Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

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News in brief

Sadly missed

A dentist from Worcester has been killed in a motorbike accident. Father-of-two, John Bue from the NHS Dines Green dental surgery on Gresham Road, died in Worcestershire Royal Hospital, following an accident on the A4440.

Councillor Margaret Layland, who helped Dr Bue set up his surgery in 2002, said her 'great friend' who believed in free healthcare for everyone would be 'sadly missed'.

LDC chair

Mick Armstrong, a representative on the British Dental Association's General Dental Practice Committee, has been elected as chair of the Local Dental Committees for 2010/2011. He said: 'I would like to give the annual conference a bit of life and get dentists united as much as possible under this awkward new contract.'

Free treatment

A dentist in Edinburgh is giving free dental treatment worth thousands of pounds to children affected by the Chernobyl nuclear disaster.

Biju Krishnan, who runs the Scottish Dental Implant Centre in Edinburgh, has been treating the teeth of 25 Belarussian children from the town of Mogilev in Belarus.

The Friends of Chernobyl's Children organisation have brought the children over for a month's treatment with Dr Krishnan providing free dental examinations and treatments.

He said: 'The children can have terrible teeth because of the conditions back home – their poor diets and the poor agriculture thanks to the radiation effects – and we have to try and counter that here.'

The average lifespan of those affected by the disaster is 30 years old.

Record deal

A singing dentist in Richmond, West London is awaiting the release of his debut album after securing a £1 million record deal with SonyBMG.

Andrew Bain, began singing in choirs at a young age, went on tour with Cameron Mackintosh's production of Les Misérables in 1999 and Bill Kenwright's Whistle Down the Wind in 2002 and signed his million pound contract last July. He currently works two days a week at the Park Dental Clinic in Upper Richmond Road West.

To see him in action, visit *myspace.com/andrewbainsings*.

www.dental-tribune.co.uk

News

Interesting findings

A 'shameful' lack of IT investment and patient confusion over what the NHS actually offers in terms of dentistry are revealed in Jimmy Steele's review.

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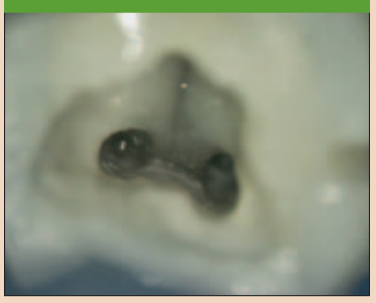

Canal anatomy

In this case report, Siju Jacob suggests that if you don't recognise and treat aberrant canal anatomy, it can affect the prognosis of endodontic treatment.

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Education

Performing dentistry

In 2006, when the old NHS system came to an end, the dental associate made way for the dental performer. But what is the difference and has the change been for the better?

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DCPs

First impressions

Although it takes the whole team makes a new patient feel at home, it's the receptionist who will at first influence a new patient's opinion of a practice.

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Review links pay to patient numbers

Professor Jimmy Steele

The long-awaited independent review into NHS dentistry wants dentists' pay linked to how many patients are on their books.

The Independent Review of NHS Dental Services, looks set to reverse the reforms of the 2006 contract, with dentists being paid for the number of treatments they provide.

Critics claimed that this has led to patients tending to have their teeth extracted rather than have fillings or crowns, as it is more profitable for dentists to take a tooth out, than to try to save it with complex treatments such as crowns or bridges.

Before the contract, dentists were paid per procedure, but after it came in they were paid to provide a specific rate of procedures in the coming year.

People in many parts of the UK have had problems accessing an NHS dentist since the new contract came in.

It is hoped that by linking dentists' pay to patient registration, this will encourage dentists to take on more NHS patients.

Under the recommendations, dentists would have a 'significant chunk' of their annual income – possibly as much as 50 per cent – linked to the number of patients on their books.

Professor Jimmy Steele, author of the report wants to see dentists 'more explicitly accountable' for providing high-quality and long-lasting treatments (eg, fillings and root canals). He also wants to see more of a focus on prevention with dentists taking the time to advise patients on preventive care.

