the UK and Northern Ireland.

Medicines regulation is not an excepted or reserved matter as far as Northern Ireland is concerned and Northern Ireland's health minister will be a co-signatory to any legislative amendments.

The Medicines and Healthcare products Regulatory Agency (MHRA) and the Department of Health are also seeking views on any amendments that will be required to NHS regulations to enable the supply of medicines by dental hygienists and dental therapists, under a PGD at public expense.

No changes are required to the NHS regulations in England. Changes may be required to relevant NHS regulations in Wales, Scotland and Northern Ireland together with any associated aspects of the relevant drug tariffs.

The consultation is open for 12 weeks and responses should arrive no later than 20 November.

**The consultation can be found at *www.mhra.gov.uk*** DT

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# Burnley to get new 10-surgery NHS dental centre

East Lancashire Primary Care Trust is joining forces with Burnley Borough Council to set up a dental super centre which could take up to 10,000 new patients in the Burnley area.

It is hoped that up to 10 surgeries will be built at the super centre. However a location for the facility is yet to decided.

Burnley Borough Council's deputy leader Councillor Margaret Lishman said in a report to the full council "The council is working with the PCT on the development of a new 10-surgery NHS dental centre and teaching facility.

"The council has identified a number of potential sites and it is envisaged that the PCT will decide on their preferred site very soon and they hope to have the new facility open by autumn 2010."

Last December, the PCT commissioned additional dental services for 17,000 patients, which are currently being introduced across the borough. DT

# Saliva samples help with early detection of mouth cancer

Saliva samples have been found to help with the early diagnosis of mouth cancer, according to new research.

The research published in the Clinical Cancer Journal saw scientists find signs of mouth cancer by checking saliva.

Professor David Wong and a team of researchers from the University of California Los Angeles School of Dentistry compared 50 samples obtained from mouth cancer patients with 50 healthy specimens. They found 50 microRNA chemicals that could help cancer diagnosis.

"It is a Holy Grail of cancer detection to be able to measure the presence of a cancer without a biopsy, so it is very appealing to think that we could detect a cancer-specific marker in a patient's saliva," said Jennifer Grandis, professor of otolaryngology and pharmacology at the University of Pittsburgh School of Medicine and Cancer Institute and a senior editor of Clinical Cancer Research.

The news has been welcomed by the British Dental Health Foundation - organisers of Mouth Cancer Action Month which runs throughout November.

Early detection saves lives in the fight against mouth cancer – improving survival chances to more than 90 per cent from the current five-year survival rate of just half of cases.

Foundation chief executive Dr Nigel Carter said: "With early diagnosis so vital these studies could hopefully provide a lifesaving boost. However it is important for further studies to prove this an effective and accurate test even in pre-cancerous cells. These early studies used only saliva samples where mouth cancer is present.

"We have committed more resources than ever to Mouth Cancer Action Month after the shocking figures released this year. It really is time for action and to heed the campaign's message – 'If In Doubt, Get Checked Out'." DT

# Annual retention fee frozen

Dental professionals' annual retention fee has been frozen and will stay the same for the third year running, according to the General Dental Council (GDC).

Council members have decided not to increase the annual retention fee (ARF) for dentists later this year (deadline 31 December) and dental care professionals next year (31 July 2010).

This means the cost of annual registration renewal for dentists will remain at £438 and £96 for dental care professionals.

The cost of being on one of the General Dental Council's specialist lists stays at £52.

President of the General Dental Council, Hew Mathewson said: "We know living through the credit crunch isn't easy for anyone. That's why we've decided to hold registration fees at their current levels. I'm pleased to be able to say the Council has built up its reserves and will manage the budget effectively for the coming year without increasing fee levels."

He added: "The GDC is funded by registrants' fees and we take very seriously the importance of spending our budget responsibly.

"Our expenses include inspecting and monitoring training courses to ensure those joining the register are up to scratch."

"Dealing with complaints is our biggest expense – in particular the very small number which reach formal public hearings."

