Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

Dental access improves

Access to NHS dental services has improved in the last six months, according to a recent patient survey.

The GP Patient Survey is a quarterly survey of GP adult patients, which is managed by Ipsos MORI on behalf of the Department of Health.

This is the first time that dental questions have been included in the survey. The survey carried out between January and March 2010 revealed that 92 per cent of people had been able to access NHS dental services in the last two years. The results also found that access to services has improved in recent months, with 95 per cent claiming they were able to arrange an appointment in the last three to six months.

Forty-one per cent of people had not tried to get an appointment with an NHS dentist in the last two years.

The most frequent reason for not trying for an NHS dental appointment in the previous two years was 'I stayed with my dentist when they moved from NHS to private' which was mentioned by 21 per cent of adults. Eighteen per cent of people said: 'I didn't think I could get an NHS dental appointment'.

For 78 per cent of adults the last NHS appointment sought was for routine dentistry; 18 per cent were seeking an urgent appointment and two per cent didn't remember the type of appointment. Eighty-one per cent of the most recent appointments sought were with the dental practice previously attended. North East Strategic Health Authority (SHA) had the largest percentage of the adult population seeking an NHS dental appointment in the last two years, at 66 per cent, whilst South Central SHA had the smallest, where 52 per cent sought an NHS appointment.

Employee wellbeing

Three quarters of organisations believe a dental plan enhances employee wellbeing, according to the 2010 Dental Benefits Survey by Denplan. The survey also found 34 per cent of respondents that are considering adding or removing benefits in 2010 were considering adding a dental plan. More than half (62 per cent) of the companies said that regularity of use is an important factor when choosing employee-paid benefits.

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Colgate launches month-long public campaign

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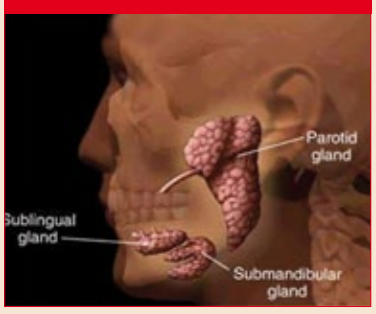

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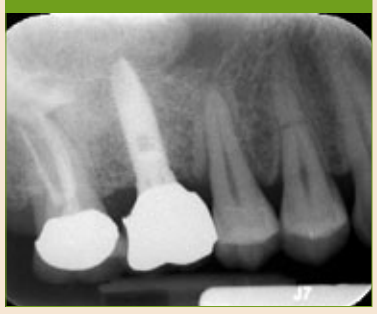

Useful tool
Dr Paul Jones discusses CBCT in Endodontic treatment

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Share your skills with Bridge2Aid

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Murder trial dentist charged with assaulting female patients

Murder case takes bizarre twist as six patients now complain of indecent assault charges against dentist

A dentist who is standing trial for murdering his wife and his lover's husband, has now also been charged with assaulting six of his female patients.

Colin Howell and his ex-lover Hazel Stewart were charged earlier this year with murdering his wife Lesley, 31, and Stewart's husband, 31.

The victims' bodies were found in a car filled with exhaust fumes at a garage behind a row of houses in Castlerock, Co Londonderry in May 1991.

A coroner originally ruled that Mrs Howell and RUC constable Trevor Buchanan had taken their own lives, but the case was reopened after new information was given to the police.

Howell, from Sea Road, Castlerock and Stewart, from Ballystrone Road, Coleraine, were having an affair at the time of the alleged murders.

Howell will now undergo a second criminal trial for the 17 indecent assault charges which are alleged to have taken place over a 10-year period on six women at his dental practice. He is accused of assaulting one of them six times, and another four times.

The 17 indecent assault charges were put to him at a brief preliminary inquiry hearing at North Antrim Magistrates' Court in Coleraine, Co Londonderry.

The identities of the six women have been banned from publication after district judge Richard Wilson agreed to a request by a representative from the Public Prosecution Service for reporting restrictions to be applied in respect of the names.

Dentist Colin Howell faces a second trial for alledgedly assaulting female patients

Howell, who once ran a dental implant clinic in Ballymoney, Co Antrim, has been in custody since his arrest.

Stewart was granted continuing bail but she must report daily to police in Coleraine. She has already handed over her passport.

Howell was known as a top implant specialist. He did a lot of lecturing in the Middle East and was hired by King Abdullah II to teach his own team of dentists the latest techniques.

He had two dental practices in Ballymoney and Bangor and charged more than £2,000 for each dental implant.