Professor Steele said: 'This review is a vision of a better deal for both patients and dentists. It's about making sure that patients can see an NHS dentist who will take long-term responsibility for their care.

We have recommended some significant changes to the system by which dentists are paid in order to support their work with patients to improve oral health, prevent oral disease and provide treatment of the highest quality.'

The report also wants dentists to give a clearer definition of the patients' rights upon registering with an NHS dentist and for there to be a simpler registration process with dentists, with information on local services made available through NHS Direct or the NHS Choices website.

Patients will still pay NHS charges, which cover about 80 per cent of the cost of treatment, but these may be divided into up to 10 payment bands, compared with the existing three, to tie them more closely to the amount of work done.

Health Secretary Andy Burnham welcomed the review and said access to NHS dentistry is already improving and new NHS dental surgeries are opening up all over the country.

He accepted the recommendations in 'principle' and said: 'From the autumn, many will be asked to pilot the changes that the review has recommended. I recognise that more needs to be done to bring NHS dentistry up to the standards that the patient should expect.'

The review has been welcomed by The British Dental Association (BDA), which has called on the Government to work constructively with patients and the profession on its findings.

The BDA has urged the Government to heed the report's recommendation to pilot properly any reforms it introduces as a result of this report.

John Milne, chair of the BDA's General Dental Practice Committee, said: 'The BDA is pleased that this report has been published. Professor Steele and his team have clearly listened carefully to patients, dentists and primary care trusts. We have an opportunity to learn from the difficulties of 2006, and it is vital that opportunity is taken.

The report's recommendations appear to be far-reaching. They describe a new approach to dental care that dentists hope will mean a move away from the target-driven arrangements that are currently in place. Clearly, the detail of how that approach will be delivered will be vital.'

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Patients are confused about NHS charges and treatments.

Lack of IT funding 'quite shameful'

Professor Jimmy Steele, who led the independent review into NHS dentistry, has called the lack of IT investment into dentistry 'quite shameful'.

Professor Steele, who has been carrying out research into the state of NHS dentistry over the last six months, spoke about his findings at the annual conference of Local Dental Committees in London, just prior to the publication of the report.

He revealed that a big reason he took on the task given to him by the Government was that he was 'very concerned' about the state of NHS dentistry.

He revealed that researching 'The Independent Review of NHS Dental Services' has been difficult and he has had to deal 'over the last six months with some very conflicting viewpoints'.

'I have had to deal with a profession that is hostile to the reforms and you cannot have a good dental service if you don't have happy dentists.

I was also dealing with an NHS that was telling me that more money had been put into it but there are fewer patients being treated.

I felt like a man on a tightrope trying to keep my balance and trying to keep my balance for you. Of course I recognise that there are priorities for the NHS as there is a fixed pot of money and we have spent a lot of time thinking about these priorities,' he said.

Professor Steele did have praise for NHS dental care and said: 'There are many patients who are receiving outstanding care from the NHS and it is excellent value for money. I would rather have the NHS dental care in this country than quite a lot of the care that is being provided in the developed world.'

However, on the negative side, he found that 'some patients are not able to access care and added: 'I am really concerned that some of the best dentists are unable to provide the best care they want to provide.'

He also expressed concern about the 'highly variable commissioning' that takes place now it is all done at a local level' and said: 'There needs to be more robust performance management from the PCTs and better coordination of information and better data and improved use of data.'

One of the core reforms of the 2006 contract was the move to local commissioning.

So one of the real issues, since it came in, has been the competence of the PCTs.

'Where it is done well, you have the local dental committee, commissioners and chief executives fully engaged in the process,' he said.

He also dealt with the problem of UDAs (units of dental activity) and said: 'There is unrealistic remuneration for certain procedures and to have the UDA as a sole measure of payment is wrong'.

Another problem with the current contract is that the NHS offer is unclear so 'patients are confused about charges and what treatments are available on the NHS'.

He also feels there is a problem with the image of dentists and called them 'fairly unpopular', second on people's dislike list only to lawyers and politicians.