"We also attend events across the UK and produce publications, to help build and maintain high professional standards." DT

# Wales gets its first giant integrated health centre

Wales's first giant integrated health centre, bringing together a range of health professionals, including dentists, nurses, GPs, physiotherapists and nutritionists, is opening this month.

The £10m centre will change health services for thousands of patients.

The Port Talbot Primary Care Resource Centre has been developed by Neath Port Talbot Local Health Board (LHB) and brings together health, local authority and voluntary sector staff under one roof.

An LHB spokeswoman said: "The resource centre will provide a base for a variety of services including GP, district nursing, health visiting, dentistry, podiatry, physiotherapy, nutrition and dietetic services.

"Social services staff and various voluntary sector agencies will also provide services from there. From August 2010, a dental training practice will be established, offering placements for five trainees, which will greatly assist in the recruitment and retention of local professionals."

LHB chairman Ed Roberts said: "This is the first resource centre of its kind in Wales which offers huge opportunities for modernising the way services can be provided.

"Four years of planning has now come to fruition and I would like to thank the many people who have been involved."

Assembly Health Minister Edwina Hart will formally open the centre in November. DT

# BACD holds restorative dentistry study club

The British Academy of Cosmetic Dentistry is holding a study club on 'Symbiosis in Dentistry – Orthodontics and the Restorative Dentist'.

Dr Peter Huntley, founder of Quality Orthodontics, one of the country's largest adult orthodontic practices, will be doing the presentation.

Dr Huntley is also a part-time lecturer at the Royal London and Eastman Dental Hospitals and in this session will be focusing on how interdisciplinary management of complex problems can generate improved outcomes.

The presentation will cover areas including gingival margin problems, the redistribution of space, paralleling teeth and access for hygiene and third molar issues.

The session on restorative dentistry will take place on 3 November at the British Dental Association.

**For more information or a booking form contact Suzy Rowlands on 020 8241 8526 or email suzy@bacd.com** DT

# FDI closes Annual World Dental Congress in Singapore

## World Dental Federation appoints new president and invites to Brazil

*Dr Roberto Vianna (left) shakes hand with Dr Burton Conrod (right) during the Welcome Ceremony at FDI 2009 in Singapore.*

Singapore: Singapore has a long and successful relationship with the dental profession. Not only does the city state host the oldest running dental school in Asia; first implants were placed here by Dr Henry Lee almost 20 years ago. Nowadays, the island boosts a workforce of 1000 dentists that are both educated internationally and make use of the latest state-of-the-art equipment. Large international manufacturers such as 3M ESPE and Straumann have taken advantage of Singapore's position as a trading hub and serve most of their customers in the Asia Pacific region from here. With IDEM Singapore, the city also hosts a dental trade show every two years that not only attracts dental professionals from Singapore but also from other countries in South East Asia.

It was no surprise that the FDI World Dental Federation, who represents the interests of dentists globally, decided to organise yet another one of their Annual World Dental Congresses (AWDC) in Singapore. An AWDC was held here before in 1994 and the FDI has been cooperating with the Singapore Dental Association (SDA) in organising IDEM Singapore's scientific programme for almost four years.

This year's congress was held in conjunction with Singapore's Oral Health Month, an annual campaign that aims to improve oral health by offering free dental screenings to every Singaporean. According to the latest Adult Oral Health Survey conducted island-wide in 2003, almost half (46 per cent) of the respondents indicated that they visit the dentist at least once a year; the average mean DMFT was 8.1 and about 10 per cent of the respondents were caries free. A SDA spokesperson said that more than 200 private dentists will be participating in the screenings that will take place during weekends over the course of September.