The next hearing in the case will be in September. DT

2010 Colgate Oral Health Month

Colgate is promoting oral health in the UK with its 2010 Colgate Oral Health Month with the help of the British Dental Association.

The initiative was unveiled at the British Dental Conference, which was held in Liverpool.

Colgate Oral Health Month promotes improved oral health. The theme for the 2010 campaign is 'Discover three Essentials for an Even Healthier Mouth', which are:

• Brush teeth twice a day with fluoride toothpaste and replace toothbrushes regularly
• Avoid sugary snacks between meals
• Visit the dentist regularly.

The launch included presentations from Dr Tony Jenner and Dr Gill Davies.

Dr Jenner, a specialist in Dental Public Health and the immediate past deputy chief dental officer for England, talked about the guidance document *Delivering Better Oral Health – An evidence-based toolkit for prevention.*

Dr Jenner said: "Successful adult dental health surveys show the population of adults in England with no teeth has reduced dramatically. This is a very encouraging picture but the longevity of the dentition does however give its own problems. As we keep our teeth for longer, root caries also has the potential to become a serious problem that is difficult to treat. The 1998 National Dental Health Survey shows 66 per cent of adults had root surfaces that were exposed, worn, filled or decayed. The same survey shows periodontal disease being an increasing problem with the aging population."

Dr Gill Davies, also a specialist in Dental Public Health, then spoke about how the evidence in the toolkit can be put into practice.

She said: "I am delighted that Colgate has asked me to give particular focus on prevention for adults. Since the launch of the toolkit we have tended to focus on child prevention, leaving out prevention messages for gum disease and older adults.

"Adults who visit the dentist have an obvious opportunity to come into contact with a credible source giving appropriate advice. In fact, patients turn up and they expect to be advised by their clinician on what they should be doing to look after their own teeth. It's about maximising the effects of prevention and mobilising our clinical teams to make the most of this opportunity."

Dr Davies then reviewed the evidence for the preventive messages and treatment of caries in adults, as well as the prevention of periodontal disease.

Putting Evidence into Practice will form the basis of the Colgate Oral Health Month 2010 CPD programme.

This verifiable CPD Programme is available to all dental professionals.

To participate, visit www.colgateohm.co.uk from 1 September 2010 and download this interactive programme.

Colgate Oral Health Month 2010 will run throughout the month of September. Colgate is once again looking to partner with the dental profession for better oral health by providing Colgate Oral Health Month 2010 practice packs.

These packs contain educational materials, motivational stickers, patient samples and materials to help dental teams drive the awareness of improved oral health by creating their own oral health month practice displays.

Dr Paul Langmaid, Dr Amarjit Gill, Rhona Wilkie (Colgate) with Professor Damien Walmsley

If your practice has not been involved in Colgate Oral Health Month before and would like to register to receive a Colgate Oral Health Month pack, please call Colgate on 0161 665 5881.

Please note that one pack per practice will be delivered at the end of August, subject to availability. DT

Dental hygiene clinic puts film on YouTube

A dental hygiene clinic in London is using social marketing to attract customers by putting a short film on the video sharing website YouTube.

Smile Pod, a walk in dental hygiene studio based in London's Covent Garden, offers a range of treatments for cleaning and whitening teeth as well as botox and other cosmetic procedures.

In the film, journalist and TV presenter Zoe Griffin explains that not only did she have her teeth professionally whitened at Smile Pod but she has been using a Sonicare 'to make her bright white smile last'.

Carina Leney, marketing manager for Philips was invited to support and participate in the programme and can be seen being interviewed in the film. She explains the benefits of the new FlexCare+ in a coffee shop chat – giving the film a conversational and relaxed feel which makes the recommendations appear to come from a friend.

Zoe Griffin can then be seen in a lively vox pop session showing Sonicare to shoppers in the street and asking for their opinions.

The whole Smilepod concept focuses on people getting their teeth cleaned in the same convenient way they get their nails or hair fixed.

Mike Hutter Smilepod's director said: "For too many people, finding a dentist and overcoming personal fears are big barriers to achieving a healthy mouth. Smilepod brings high-quality professional dental care to the high street in the form of walk-in dental hygiene.

"Our pledge is to make the very best oral care available to all, in an inviting environment and at an affordable price. Our highly-trained team of dentists can, like hygienists, clean or whiten teeth in a friendly, informal atmosphere. In this way, we can help people defeat their 'tooth demons', giving them the know-how and support they need to enjoy a healthy mouth for life."

Philips' Carina Leney added: "We were delighted when this creative and energetic practice invited us to participate and you will see from the finished film which has been posted onto Smile Pod's website and YouTube that the power of word of mouth marketing cannot be underestimated. It is exciting to work with innovative practices seeking novel ways to leverage the power of social networking.'