To reverse this trend, there needs to be 'high level support for dentistry' and from all political parties and said: 'That commitment is really important'. DT

Review links pay to patient numbers

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He added: 'What is important now is that the Government pilots properly the changes it makes and engages fully with the profession and patient groups as we move forward. The BDA looks forward to playing a full part in that process.'

Prior to the report's publication, Dr Milne speaking at the annual conference of Local Dental Committees said that he hoped the report would enable dentists and the public to move on 'from the current climate of mistrust'.

The British Dental Health Foundation (BDHF), praised Professor Steele and his team for their work following an open and wide-reaching consultation process, and welcomed the emphasis on prevention and evidence-based treatment to support better oral healthcare.

Foundation chief executive Dr Nigel Carter said: 'This thorough report and its proposals represent a sorely-needed opportunity to reform the existing system and help look after Britain's oral health.

The Foundation is particularly happy to note the emphasis on prevention and reward for prevention within the system, which will help more of us attain a sound level of dental hygiene to help look after our health.

The review marks a welcome return to continuity of treatment through patient registration and the report's emphasis on thorough oral health assessments to determine necessary treatment and a strong evidence base for any decisions are pleasing.

The proposed 'pyramid of need' approach, addressing advanced care, routine care and emergency treatment, is a sensible plan to ensure effective treatment when required.

We also welcome a commitment to testing any proposals before they are implemented as many of the existing problems with NHS dentistry arose from a lack of thorough groundwork before contracts were introduced.'

Tony Reed, executive director of the British Dental Trade Association also welcomed the focus on preventative care.

He said: 'I am particularly pleased with the emphasis on quality and the recognition of the role that oral health should play in the public-health arena.

I have no doubt that some dentists will be disappointed that there is no quick fix for the UDA but the commitment to trialling better payment systems, based on outcomes rather than treatments, is an encouraging step in the right direction. We look forward to working with the Government and other interested parties to help implement the report's recommendations.'

The Department of Health will now work with the NHS to develop national quality measures for NHS dentistry and discuss with the dentistry profession how to take forward recommendations that dentists should provide a longer guarantee for some work, and pay for a replacement if the treatment fails prematurely. DT

Dentists call for consistency

Dentists at the Local Dental Committees' conference debated the 2006 dental contract and called for more consistency from primary care trusts. They also held a vigorous debate on whether the Government should fund the General Dental Council (GDC).

Alasdair McKendrick of Northamptonshire LDC, claimed dentists will no longer be regulating themselves from this October, as there will be more lay members on the GDC than dentists.

The Council currently has 29 council members – 10 are members of the public appointed by the NHS Appointments Commission, and 19 are dental professionals (15 dentists and four dental hygienists and therapists) elected by dental professionals. Under the restructure in October, there will be 12 lay members, eight dentists and four dental care professionals (dental hygienists, dental therapists, dental nurses, dental technicians, orthodontic therapists, clinical dental technicians). A chair will be elected from within the membership of Council (dental professional or lay).

John Milne, chair of the BDA's General Dental Practice Committee

However, Jason Stokes for Norfolk LDC argued that although he didn't like the structure of the GDC, its role is to protect the patient and therefore it needs lay members on the panel.

'I don't want to be regulated by the Government. At the moment it is still our regulatory body,' he said.

John Milne, chair of the BDA's General Dental Practice Committee, speaking on the contentious subject of UDAs (units of dental activity) said: 'You all know they are corrosive and we need to be rid of them or if not, see them lose some of their power'.

He also referred to the relationship between dentists and primary care trusts (PCTs) and said: 'A good relationship between the Local Dental Committees and the PCTs needs to exist.'

Ian Gordon, an LDC representative from Tees put many of the problems of the new contract at the door of the PCTs. He said: 'It didn't help that the PCTs were in an embryonic stage when the new contract was brought in. But I also find that you go to all that effort building up a good relationship with the PCT then the person you have been dealing with moves on and you have to start all over again.'

There was also a call for all PCTs to be consistent within a Strategic Health Authority region in their policies towards UDA (units of dental activity) achievement. DT

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DH guidance 'logistical nightmare'

NHS dentists in England are calling for extra funding to help them implement the decontamination guidance issued by the Department of Health.