Visitors were spoilt by this year's scientific programme, which did not only feature popular topics such as implants, aesthetics, and periodontics, but also gave insight into new challenges and developments in dentistry. Among others, the prevalence of oral cancer, salivary biomarkers as well as the therapeutic potential of dental stem cells and tissue engineering were discussed. Limited Attendee Courses were expended to give participants the chance to learn in a more intensive and intimate environment. Auxiliaries and office personnel had the chance to get their hands on the New Patient Experience in a special full day programme. As one participant put it: "What strikes me about this congress is how it brings together so many different specialist areas in dentistry, all under the same roof."

Though official numbers have not yet been released, exhibitors speaking to Dental Tribune Asia Pacific said that visitor's numbers clearly did not meet their expectations. In spite of this, most exhibitors also reported increased numbers in sales and business deals. Plenty of new products and processes were introduced, for example, surgical instruments and handpieces that now come with built-in and long-lasting LED lights. Nobel Biocare introduced their newest product NobelProcera for the first time to Singaporean dentists during an official launch dinner held at the Charlton Hotel. The system aims to combine industrialised production processes with versatile and individualised aesthetics for dental restorations.

In addition, continuing education was offered to trade show visitors through *Dental Tribune* in collaboration with the DT Study Club, who held their first online symposia outside the United States.

Members of the 2010 Local Organising Committee invited to next year's congress in Salvador da Bahia in Brazil, home country of the newly appointed FDI president Dr Roberto Vianna. Dr Vianna, who took over the presidency from Dr Burton Conrod, Canada, received his DDS from the Federal University of Rio de Janeiro in 1965. Since then, he has been serving for many national and international health organisations, including the World Health Organization and the Latin America Association of Dental Schools.

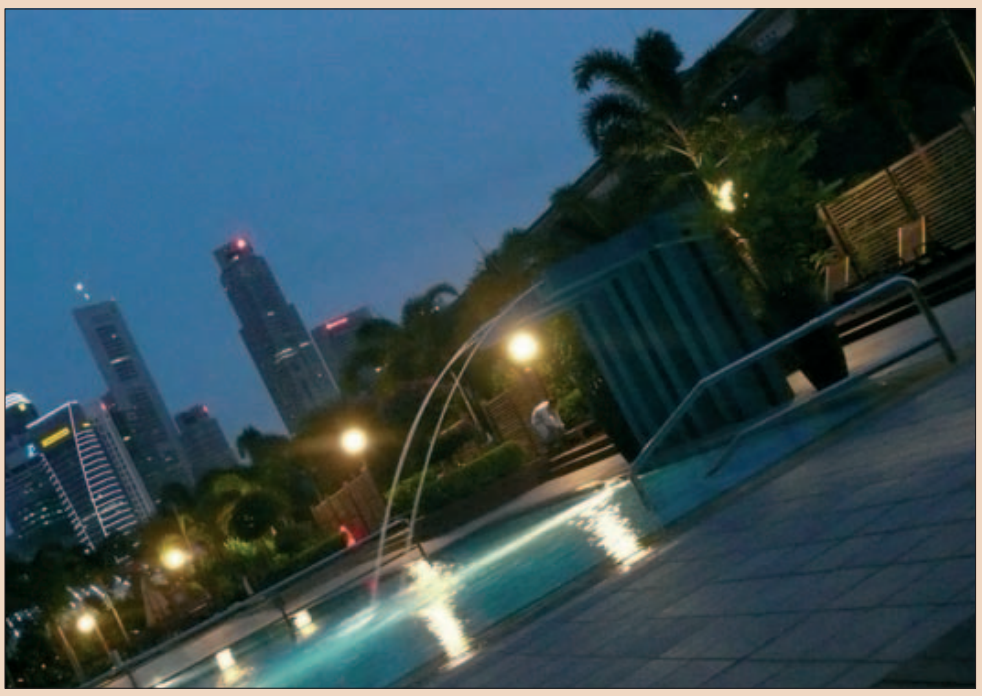
"I am very happy to lead the FDI as president over the next two years. The organisation is, of course, the voice of dentistry, but more so, it is a means of empowering dentists to think about oral health on another level, for the benefit of the greater population," Dr Vianna said. "I would like to contribute and help spread the FDI message; to accomplish the objectives expressed in our mission. The FDI is a strong organisation that continues to improve."

