

DENTAL TRIBUNE

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News in brief

Lavender heals

The scent of lavender calms patients' nerves at the dentist, claims a study which will be presented at the British Psychological Society's health psychology conference at Bath University. Researchers from King's College London used a questionnaire to measure the anxiety levels of more than 300 patients in dental waiting rooms over a month, where 50 per cent were exposed to the scent. The anxiety level of those not exposed to lavender was 10.7 compared with 7.4 among those smelling it, regardless of the type of dental appointment anticipated. Lavender essential oil reputedly has a calming effect and is often used in massage and bath oils. It is said to help in treating migraine, headaches and anxiety and is a good remedy for insect bites. However, the study did not observe that smelling the oil helped decrease anxiety in patients when they were thinking about future dental appointments.

Off-white teeth

A national survey has reported that men from Leeds regard themselves as having some of the most discoloured teeth anywhere in the UK. The dental health questionnaire showed that men in the Northern city assessed their teeth as being the least white in the country. Every male participant from the city who took part in the survey confessed that they would like much whiter teeth and on average they gave their set of teeth, marks of four out of 10.

Dental roadshows

A series of dental roadshows on the implementation of the new contract has launched around the UK catering for dental service commissioners, local dental committees and dental practice advisers. The first one kicked off in London on Friday, September 19. Three others are set to take place around the country in Taunton, Nottingham and Leeds. Chief Government dental officer, Dr Barry Cockcroft said: 'The aim of these roadshows is to show where and how preventative dentistry is being incorporated.'

Committee Response

The response to the Health Select Committee report on the new contract will be published on October 7. Dr Barry Cockcroft, said: 'We will respond to every single recommendation of the Health Select Committee.'

News and opinions



Big salaries

The NHS Information Centre says that dentists are earning more money than ever, but at what cost to the patients?

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Practice management



First class

Being good at what you do is just not enough anymore - you have to be truly outstanding or your business will die.

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Money matters



Worker's rights

There many reasons why you could end up in court and the penalties for not 'working legally' can be disastrous.

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Clinical case studies



Roots matter

Endodontics and pain go hand in hand for some people, but with a bit of TLC you can make a big difference.

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SDAC abolition is 'misguided'

The British Dental Association (BDA) has written to the Secretary of State for Health, Alan Johnson urging him to reconsider the decision to abolish the Standing Dental Advisory Committee. (SDAC)

The letter from the BDA's chair of the executive board sent earlier this month, voices the association's 'deep concern at the decision, particularly in light of overwhelming support for the continuation and strengthening of the committee in responses to the consultation on the issue'.

Susie Sanderson said: 'We believe the decision to abolish the SDAC to be a misguided one that goes against a strong consensus of opinion across different branches of the profession. The committee offered an effective method of canvassing the whole spectrum of the profession including those on the frontline of patient care. One of the key principles of the NHS Next Stage Review is the promotion of a quality service developed with full professional engagement. This decision appears to be contrary to that principle. We urge the Secretary of State to reconsider the decision and guarantee the future of a committee which is an invaluable source of expert consensus in dentistry.'

Dr Sanderson added that the SDAC, with its professional authority and strong links to hands-on patient care was very much in line with the principle of providing a quality dental service with full professional engagement and would make an invaluable contribution to discussions and planning about the future of NHS dentistry.

She stressed that one of the SDAC's great strengths was its ability to draw together different

strands of the profession, including dental care professionals engaged in the day-to-day treatment of patients as well people involved in academia and regulation. Accordingly, the body was able to anticipate developments in the sector and produce balanced, strategic thought, together with informed advice.

Dr Sanderson added: 'Even though in its response to the consultation, the Department of Health (DH) noted that ministers would still get independent and impartial advice, none of the bodies which it has listed are directly linked with day-to-day providers of dental care to patients.'

'We are therefore unconvinced that the alternatives proposed would ensure that the views, opinions and the expertise of the general body of the profession, were properly reflected.'

'We are not convinced that the alternatives proposed would reflect the profession's views'

On the SDAC's future, the consultation document states that because ad hoc committees are time-limited and subject specific, they make fewer demands than standing committees, from both expert members and the secretarial staff who support them.

The DH has made increasing use of subject-specific committees and members of the Na-

tional Committee for Health and Clinical Excellence. (NICE) to obtain clinical advice about dentistry.

To provide a further source of professional advice, England's CDO has appointed a consultant adviser to complement the skills and experience of his team at the DH, together with a specialist from secondary care dentistry.