Dentists at the Local Dental Committees' (LDC) annual conference voiced their concerns over the extra time, extra staff and extra equipment needed to implement HTM 01-05.

The Department of Health produced this guidance in response to emerging evidence around the effectiveness of decontamination in primary care dental practices and the possibility of prion transmission through protein contamination of dental instruments.

The guidance for dentists in England was published online in April.

All NHS dentists have 12 months to implement HTM 01-05, from when they receive the hard copy of the guidance, which should be with all dentists over the next couple of months.

Dentists in Wales will also adopt 01-05 with a few modifications of the terminology. But Scotland has decided not to follow the guidance.

Lesley Derry, head of education and standards at the British Dentists Association (BDA), who spoke at the LDC conference said: 'At the moment, Scotland has just cleaning protocols in place and this may be less arduous but I don't think Scotland is getting much of an easier time.'

Under Scottish guidance, all dentists in Scotland have to have a Local Decontamination Unit in place by the end of the year. They are being given grants of around £20,000 to help them do this.

However, a Scottish dentist at the conference revealed that there are currently 55 dental practices in Glasgow facing closure as they are unable to comply with this, as they do not have the space.

Jason Stokes from Norfolk LDC called for the Government to offer dentists in England similar financial help.

'The Department of Health needs to offer funding to primary care trusts (PCTs) to help dentists implement 01-05. If it wants to see more patient safety, we want to see extra funding,' he said.

While Vijay Sudra of Birmingham LDC claimed that the guidance will create 'chaos' and leave dentists with a 'logistical nightmare'.

Under the guidance, all dentists will have to have an overarching infection control policy. So if a dentist gets a new piece of equipment, he or she will have to show how it will be cleaned.

All practices will have to have a rota in place detailing how all the areas in the dental practices are cleaned. The guidance also stipulates that single use instruments are used wherever possible.

When cleaning instruments and equipment, manual cleaning is still acceptable according to the guidelines but automated and validated processes need to be used where possible.

Ms Derry said: 'These are national guidelines but PCTs will be able to adapt them as they see suitable.'

John Milne, chair of the BDA's General Dental Practice Committee, also spoke and said he had been in discussion with the Health Minister Ann Keen expressing his concern about the guidance and detailing the problems that dental professionals will have implementing the decontamination guidance.

The full guidance can be accessed online at *http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089245* DT

Scottish dentist struck off

A dentist described as the 'worst in Scotland' has been struck off from the profession. Andrew Boyd, who practised at the Barassie Street Dental Practice in Troon, Ayrshire, left one man looking 'like the Elephant Man'.

While another patient was forced to spend £17,000 on private treatment to repair the damage caused by Mr Boyd.

Health campaigners have called him the 'the worst dentist in Scotland'.

Mr Boyd was accused of not examining patients properly, failing to take x-rays and not recording treatment.

The General Dental Council (GDC) chairwoman, Marilyn Green, said: 'He omitted to take proper care of his patients on a large number of occasions, and failed to provide the basic diagnosis and treatment of common oral disease which would be expected of a competent dental practitioner. This amounted to the supervised neglect of his patients.'

She added: 'The committee has to protect the public and maintain its confidence in the profession.

Therefore the committee has decided that erasure from the Dentists' Register is the only appropriate and proportionate sanction in this case.'

Margaret Watt, chairwoman of Scotland Patients Association, said: 'This dentist is the worst I've ever heard about in Scotland. It's shocking that it took so long for his behaviour to be exposed when he was very clearly endangering patients' lives.

Bad oral hygiene can cause all sorts of health problems especially if the patient has an underlying health condition such as a heart problem.'

The hearing heard that around a hundred of Mr Boyd's patients needed 'immediate treatment' after going to see him.

Dozens of them suffered from problems with gum tissue and tooth pulp.

Dental experts discovered other patients' fillings had not stopped their teeth rotting because Boyd had failed to remove decay.

Boyd was removed from the NHS practitioners' list after a misconduct hearing in 2006.

In 2007, he admitted a series of misconduct charges involving sub-standard dental care and was suspended for five months.