"I'd like to see us focus on developing our relationships and networks, both across the organisation and outside. I am very happy with the direction we are moving in. Since I became part of the Executive Committee there have been a lot of positive changes—new staff members, the relocation of head office, our Executive Director—and important projects, like the Global Caries Initiative (GCI)," he added.

The GCI is a collaborative project led by the FDI with the long-term goal of eradicating dental caries. In July 2009, the Rio Caries Conference was held in Brazil to launch the initiative and a series of follow-up events are expected over the next ten years. Dr Vianna also announced that he will support the GCI throughout his term as president.

Another important advocacy tool during his term will be the new *Oral Health Atlas*, which was launched at the FDI Pavilion in Singapore and will be available at Amazon UK after the FDI congress. According to Dr Vianna, this will be a landmark publication that will strengthen the FDI's position as a world leader for the promotion of oral health information by demonstrating the state of world oral health in easy language, for everybody (from dentists to government delegates to the general public).

Speaking about the 2010 FDI Annual World Dental Congress in his home country Brazil, Dr Vianna borrowed a phrase from France's national anthem, "le jour de gloire est arrivé" (now is here our glorious day): "I am very excited to see the AWDC come back to South America, for only the third time in FDI's history. There has been a lot of breakthrough research and development in Brazil in recent years. Hosting the annual congress will further strengthen oral health promotion across the region." DT



# Change to complaints procedure triggers more queries

The new two-stage NHS complaints procedure has led to more dental professionals seeking advice from the Dental Defence Union on how best to respond to patients' complaints

The Dental Defence Union (DDU) saw a 20 per cent increase in members notifying them of patients' complaints in 2008.

Rupert Hoppenbrouwers, head of the DDU said: "We don't believe that the increase reflects a decline in standards but that members are sensibly contacting us for advice about the new two-stage NHS complaints procedure which came into effect on 1 April 2009 in order to ensure they meet its requirements.

"In addition, our experience is that members want to respond appropriately to a complaint in order to maintain a good professional relationship with the patient, because it is their ethical duty and to prevent the complaint from escalating into a General Dental Council (GDC) complaint or a claim for compensation."

He added: "As I explain in my Dental Review in the 2008 MDU Annual Report, the emphasis of the new NHS procedure is local resolution, and we are encouraging members to comply closely with regulations that require careful planning of investigations and responses, as well as evidence for complainants that, if appropriate, lessons have been learned and changes made."

The DDU has extensive experience of assisting members with complaints. It can help members draft initial responses to complaints and, on the rare occasions that complaints are referred to the Ombudsman or the Dental Complaints Service, it can also support members with this procedure.

The DDU's Continuing Professional Development courses also provide specific practical advice on complaints handling. DT

# Scottish dental centre up for design award

Dumfries Dental Centre in Scotland has been nominated for the Roses Design Awards.

The £2.7m Dumfries Dental Centre and Outreach Teaching Facility in Dumfries is a multifunctional dental centre incorporating eight general practitioner surgeries, six outreach training surgeries and four primary care dentistry training surgeries.

The centre is situated within the grounds of Dumfries Royal Infirmary located between the infirmary campus and the Crichton campus.

The building, designed by Archial Architects is long and linear in plan, culminating in a semicircular form at its southern point.

A spokesman for the centre said: "A palette of bright, bold colours has been used to enliven the internal environment and make it visually stimulating. It is hoped that this has the benefit of helping dentally anxious patients by making the visit to the dentist less daunting.

"Views over the Nith Valley towards the Dumfriesshire hills have been exploited by maximising glazed areas to the waiting area and from the dental surgeries on the Southern and Western facades."

The Roses Awards is an annual competition open to design and architecture companies outside the M25 boundary. The results of the 2009 Roses Design Awards will be announced at the awards ceremony which is taking place on Friday 23 October in Nottingham.