Dr Cockcroft said: 'The SDAC has not met for two years and does not advise on policy around contracts, but on clinical matters. We have produced a series of documents by bringing together experts, which is a much better

method. The BDA has provided us with the people with expertise.'

He said the Secretary of State is going to reply to the statement from the BDA.

The Standing Dental Advisory Committee was established in the NHS Act 1946 and set up in 1949 as one of nine bodies to advise on matters relating to services provided under the act. The remit of the committee is to advise the Secretary of State on matters relating to the services with which the committee is concerned, as it sees fit, as well as questions referred to them by the Secretary of State. □

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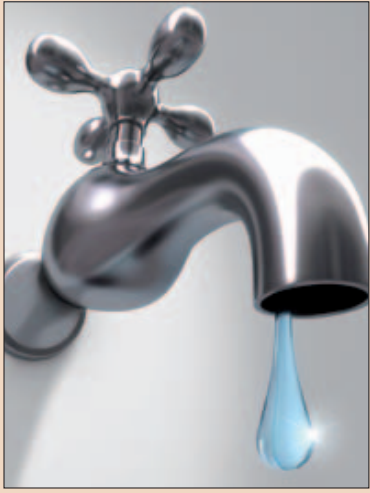
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Drop-ins for fluoridation consultation

Residents and workers in those areas of Southampton which might receive fluoridated water can attend a series of drop-in events during the official public consultation period.

The sessions are organised by South Central Strategic Health Authority (SHA) and began in Bitterne on Thursday, September 18. Interested parties

are invited to talk to experts and give feedback on the controversial proposal. There are display boards with detailed information, as well as the consultation documents and other explanatory literature.

The SHA claims it is independently overseeing the consultation to help people understand the arguments for and against fluoride. However, anti-

fluoride campaigners are not allowed to give their own presentations at the sessions leading to claims of bias against the health authority.

Chairman of Hampshire against Fluoridation John Spottiswoode said the outright refusal by the SHA to let his organisation make their own presentations at the drop-in events gave weight to the no-

tion that the consultation was a 'sham'.

He said the material produced to date by the health authorities was one-sided and gave a false picture about the true effects of fluoride. It did not take into account other research which showed that fluoride could cause serious and negative side-effects on health. [DT](#)

DTUK mailbox



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



Toxic burden

Is it not enough that we have MRSA and other superbugs which have been bred by abuse of chemicals on the back of hygiene deficiency? Do we need to add to the toxic burden of people when there is a much simpler and healthier alternative?

The notion that dental decay is somehow a 'fluoride deficiency' is one of the greatest lies we have been fed by 'science' propagandists. Nutrition and hygiene are the keys to the prevention of decay. People in impoverished areas suffer from dental decay due to malnutrition and hygiene deficiency.

Adding fluoride to the water does nothing but increase the toxic burden.

This is a truth that is unpalatable to swallow for it goes against the grain of industry hell-bent on creating new 'needs'.

I do not agree that water fluoridation has any benefit other than to rid the fertilizer industry of its toxic residues. Fluorosilicic acid is highly toxic waste. It is disposed of in the water supplies under the guise of 'prevention'.

The scientific evidence on the benefits of fluoride is flawed, being biased and funded by industrialist benefactors. It is long documented that some 'optimally fluoridated' areas even have higher incidents of dental decay than non fluoridated areas.

I Oppose the fluoridation of water on four grounds:

1) There is more than ample evidence to show that **fluoridation does not preclude dental decay.**

2) Adverse side effects of fluorine-containing compounds beyond the 'benign' side effect of dental fluorosis are well documented.

3) Poor NUTRITION +/- poor HYGIENE=DENTAL DECAY

The 'nanny state' is overlooking this and the dental profession, to its ethical shame, is sleepwalking through this misconception. The government that gave us 'Weapons of Mass Destruction' as a rationale for war, is now offering 'weapons of decay prevention' as a rationale for 'benevolent mass medication.' Neither programme was based on honesty.

4) **Most importantly, Oral health is attainable through a combination of good hygiene and a type of nutrition which not only eliminates dental decay but also reduces the chances of acquiring diabetes and pyogenic infections, amongst other diseases.**

It is a type of nutrition that improves general health, without fail.

This is what we should be striving for, not applying 'magic bullets' that may do more harm than good.