He failed to attend a review hearing in June 2008 and was banned from working for another 12 months.

Mr Boyd did not attend his hearing at the GDC. DT

Rochdale sees NHS boost

Rochdale is to get five new NHS dentists as part of a £1.3 million plan to improve dental services in the area.

NHS Heywood, Middleton and Rochdale want to open a surgery in Brimrod with four NHS dentists.

A fifth dentist will be based at an existing practice in Littleborough.

It is hoped that the extra dentists will be in place by the end of the year.

All of the dentists will provide NHS treatment and are expected to treat an extra 17,000 patients.

Carole Williams, the Trust's primary care dental lead, said: 'We have been working really hard to bring more dental services to the borough and it's fantastic that we are able to do this before the end of the year.

Access to NHS dentistry has slowly improved over the past two years but these new services will accommodate in the region of 17,000 new patients when at full capacity, significantly boosting our local NHS dental services.' DT

Patient left to suffer 'extreme pain'

A dentist has been accused of leaving a woman to suffer months of 'extreme pain', according to a misconduct hearing at the General Dental Council.

Simon Rudland, of Falgrave Road surgery in Scarborough, installed bridges to the patient's upper and lower mouth between 2005 and 2006.

The woman told the hearing at the General Dental Council (GDC) that the pain was so bad she was unable to sleep at night.

She had a number of further appointments with Mr Rudland but he failed to correct the problem.

Dental expert Anthony Lynn told the hearing that some pain was to be expected because installing bridges was a 'severe process for the teeth'.

However, he said Mr Rudland was under a duty to investigate the problem, particularly as the patient returned for further consultations.

He said that he thought Mr Rudland did not carry out enough investigations into the cause of pain as there were no radiographs.

The GDC heard that Mr Rudland sold his practice in 2006 and moved to Spain where he is thought to be living in Marbella with his wife. He has not been present at the hearing.

If found guilty, he could be struck off.

The hearing continues. DT

UDA system 'bad'

Over 90 per cent of dentists disagree with using units of dental activity as a way of measuring the work they do, according to a recent survey.

The survey carried out by Challenge, a pressure group for dentists, found that 91 per cent of respondents believe that the introduction of units of dental activity (UDAs) to measure activity, has had a damaging influence on diagnosis and treatment planning for patients.

While 89 per cent felt that the new contract did not make it easier for them to give preventive advice and treatment for their patients than previous General Dental Service (GDS) arrangements.

A spokesman for Challenge said that the findings showed that 'dentists working within the GDS feel that UDAs are a bad system, damage treatment planning and do nothing to encourage prevention'.

He added: 'They also feel that the contract makes providing appropriate care more difficult, produces more financial risk, alters the management of disease and that patients are less happy.

Newly qualified dentists don't find the contract easy to manage, don't feel their education and skills are fully used or that UDAs measure work effectively.

While dentists outside the GDS withdrew from the GDS because of the introduction of the contract, they found more untreated disease on new patients than before.' DT

Smile-on helps deliver better oral health

Smile-on, the learning resources provider, has come up with an innovative e-learning solution to help dental practices implement Government guidance on improving patients' oral health.

The two-hour programme, 'Prevention in Practice: Using *Delivering Better Oral Health*' was developed by Smile-on at the request of NHS Education South Central (NESC).

It has had input from members of the team that produced the *Delivering Better Oral Health* toolkit, which was sent to all NHS practices in England in 2007, by the Department of Health.

Dr Gill Davies, specialist in dental public health for Manchester Primary Care Trust, who wrote some of the educational material on the DVD said: 'It deals with issues such as the best ways of communicating with patients and overcoming opposition within the practice and the perceived barriers to integrating preventive activity for every patient.'

She added: 'A variety of teaching methods are used, including short film sequences, illustrations of key points and indications of the sources of the evidence on which the prevention toolkit is based. It is interactive in that it asks questions about attitudes at the start of each topic and then checks on knowledge gained at the end.

It can be watched from start to finish or the user can dip in and out of topics as they choose – the screen is very user friendly and constantly shows the stage the viewer has reached.'

The e-learning package can either be downloaded online or bought as a CD-ROM.