Dumfries Dental Centre won the NHS Scotland Environment, Estates and Facilities Annual Design Award in 2007. DT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# Dental Access contract – read the small print

## By Tony Jacobs BDS

The name of Dr Mike Warbuton, a medical practitioner working for the Department of Health was one which had been coming up more frequently, and over the summer there was talk of the development of a new contract for dentistry, devised and pushed forward by this man and his team. Rumours were transmitted which suggested this contract would include some of the components from the Steele Review, which had been warmly received, but minus the piloting aspect that Steele had insisted upon. In fact Prof Steele had insisted on a long pilot with proper evaluation, and events now show us this "Warbuton" contract was being pushed to the front without any semblance of piloting. Dr Warbuton headed a "dental access team" and used the expertise of the DH's commercial division in composing this complex document.

Through GDPUK, more whispers emerged, and a copy of this draft contract arrived mysteriously in my inbox. More whispers followed and it transpired one of the large corporate dental companies, who are very experienced in negotiating dental contracts, had walked away from any further discussions with Dr Warbuton. Furthermore, it also emerged that the BDA had been discussing this contract simultaneously, and they too had had a showdown meeting with the DH, and were also poised to cease discussions too.

GDPUK.com was able to publish this draft contract and a spreadsheet showing the application of the targets in the contract, and their bearing on the contract value, this is available to download at ***www.gdpuk.com/news*** and makes interesting reading for dentists concerned about the future of NHS dental contracting.

The contract is weighted differently to the present one, and does not base all the payments on achievement of UDAs, merely 51 per cent. This might sound like a good starting premise, but the remaining part of the contract value can be achieved by reaching other targets. 19 per cent of the contract value is made up of giving value for money plus good response from patient questionnaires about waiting times, the practice and treatment received, plus a further 30 per cent is based on reaching Key Performance Indicators, which are outlined in the spreadsheet named above.

An example is the prescribing of antibiotics, and if a practitioner prescribes these at a rate lower than the average for the local PCT, then this reaches the target for that KPI. Inevitably this number would therefore fall each year, making a serious effect on practitioners' practising patterns, and clearly affecting so-called "clinical freedom". Other targets include reducing the number of regular patients seen each six months, and gives more pay for seeing them yearly. Each of these requirements is listed and weighted, but achieving all of them is necessary to earn that 30 per cent of the contract value.

An example in the value for money category is to reduce the number of patients who have more than 24 UDAs of treatment in a 12-month rolling period. In other words, gaming the contract will be squashed, and genuine patients who need antibiotics, or who genuinely break teeth three times in 12 months will find it difficult to have a third lab item if the dentist is to meet targets. The is an example of the DH trying to ensure that previous suspected gaming by practitioners is not unpunished.

The KPIs are split into three weighted 10 per cent categories, access, effective care and health promotion. Under the contract, every patient must be asked about smoking, and then 90 per cent are to be "signposted" to cessation services to meet the next target. This might help oral health, but is not what has been seen as dentistry. This is only a selective summary and the detail is available to download.

In addition, the contract is composed of many schedules, it seems to give ownership of the practice to the PCT in the event of termination of the contract, imposes many requirements on the contractor on terms of who is employed and how, and is more akin to a contract of employment than one between an independent contractor and a health commissioner.

Publication of the draft produced a cascade of responses. The following day, the BDA issued a press release, and wrote to GDPC members. The BDAs summary was clear, they saw the contract as initiating micromanagement of dental practices, with a vast array of detailed requirements. The contract would be unsuitable for family practices, and would leave them at constant risk of breach if they did take it on. GDPC had met with the DH on this matter, but had made no progress in making it even slightly suitable. The GDPC Executive had decided to continue with discussions rather than walking away. Their advice went on to tell members not to proceed with this type of contract as it is unsuitable, and open to lengthy and complex litigation should things go wrong. Moving towards something based on the Steele recommendations remains the present aim of the GDPC.