Mr Pastoll

Dental crisis in Lincoln improves

All patients living within a 20-mile radius of Lincoln can now be seen by an NHS dentist, according to the county's dental service. Since the new contracts were introduced in April 2006, 60,000 county patients have registered with an NHS dentist with new practices recently opened in Sleaford, Market Rasen and Gainsborough. The only areas in which the waiting lists still need to be reduced are Louth and Mablethorpe.

Before the Government introduced the new NHS dental contract in April 2006 when local PCTs began to control dental pro-

vision in their areas, it was almost unheard of to find a dentist taking on new NHS patients in the Lincolnshire area at the time when dentistry was controlled centrally.

As a result, there was more cash given to the county to improve the availability of NHS dentists and the situation was remedied, although NHS dental take-up has a long way to go.

The challenge now is to get the message across to residents that dental access has greatly improved, with regard to NHS dentistry in the locality.



Lincoln patients are set to benefit with NHS dentistry

Only half of the population in Lincolnshire - about 367,000 - is currently signed up with either an NHS or private dentist. [DT](#)

Six figure salaries for dentists revealed

Official figures compiled by the NHS Information Centre are set to reveal that on average an NHS dentist earns a six-figure salary. The figures show that dentists across the UK received a 13 per cent pay increase



Dentists have received a 13 per cent pay rise

last year, with an overall income of more than £100,000 in 2006-07, an increase of 15 per cent.

Fears have been expressed by patients groups' that the new contract encourages NHS dentists to carry out simple work at the expense of more complex treatment, because payment is the same for both.

They believe the target-based contracts encourage profits rather than patient-centred care and it is easier and quicker to take out a tooth than do painstaking root canal surgery.

The working hours of an average NHS dentist, who spends about 70 per cent of each week - about 26 hours - doing NHS work, has only increased by half an hour a week, to 37 hours.

The number of people seen by NHS dental practices has dropped by about one million since the contract was introduced.

In July, the Commons Select Committee on Health said that the Department of Health (DoH) had gone back on its words by not bringing about improved access to dentists, because the amount of complex treatments such as crowns, bridges and dentures had fallen by 57 per cent since the contract's introduction. The number of root canal treatments fell by 45 per cent in England and Wales, although it rose in Scotland, where the contract was not brought in. There has been widespread criticism that the scheme was inadequately piloted before being introduced. [DT](#)

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Editorial comment

Off with his head...

Yet again we have another ‘misguided’ decision this week only this time it’s to axe the Standing Dental Advisory Committee (SDAC). The BDA has done its bit by writing to Alan Johnson, MP, but whether it will make a difference remains a mystery. But the fact that there was ‘overwhelming’ support to keep SDAC, says it all. The profession’s respect for the Committee is apparent – but armed with the knowledge of its commitment to patient care and quality service is – ironically – disconcerting to say the least. For why, oh why would the government want to eliminate this professional authority, which has been a political stalwart in such uncertain times? If quality dentistry is key for the government, would it not make more sense to work more closely with SDAC instead of pushing it out the door? Or is the plan to weaken the profession further all part and parcel of a much bigger, bleaker picture? We hope not.

Okay, so we all know the old saying – the contract was rolled out without consultation...blah, blah, blah but then ‘ding!’ Let’s get rid of SDAC - for who needs a body that not only draws to-

gether different strands of the profession from DCPs to academia, but also has the intelligence to produce ‘balanced, strategic thought with informed

advice.’ Erm, the government maybe? Oh and also the ‘second-best’ profession please sir. It doesn’t make sense - but never mind - let’s rest assured that

there must be good reasons why. England’s CDO has got a new consultant adviser to complement the skills of his team after all, and apparently a ‘specialist’

from secondary care dentistry. Let’s wait and see what the Secretary of State is going to say in reply. [D](#)

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?

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Big fat wallets?

If dentists are earning 15 per cent more under the new contract we should be happy right? (Who wouldn’t be happy with an overall income of MORE than £100,000?!) Only there appears to be a few discrepancies here. Firstly – assuming the figures are accurate – is this a result of resorting to ‘simple’ work to accumulate this extra cash or not? The evidence of less complex work is the talk of the profession. Crowns and bridges, and dentures have fallen by 57 per cent, while root canal treatments have decreased by 45 per cent. Should we be worried? These are not small changes by any means – so how are dentists earning more money than ever if they are doing less complex work? Or could it be that this is total rubbish? For by the time the money has been ‘clawed’ back from dentists who have ‘failed’ to meet the treatment targets set for them, these earnings are way, way over exaggerated. And as the chief executive of the NHS Information Centre says: ‘The report reveals the pay of NHS dentists varies GREATLY depending on their contractual arrangements. [D](#)

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DENTISTS’ PROVIDENT



Mary, Queen of Smiles, who won the 2008 Schottlander Smile of the Year, for her radiant smile

Schottlander announces the winner Mary Queen of Smiles

Mary Harrison, 72, from Whickham near Newcastle, is the winner of the 2008 Schottlander, Smile of the Year, competition for the denture wearer with the best smile in Britain.