The programme is for all dental professionals from dentists to orthodontists to hygienists.

Each DVD provides two hours of CPD.

For more information on the programme, call 020 7400 8989 or email info@smile-on.com. DT

Army dentist treats Kenyan villagers

A dentist with the Royal Army Dentist Corps is currently visiting remote villages in Kenya, providing 'once in a lifetime' dental care for the villagers.

Captain James Scott, a dentist with the Royal Army Dentist Corps, is one of 151 British Army medics, on exercise in Kenya, giving dental treatment, primary health care and inoculations to people in remote locations across Kenya.

Captain Scott has spent four weeks out there setting up temporary mobile dental clinics which provide villagers with often their only chance of dental care in their lifetime.

There is such a demand for the treatment that some villagers have walked more than 50 kilometres to be seen in the clinics which open at 8am and close when it gets dark.

Captain Scott said: 'Most teeth we have been looking at have tooth decay, so if there is imminent pain, we suggest taking it out because the patients are unlikely to see dental care soon.

In some cases, we are providing the first and last dental care some of our patients will see.' DT

Filling baby teeth may have 'no benefit'

An NHS study is looking at treatment options, after research found that filling baby teeth may have 'no significant benefit'. Around 40 per cent of five-year-olds in the UK have tooth decay and at least one in 10 of these is treated with fillings.

Researchers from Manchester looked at case notes of 50 dentists, which suggests that filling baby teeth may achieve nothing but expose children to the discomfort of an injection and the sound of the drill.

Children receive a wide variation of care on the NHS with some dentists choosing to give a filling with another opting to extract it.

Professor Martin Tickle, of the University of Manchester, found no difference in the numbers of extractions for pain or infection whether baby teeth had been filled or not.

He also carried out a survey of the parents of all five-year-olds living in Ellesmere Port and Chester in 2003, and found only six per cent would want their child to have a filling if they had symptomless decay in a baby tooth.

While a third would want the dentist to monitor the tooth but provide no treatment.

Kamini Shah, honorary secretary of the British Association for the Study of Community Dentistry, said: 'There are two schools of thought, one being that baby teeth can cause pain and sleepless nights and so dentists should fill.

The other is that actually the evidence around filling baby teeth is questionable.'

Advisers to the NHS are now beginning a study on treatment options to provide dentists with clear evidence-based guidelines.

Experts working for the Health Technology Assessment Programme want to recruit over 1,000 children from across the UK to take part in a study that will compare the outcomes of three treatment options.

They are drilling and filling, no fillings or a painless paint-on tooth treatment that merely seals and contains the decay.

The trial will run for four years from 2011 across England, Scotland and Wales. DT

Charity appeals for donations

The Dentists' Health Support Programme made an appeal for more donations at the Local Dental Committee's annual conference in London.

The charity gives support to dentists suffering from alcohol and drug addiction. It is estimated that one in 10 dentists suffer from an alcohol or drug-related problem.

Brian Westbury, chairman of the Dentists' Health Support Trust which runs the programme, said: 'We save the professional and personal lives of these people and every year we take on about 70 new cases.

We inevitably have a growing caseload. Many of these colleagues are helped to a stable condition. None however are truly cured and they may need access to our help and support at any time they feel vulnerable.'

The Trust enables the programme to run a 24-hour service with access to its co-ordinators and UK wide network of voluntary special referees. The Trust pays for the co-ordinators and their expenses but not for the dentists' treatment, which must be funded privately or through the NHS.

Any donations should be sent to the Trust's treasurer Michael Stern, 48 Pollard Road, Whetstone, London N20 OUD. DT

Scotland gets advanced treatment

Two dentists in Scotland have opened one of the country's most advanced treatment centres combining dental treatment and alternative therapies.

Biju Krishnan and Lubino do Rego have opened Lubiju in Edinburgh, which offers some of the most hi-tech treatment techniques and equipment available in cosmetic dentistry.

The pair already run the Scottish Dental Implant Centre open to NHS patients, a specialist facility in Edinburgh, dedicated to providing patients with solutions to missing teeth or loose dentures.