Dental colleagues commenting on this in the GDPUK forum, having been able to read the contract and spreadsheet made a number of salient points, they felt this was going to be a big boost for Denplan. A practitioner could take this on and not be paid for reasons beyond control of the practice, like the absence or lack of response to patient questionnaires. Comments were made looking back to item of service with nostalgia. In addition, further analysis showed the weighting of the KPIs was not evidence based, just invented to fit in with the spreadsheet.

Advice from all sides is not to enter into this arrangement – the corporates have led the way with their commercial nous – if they will not attempt to make this work, it has to be a poisoned chalice for any practitioner. DT

### About the author

**Tony Jacobs,**
52, is a GDP in the suburbs of Manchester, in practice with partner Steve Lazarus at 406Dental (***www.406dental.com***). He has had roles in his LDC, local BDA and with the annual conference of LDCs, and is a local dental adviser for Dental Protection. Nowadays, he concentrates on GDPUK, the web group for UK dentists to discuss their profession online, ***www.gdpuk.com***.

# Dr Roger Matthews on DAC

In the past four years, the cost to the taxpayer of NHS dental primary care has virtually doubled, from just over £1.2bn to nearly £2.3bn. What do we have to show for this? Despite a small upturn in attendance figures from June 2008 to March 2009, there are still over 600,000 fewer NHS patients being seen.

Given this situation, and faced with criticism from politicians, the profession, patient groups and from within the NHS itself, clearly something had to be done. Professor Jimmy Steele's Review – with which we have all been preoccupied for the past two months – was the visible result.

But behind the scenes a much greater policy initiative has been underway. A grand concept: to unite all primary care contractors under one contractual formula. And only now do we see the result – the Warburton Dental Access Contract. The framework calls for a five year contract – into the relative unknown of post-election public spending uncertainties. So is there funding for those five years, earmarked in advance? If yes, that suggests that dentistry still enjoys a unique position as a ring-fenced NHS budget (until the election). If not, then it is doubly unwise to consider accepting these onerous – some would say punitive – terms.

So is this a development of the process which started in 2005 with the New Contract? The CDO has claimed that the 2006 reforms were only a start. Or is this a last gasp reform, cooked up by lawyers and the Health Department's commercial arm?

It seems incredible that the currently circulating sixth draft has so far escaped the attention of anyone (professional or governmental) who knows anything about dental practice. Or so it would seem. For not only is this contract over-complex, over managed and overwhelmingly one sided, it contains multiple references to activities that are alien to dental care (but commonplace in GP practice).

Maybe when policy is decided as a grand sweep of reform, such niceties get pushed aside. Maybe no-one thought to ask the dentists themselves. Or maybe the administration is so far removed from everyday experience that it really doesn't know or care. DT

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## *Dental Tribune* spoke to CDO Dr Barry Cockcroft about the Dental Access Contract

The thing to remember about the Access Contract is that it is only linked to the work that Mike Warburton's team is doing; it is focussed on the access programme, working with PCTs, to develop around 150 brand new practices across the country.

The draft of the access contract that has been released was an early draft that the team shared that with the NHS to get their feedback. The team also shared it with the British Dental Association (BDA); we agree with the BDA that this is a work in progress. The access team has met with the BDA several times and there are more meetings planned.

The contract does include some suggestions that Jimmy offered in the Steele review but then again the access programme pre dated the Steele review so it would have been silly to ignore the work that Jimmy was doing.

The most significant work relating to Steele will be piloting with existing practices. We are committed to getting them up and running as soon as possible, but we need to agree what we are going to pilot, where we are going to pilot, how long are we going to pilot for and how we are going to evaluate them. The intention is certainly to have Steele review pilots up and running by the Spring.