Mary, who has worn dentures since she was 29, dazzled the

judges with her radiant smile and won an Italian holiday.

She said: 'I had trouble with one tooth and my husband said to take the lot out. Times have changed, but a lot of people did that in those days.'

Mary has a real zest for life

and keeps fit by going dancing and working out at the gym three times a week. 'I'm a very friendly happy person,' she said. 'People always compliment my smile and say my teeth look great.'

Schottlander, launched the Smile of the Year campaign to recognise the millions of people

of all ages in the UK who wear dentures and look good.

Dentures are worn by more than 11 million people in the UK, of which one million wearers are people between 16 and 44. Last year alone, the NHS in England and Wales provided dentures for more than 10,000 children and young people aged between six and 24, according to the Dental Practice Board.

Dr Brian Schottlander, whose company makes the award-winning denture systems, said: 'Today, with advances in technology, dentures can look so realistic and natural that they are indistinguishable from real teeth.'

Schottlander won the Queen's Award for Innovation for its Enigma & Natura range of teeth and denture systems. [D](#)

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We want dentists not fluoride

Councillors in Rossendale would rather see cash spent on another NHS dentist for the borough, than on the fluoridation of water by North West Primary Care Trust. (PCT)

The cabinet debated the subject after they heard a talk on fluoridation by a consultant in dental public health and now must decide whether they want a consultation period to consider water fluoridation as a method of reducing tooth decay.

The general consensus was a lot of money would be needed for fluoridation which would be better spent on improving dental services. The public also need to be educated to take responsibility for their own teeth.

Nearly 50 per cent of five year old children in Rossendale have one or more decayed, missing or filled teeth and it is claimed that fluoride reduces the loss of minerals from tooth surfaces and makes teeth more resistant.

However, councillors are of the opinion that the money should instead be used to fund another NHS dentist for Rossendale, of which there are currently only five.

Coun Darryl Smith said: 'I am pleased we are being consulted about this, but I think it's completely pointless. Adding fluoride to water is an example of extracting away responsibility from people. For me it's like taking a sledgehammer to cracking nuts – if I had a headache, I wouldn't expect everyone else to take an aspirin.'

The PCT board now has to decide if it wants to request the Strategic Health Authority to look at the possibility of fluoridating public water supplies by October 31. [D](#)



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New developments for Smile-on continue

Leading integrated dental course provider, Smile-On is adding a series of new training and career development programmes to its award-winning library:



DNSTART, which includes 10 hours of verifiable CPD, incorporates the essential induction requirements for trainee dental nurses before they can undertake practice duties, which includes confidentiality and health & safety. Developed by Kent, Surrey and Sussex (KSS) Deanery and the University of Kent, the course is particularly useful for experienced nurses returning after a career break. Sponsors include leading infection control product supplier, Schulke, top dental payment plan provider, Denplan and major healthcare product manufacturer, SciCan.

Smile-On is also offering, Monitoring practice progress

with Clinical Governance Progress Management, (CGPM) which uploads Smile-on's Clinical Governance Programme, so Primary Care Trusts (PCTs) can electronically log the progress of local practices and get information on what still needs to be done. It includes a text-message reminder service, a users' forum to share experiences and offer support to each other and a diary system. The programme assists PCTs in meeting NHS Clinical Governance Agenda requirements using an innovative multimedia combination.

Smile-on understands the importance of risk management and that effective communication can reduce the chances of litigation. Communication in Dentistry: Stories from the Practice, is a three-module programme to implement successful communication techniques with patients and staff, as well as learn the basics of essential communication. The course, which offers three hours of CPD, also looks at ways of reducing stress



Smile-on offers a range of excellent integrated dental learning programmes

and developing a positive working environment.