Dr Krishnan said: "We're really excited about the possibilities at the new practice. Scotland has a patchy dental record and we are now at the leading edge of bringing the best new techniques and technology into the country.

We are looking at everything from the most advanced implants and surgical methods, to breakthroughs in needle-free and painless treatments and also the most up-to-date cosmetic dentistry.'

He added: 'On top of that we have also recognised the growing respect, understanding and awareness of complementary therapies and are incorporating holistic and natural treatments along with the latest that medical science has to offer.'

The practice has two consulting rooms, an x-ray area which was created using a ton of lead and a Local Decontamination Unit.

It is also fitted out with three treatment suites, each with a designer flat-screen TV on the ceiling, so patients can watch DVDs during longer treatments such as laser tooth whitening.

Each suite is equipped with hi-tech, ceiling-mounted cameras, which can film surgical and cosmetic procedures to be beamed to specialist audiences elsewhere in the practice – or anywhere in the world – for training and teaching purposes.

Lubiju also has its own dedicated massage and complementary therapy treatment room, with staff who provide alternative health advice, relaxation and beauty treatments, non-surgical facelifts and other rejuvenation and detox treatments.

Dr Krishnan said: 'There is nowhere else in Scotland – and very few centres in the UK – which offer this unique blend of advanced medical treatments and the very best in alternative therapies.' DT

Recession hits BDA Fund

The British Dental Association Benevolent Fund is struggling financially in the current economic climate with more and more people appealing for help.

Ian McIntyre from the Fund said: 'One of the problems is that beneficiaries are getting younger so they will be dependent on the Fund for considerably longer. The youngest applicant we have had was 24. We are currently helping the twins of a 35-year-old female dentist who recently died. Her husband is a tenant farmer and he has financial problems so we are helping them to get back on their feet.'

Applications to the Fund are up 50 per cent on the year before and nearly a quarter of these applicants were below the age of 40.

The Fund operates by giving loans of up to £250,000 to dentists and their families.

However, the recession has hit the amount of money the Fund has tied up in bank dividends and it is 'facing a reduced income stream combined with an increased demand for help'.

Any donations are much appreciated. For more information, go to *www.bdabenevolentfund.org.uk*. DT

DCPs storm GDC website

There has been a surge in the number of dental care professionals using the General Dental Council's website, since its relaunch.

Over 2,600 dental care professionals (DCPs) have created accounts on the General Dental Council's (GDC) website, eGDC, since its re-launch in April this year, according to figures from the GDC.

This brings the total number of dental professionals who are using the site, first launched last November, to over 5,200.

The eGDC site is designed to make things as easy as possible for registrants to keep on top of registration requirements at the click of a mouse.

It allows users to update their contact details, pay their annual retention fee and, in the future, submit continuing professional development returns.

A spokeswoman for the GDC said: 'We have made changes to the log-in procedure on eGDC after listening to feedback from site users.

Registering on the site can now be done instantly, meaning there's no wait for a password letter, providing you have an ID verification code.

If you don't have your code you can request one on the site, by SMS or by letter. The changes help make the process as hassle-free as possible while maintaining the level of security.'

Anne Gerulat, processing manager at the GDC, said: 'We're hoping DCPs in particular take advantage of eGDC this summer.

They're fast approaching the 31 July deadline to pay their annual retention fee and eGDC has plenty of extra information about how they can do that.

Some DCPs will also be asked to complete their continuing professional development returns this August and will be able to submit this on eGDC.'

The deadline for all DCPs to pay their £96 annual retention fee to remain on the register is 31 July and will be 31 July each year from now on.

The deadline for dentists to pay their fee will still be 31 December each year.

For more information, contact the GDC customer advice and information team on 0845 222 4141 or email CAIT@gdc-uk.org. DT

BOS Education Day

The British Orthodontic Society is organising the UK's first National Orthodontic Commissioning Education Day.

The event will be held this September and the day is aimed at individuals or organisations who are directly or indirectly involved in commissioning NHS orthodontic services.

A spokeswoman for the British Orthodontic Society (BOS) said: 'Whilst the new contractual arrangements of 2006 in England and Wales brought about a number of positive changes, there are still many issues that would benefit from further clarification and guidance.