There have been many reports on dentistry in the past and we have a long history of not implementing them. What the Secretary of State Andy Burnham said at the press conference when we launched the Steele review was that we have to make sure we implement these recommendations. I am committed to doing just that ¬- we will have a implementation board to make sure we implement it and, like the review itself that will have considerable engagement with stakeholders. DT

# Going it alone

## Trading as a limited company can hold benefits for dentists. Michael Lansdell explains

'Going limited' might not be suitable for everyone; for dental professionals to decide whether their circumstances would benefit from incorporation, it is vital that they fully understand the role of each specialist. Just as members of the dental team work well together and complement each other through their specific strengths, so accountants, brokers and solicitors make up a synergistic team when dealing in their own area of expertise. Although multitasking to a certain extent can be helpful, the intricate balance between all parties is at its optimum when roles are kept separate.

### The next step

The role of the specialist accountant is to completely evaluate a dentist's business and personal circumstances to work out whether incorporation is the best step forward. Skilled at identifying tax savings and other benefits to the client, a good accountant should provide a balanced view on incorporation, detailing what the dentist can expect after becoming a limited company. Taking into account the ultimate sale value to third party and if the total net benefit is worth the process, the accountant will then create a unique incorporation blueprint for the practice.

Brokers who have considerable experience in gaining the proper valuation of a business, as well as providing a goodwill valuation well supported by comparable sales of similar practices should be approached when 'going limited'. Gaining such a valuation is key in the event that, the transaction is examined by HM Revenue and Customs, ensuring the dentist has a justified explanation of methodology and examples of comparables to support the true practice value.

Solicitors assist in the sale of the business agreement from sole trader to limited company; their skills are needed to set out a legally enforceable sale agreement that is appropriate for everyone's needs. Flexible enough to not create any restrictions pertaining to the agreement by taking into account the close association between vendor and purchaser, the solicitor will protect the interests of both parties. Dentists can also benefit from the solicitor aiding any possible conveyancing process, for example, property sale and rental agreements back to the limited company.

### Ask for advice

Consulting an Independent Financial Adviser (IFA) is useful when assessing whether the rules will allow the transfer of a freehold property into a Self Invested Personal Pension (SIPP).

They will also give advice on pension investments, and deal with additional contributions from savings generated by incorporation, to increase the size of pension pots. This kind of expert team will guide a dental professional through a successful incorporation, provided each member works to their strengths, as there are potential problems that might occur if specialist's roles are confused.

Although trained in valuation techniques, accountants are not open to the same information on comparable practice sales and prices as brokers. Brokers will be able to provide an accurate, justified goodwill value that will be sustainable under HMRC scrutiny.

Accountants are involved in liaising with the solicitor and coordinating the incorporation, however they should avoid attempting legal advice such as negotiating with a for contract transfer as it might cause problems. A solicitor should always be involved when documenting the terms of sale between the sole trader and limited company in a genuine arm's length sale.

### Defining roles

Keeping roles clarified throughout the incorporation process will ensure the dentist receives advice tailored to his specific circumstances. Approaching a solicitor for accounting or tax advice on incorporation might prove problematic, a conclusive answer will be provided by an accountant skilled in calculating whether becoming limited would be a net benefit or net cost to the dentist. By assessing the potential savings against financial downsides, incorporating fees and potential risks, the accountant will advise whether the business will be strengthened by incorporation.

For the right practitioner, there are numerous advantages to becoming a limited company, and with expert advisers, it can be an uncomplicated course to take. Working with an interdisciplinary team that knows their strengths and limits can make the incorporation process effortless, and with clear boundaries of responsibility dental professionals will know what to expect from their respective advisers. DT


**About the author**

**Michael Lansdell**
was brought up in South Africa, receiving his honours degree there in 1991. He completed his training with international accounting firm Deloitte in 1994, and went on to become a founding partner at Lansdell & Rose Chartered Accountants (SA) a year later. Based in Kensington, London, Lansdell & Rose deal only on a long-term retained basis, exclusively with owner-managed clients, generally dentists and doctors, and specialising in the incorporation of dental practices. To contact Lansdell & Rose, call 020 7376 9333.



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