There is also a Clinical Photography course, which offers two hours of CPD, through which team members can discover the best ways of capturing and storing high-quality clinical photographs digitally, for record-keeping as well as tracking changes in fields including orthodontics and periodontal treatment.

A Smile-on spokesman said: 'We are proud to be the UK's leading provider of integrated learning programmes to the dental industry, developed with subject matter experts, top universities, hospitals and other dental institutions.

'Our award-winning course portfolio also includes KeySkills in Primary Dental Care, The Bleaching Business and Perfect Posture.'

For more information, call 0207 400 8989, email info@smile-on.com or log onto: www.smile-on.com

Dental earnings figures mis-leading

Figures for dentists' earnings and expenses for 2006/07 which were published earlier this month do not paint the whole picture, claims the British Dental Association. (BDA)



'The figures don't tell the whole story'

Responding to the publication of the *Dental Earnings and Expenses, England and Wales, 2006/07* report, published by the NHS Information Centre, BDA chief executive Peter Ward said the figures are misleading.

He said: 'These figures do not tell the full story. They fail to take into account the clawing back of money from NHS dentists who have failed to meet the treatment targets set for them. We know that nearly half of high street dentists across England and Wales could be subject to such clawback this year and are currently facing an anxious wait to see whether and how they will be penalised.

'The figures for the first year of the new dental contract may be

further distorted because of factors which include the completion of work under the old system and the advance payment for work under the new one.'

The Dental Earnings and Expenses report states that dentists earned £96,135 on average in 2006/07. The report - the first overview of dental earnings under the new contract - covers dentists' NHS and private work.

Practising dentists who held a contract with a Primary Care Trust (PCT)/Local Health Board (LHB) to provide NHS services earned on average £134,827 before tax with average gross earnings of £553,869 and expenses of £219,042.

Dentists who held General Dental Services (GDS) contracts earned on average £117,085, while those with Personal Dental Services (PDS) contracts earned on average £172,494.

NHS Information Centre chief executive Tim Straughan said: 'The report reveals the pay of NHS dentists varies greatly depending on their contractual arrangements.'

The report also looked at earnings and expenses related to the working patterns of dentists, their age and gender, their level of orthodontic activity and their Strategic Health Authority.

Changes in the way figures have been produced mean it is difficult to compare the figures to those in previous years' reports. [BT](#)

Congratulations to Dr Chan

A leading teeth-whitening expert dentist has received a prestigious award for his research.

Dr. Wyman Chan, whose professional dental work is dedicated to teeth-whitening, received the Procter and Gamble Investigator First Prize Award from Professor Domenica Sweier, University of Michigan in Toronto, Canada during the 2008 International Association of Dental Research (IADR) meeting in July.

Dr Chan, who is a researcher at the Centre for Materials Research and Innovation (CMRI), at the University of Bolton, won the accolade for his research paper entitled, A Comparative Spectrophotometric Investigation of Selected Professional Tooth-Whitening Products.

His study investigated the in vitro efficacy of several professional teeth-whitening formulations with regard to their

bleaching of Melanoidin Browning Products, (MBPs) which are known to contribute to extrinsic teeth discolouration.

The authors compared the bleaching efficacies of three chairside teeth-whitening products which contained hydrogen-peroxide, namely Zoom, Zoom2 and wy10, using MBPs as spectrophotometric probes. [BT](#)



left to right: Professor M Thomason of Newcastle University; Professor D Sweier of the University of Michigan in Toronto, Dr W Chan of Bolton University and Professor E Lynch of Queen's University Belfast

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FGDP rolls out masterclasses

The Faculty of General Dental Practice (UK) FGDP is launching a series of five masterclasses in aesthetic dentistry, including tooth-whitening, porcelain veneers, anterior aesthetic direct restorations, soft tissue management in the aesthetic zone and facial aesthetics. They will provide dental professionals with the opportunity to improve the level of aesthetic care delivered to patients.

Students will also be able to prepare and submit a case for assessment, which will carry ten credits on the FGDP (UK) career pathway.

The courses have been developed by programme director and former FGDP (UK) dean, Professor Mike Mulcahy, along with experts including Linda Greenwall, David Klaff and Bob Khanna.

Professor Mulcahy said: 'There exists a strong commercial imperative for robust educational programmes in the area of aesthetic dentistry, with patient demand fuelling a proliferation of dentists and non-dental professionals, offering so-called cosmetic procedures. These masterclasses will set the standards towards which all dentists in the field should aspire.'