With this in mind, there is no doubt that shared knowledge between strategic health authorities, primary care trusts (PCTs), orthodontic managed clinical networks and providers is of huge benefit.

After discussion with both commissioners and the Department of Health, the British Orthodontic Society is keen to help facilitate this process and so is organising the day-long event as a parallel session at its annual conference which takes place on Tuesday 15 September in Edinburgh.'

The BOS has already run a number of education days at a local level in the last year and these will form the blueprint for the first national event.

During the day, delegates will learn at first hand about several examples of commissioners and providers successfully working together as part of local clinical networks and there will be good practice to share with those involved with commissioning.

The BOS wants this day to be as inclusive as possible and, with that in mind, has announced that representatives from PCTs, the BSA, the Department of Health, as well as the British Orthodontic Society will give presentations.

The topics to be covered during the day include justification and scope of orthodontics, background and principles of the PDS contract and orthodontic monitoring and BSA reports.

There will also be information on handling practice sales and retirements, referral management, the benefits of local managed clinical networks and dealing with orthodontic tenders and re-commissioning.

Registration for the meeting is free, but places must be booked in advance.

Lunch and refreshments will also be provided free by the British Orthodontic Society.

More information and a booking form is available from *www.bos.org.uk*. DT

Bridge2Aid has a ball

Tickets are now on sale for this year's Bridge2Aid charity ball – a UK charity offering dental and community development programmes in North West Tanzania.

The Bridge2Aid charity ball will be held on 13 November at the Hilton Metropole Hotel in Birmingham at the 2009 British Dental Trade Association (BDTA) Showcase and is being sponsored by Dentsply.

The Bridge2Aid charity runs a not-for-profit dental clinic, an innovative dental training programme for local health workers, and a community development programme helping the poor and disabled in North West Tanzania in Africa.

A spokeswoman for Dentsply said: 'Dentsply has provided continuing support to Bridge2Aid over the years, and is delighted to assist with the organisation of such a highly anticipated event.'

Tickets to the ball cost £42 each.

For further information on Bridge2Aid, please visit *www.bridge2aid.org*. DT

Creating perception: building reality

When it comes to considering how to brand your practice, it's essential you make sure people don't draw the wrong conclusion about your business. Andy McDougall explains

'*All that is gold does not glitter; not all those that wander are lost.*' J.R.R. Tolkien. In other words, making assumptions can lead to incorrect conclusions and that has never been more applicable than when considering your practice branding. As the practice principal you may be absolutely clear about the brand values of your practice, but if I were to ask a select number of your patients and each member of your team independently, would those same values be reiterated? In the majority of cases, I would suggest they would not. This article seeks to give you some food for thought and aims to help you derive tangible benefits from any investment you make in your brand.

'Brand values help you to establish your brand and how your vision of it is delivered to the customer'

What is brand?

While there are many variations of definition, in essence a brand is a collection of perceptions in the mind of the consumer. The purpose of a brand is to differentiate competing products or services and to highlight what is unique about each. Brand values help you to establish your brand. They provide physical and emotional triggers that create a relationship between consumers and your products/services. In essence, they represent the core values and qualities that sum up your brand and provide the benchmark to measure the behaviour and performance of your products/services. Essentially, your brand values determine how the vision and your promises are delivered to the consumer.

The confusing bit

Branding, marketing, logo: because the terms are often incorrectly interchanged, confusion arises. The Chartered Institute of Marketing, which is the world's largest marketing body, defines marketing as 'The management process responsible for identifying, anticipating and satisfying customer requirements profitably.' That means it is all the activities you undertake to attract and retain customers and encourage them to purchase your goods and services. In contrast, a logo is merely a graphic element designed for immediate recognition that forms one aspect of your overall brand.

What it all means is that while you may have invested a substantial proportion of your marketing budget (and I do hope you have a marketing budget) in establishing a logo and producing practice literature, you may not have determined your position relative to your competition or determined how to achieve consistency between what you say (your brand values) and what you do (the customer's experience). In my expe-

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