The courses, largely held at The Royal College of Surgeons in London, each involve two days of teaching and hands-on sessions, followed by a further study day, amounting to 21 hours of CPD per

course, apart from the masterclass in facial aesthetics, which are five-days with 35 hours of CPD and compulsory student assessment. The programme involves anatomical dissection of frozen cadavers with Professor Vishy Mahadevan, as well as lectures from Bob Khanna and Jonathan Britto on aesthetic technique.

- The tooth whitening course is on October 23/24 and December 11, cost: £1,795.
- The anterior aesthetic direct restorations course is on November 14/14 and January 10 2009, cost: £1,795.
- Facial aesthetics, January 27/28/29 and May 15/16 2009, cost: £2,995.
- Porcelain veneers (tbc) is on

April 24/25 and June 27 2009, cost: £1,795.

- Soft tissue management in the aesthetic zone (tbc) is on September 18/19 and December 3, 2009, cost: £1,795.

Members of FGDP (UK) get a 10 per cent discount when purchasing all five modules.



Tooth-whitening is one of the FGDP's aesthetic dentistry masterclasses.

For more information, please contact the FGDP (UK) Education Department on 020 7869 6772. www.fgdp.co.uk

BioHorizons rolls out the programmes

BioHorizons is to offer an extensive array of dental educational programmes in London this coming November led by expert lecturers, backing up its belief that education is the key to business success.

Speciality topics will include surgical, regenerative and restorative techniques as well as how to build up a successful practice. BioHorizons is supporting the, Sinus Grafting & Posterior Maxilla Implant Dentistry, course on November 19/20 with Dr Michael McCracken and Dr Eugene Marais. The six-day course, Surgical Placement & Restoration of Dental Implants, also led by Dr Michael McCracken, takes place over two consecutive weekends: November 14-16 and 21-23.

For more information and to reserve a place on a course in November, please call 08700 620 550, email info@biohorizons.com, or visit the website at www.biohorizons.com

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Dental Fees Freeze

The price of fuel, food and life's other basic necessities may be rising, but at least one thing is staying the same in 2009, which is the cost of registration renewal with the General Dental Council. (GDC)

The council agreed at its meeting in *Belfast* earlier this month to not increase its registration fees next year.

GDC President Hew Mathewson said: 'We keep on being reminded that we are in the grip of a credit crunch and life is getting tougher for people. Costs may be increasing elsewhere, but I'm pleased to say that the GDC has - after a period of time - built up its reserves and we can manage the budget effectively for the coming year without increasing fee levels.'

The fees freeze means that the cost of annual registration renewal remains at £438 for dentists and £96 for dental care professionals. The cost of being on a GDC's specialist list stays at £52.

The GDC also agreed to change the registration renewal

date for four groups of dental professionals - dental hygienists, dental therapists, clinical dental technicians and orthodontic therapists - to July every year rather than December, to bring them into line with dental nurses and technicians.

The four groups will be required to pay £56 for seven months

registration, in December 2008 to take them through to the end of July next year. They will then pay a full year's registration through to the end of July 2010. This will synchronise all Dental Care Professionals (DCPs) onto the same annual renewal cycle. [DT](#)

The annual fees payable are as follows:

Registrant	Annual retention fee (ARF)	Application fee
Dentist	£438 due in December 2008	£438 if registering in January. From February, £37 per month until December 2009 when ARF is due
Specialists	£52 due in December 2008	£250
Dental nurses and dental technicians	Dental nurses and dental technicians have paid for their first year of registration already. Their first ARF for £96 is due in July 2009.	£8 per month until July 2009 when ARF is due
Dental hygienists, dental therapists, clinical dental technicians and orthodontic therapists	£56 due in December 2008 for the seven months ending July 2009, to synchronise all DCPs onto same cycle. The ARF of £96 will then be due in July 2009.	£8 per month until July 2009 when ARF is due

Dental Centre for 3,000 patients

A £9m state-of-the-art dental centre in Portsmouth is set to treat up to 3,000 NHS patients annually.

The Dental Outreach Centre, due to open in 2010, will train 80 students a year as dentists, dental therapists, hygienists and dental nurses.

A partnership between the University of Portsmouth and King's College London Dental Institute, the centre will provide treatment to people from across south-east Hampshire and the Isle of Wight.

Final-year dental students from King's College will conduct 10-week supervised clinical placements at the new centre, which is funded by the Higher Education Funding Council for England, the NHS, the University of Portsmouth and King's College London's Dental Institute.

Professor John Craven, vice-chancellor of the University of Portsmouth, said: 'We are very proud to be involved in a project which brings such tangible benefits, both to student learning and to oral health in the community.'

Current forecasts predict that two-thirds of Portsmouth adults will not be registered with an NHS dentist by 2010. The new dental partnership is designed to remedy that situation, by providing high-quality NHS dental treatment in an area of generally very poor dental health and oral hygiene, particularly in some inner-city areas.

The centre will be housed in a brand new building linked to the University of Portsmouth's, School of Professionals Complementary to Dentistry, in Hampshire Terrace. [DT](#)

UK Dentist to teach Pankey Dental Method



Dr Hap Gill will teach a new method of improving patient care

Cosmetic Dentist Dr. Hap Gill from south-west London has qualified as one of the first official teaching members in the UK from the Florida-based Pankey Dental Institute.

Having just opened a new state-of-the-art dental practice in Richmond, Dr Gill will start train-

ing other dentists in April 2009 to achieve the highest standards of patient care.

He said: 'The relationship that I now have with my patients plus their appreciation for what I have done for them is on a level about which I could only dream of just five years ago. It has been a long slog, but it is ultimately very rewarding to make such a difference to people's lives.'

'I am very much looking forward to teaching other UK dentists to know their patients better in order to deliver the highest standards of healthcare possible.'

The Pankey Institute was founded nearly 40 years ago by Dr L.D Pankey. It is committed to its mission of improving the health and well-being of the world's citizens by helping dentists achieve professional excellence and fulfilment. [DT](#)

Popular NHS dentist dies

A popular NHS dentist from Wiltshire has died at the age of 50.

Dr Michael Frain was born in Bristol and attended St Brendan's College and Bristol University, where he studied dental surgery.

His company owned and ran dental practices across the south-west of England, including practices in Chippenham, Melksham, Calne and Swindon, with more than 40,000 NHS patients on its books.

Dr Frain built up a dental practice which included 17 dentists before opening the Bell Barn practice in Stoke Bishop in Bristol in 2004. [DT](#)

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Are you sitting comfortably?

Adding some new chairs is a great way to revamp a tired waiting room, make the patient's experience comfortable and keep them coming back. Kathy Adams offers some interior design ideas

Seating is an important part of the welcome your patients receive in your reception or waiting room area. Providing your patients with an inviting, comfortable and warm area to wait in, will not only boost your practice image, it will also help encourage your patients to want to return.

Furniture can also be used to create and project your practice's chosen image. The type of furniture you choose will give a certain atmosphere to a room. For example, choosing clean, modern furniture can create an uncluttered, contemporary and airy ambience. So it's good to explore the options before you buy, and think about what kind of mood you like to set.



Don't ignore your chairs

Choosing a style

Patients' requirements should always be considered when choosing chairs – after all, they will be sitting in them. Elderly patients may prefer a more supportive and higher chair, that's easy to get in and out of, so it's a good idea to have at least one chair with arms in your waiting space. Low seating creates a more luxurious and relaxing environment and can be suitable if you have a private patient base.

You might choose to create several different spaces, similar to that in a hotel lounge, with a variety of seats to meet the needs of a varied patient base. You could enhance the areas with low tables, a selection of magazines and the appropriate lighting to create the mood you would like to portray.

Occupy your younger visitors with small, fun seating. The furniture can be arranged to create a children's area and can utilise a small awkward corner very well. Keeping the children busy can help to ensure a quiet and peaceful wait for all your patients, giving parents time to enquire at reception or fill in forms should they need to. For difficult small spaces, banquette or upholstered seating is a good choice.

Space-saving ideas

Stackable chairs work well in waiting and reception rooms. Popular for their versatility, they can be stored away leaving wait-

ing spaces open for staff meetings and events, as well as making sure all floor surfaces are cleaned thoroughly.

With such a variety of fabrics available for chair upholstery, an easily cleanable or a Scotch-guarded fabric that gives resist-

ance to spills, for example, is ideal for waiting room areas. A vinyl or leather would be my choice, as it will look good for longer, is cost-effective and available in different colours.

Investing in a relaxing environment can go a long way to attracting more revenue from both returning and new patients. Remember, you are purchasing for a commercial space and not a domestic environment. Ideally your seating should meet BS EN

12727 contract level three to stand up to the usage of a public space such as a busy practice. [BT](#)

About the author

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