The short film can be seen at **http://www.youtube.com/watch?v=XbFRAQQ4LjM.** DT

Course on improving communication in the practice

Training provider Smile-on has teamed up with Dental Protection Ltd to offer a course on how to improve communication in the practice.

The three module programme, Communication in the Practice is for all members of the dental team.

The course is divided into three modules, each of which counts towards one hour of verifiable CPD:

Module 1: The essentials of communication
Module 2: Communication with patients
Module 3: Communication within teams

The course includes authentic examples of how skilful and flexible communication in the workplace can help to reduce and even prevent complaints, legal claims and ultimately, loss of business.

As, a result the team will learn how to build longer-lasting relationships with patients.

A spokeswoman for Smile-on said: "Designed with the entire dental team in mind, the course is guaranteed to stimulate discussion Smile-on will also soon be releasing additional course modules 4, 5 and 6."

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

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Editorial comment

Time to break free?

Whoever said that the summer months are when things get a little quieter has certainly not been seen around here lately! From a *Dental Tribune* point of view, it has been crazy enough with symposia and press visits aplenty; but the political situation continues to heat up with the news that the NHS is to be liberated from the shackles of Whitehall and put in the hands of health professionals and patients, creating a truly local service for patients. While the story has yet to fully unfold to see how this will affect both dental professionals and dental services working under the NHS, rest assured *Dental Tribune* will be analysing the situation, bringing you all the news and opinion as we find it. Watch this space.

A few weeks ago I attended the International Symposium on Dental Hygiene in Glasgow. It was a wonderful event, made all the more special by my first taste of Haggis! Joking aside, this was an extremely interesting conference, full of great international speakers and a real buzz of enthusiasm from delegates, who were very positive about everything the conference and Glasgow had to offer. Well done BSDHT!

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:
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Lucky 7 for GDC

The General Dental Council has successfully prosecuted seven cases of illegal practice this year.

Its most recent prosecution was at Lincoln Magistrates' Court, where Russell Beedham pleaded guilty to the charge of holding himself out as being prepared to practise dentistry in connection with the fitting, insertion and fixing of dentures at 1 Almond Crescent, Swanpool.

Since he is not registered with the GDC, this is a criminal offence under the Dentists Act.

Mr Beedham has been conditionally discharged for 12 months and ordered to pay £400 in costs within 28 days.

Interim chief executive and registrar of the GDC, Ian Todd said: "The GDC is committed to prosecuting those who practise illegally and hopes that the recent series of successful prosecutions demonstrates this objective in action. Those who practise without the appropriate registration should be aware that the GDC is tackling this issue robustly and will continue to prosecute in every appropriate case. The Council's priorities are public protection and professional regulation."

If you would like to report someone you believe to be practising illegally you can do so by sending an email to illegalpractice@gdc-uk.org, by writing to Illegal Practice, The General Dental Council, 44 Baker Street, London, W1U 7AL or by calling 0845 222 4141. DT

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Welsh hospitals ban sugar in tea and coffee

Sugar has been banned from tea and coffee sold from vending machines in hospitals across Wales, because it poses a 'risk to health; say NHS chiefs.

Dried fruit, juice, seeds and water have been recommended as healthier alternatives to vending machines and cheddar cheese sandwiches have been banned as they contain too much fat.

The ban is being put in place as sugar in tea or coffee offers no nutritional value, and can have a negative impact on dental health.

A spokesman for the Welsh Assembly Government said: "Hospitals are visited by a very broad cross-section of society and, as such, the whole hospital environment should reflect the importance of healthy living."

The Department of Health has said it is not planning to follow the Welsh example.

Chief executive of the British Dental Health Foundation, Dr Nigel Carter, called it 'positive news that the NHS in Wales is looking into ways to improve dental health within hospitals'. DT

Tea, no sugar - Welsh hospitals to ban the sweet stuff

Vice dean of Kings College awarded fellowship

The vice dean of Kings College London has been made a fellow of the college. Professor Stephen Challacombe was given the award in recognition of his service to the college and its constituent schools and for his contributions to dental research.

He said: "I am very pleased that my work and that of my colleagues who have made my time so enjoyable has been recognised by the college and consider this award a great honour both to myself and the Dental Institute. I hope that the Institute can continue to be one of the leading schools within King's College London."

During his tenure with Guy's Hospital Medical and Dental Schools, UMDS and then the Dental Institute of King's College London, Prof Challacombe has served on the Governing Councils of Guy's, UMDS and King's as well as numerous other administrative roles, most recently as dean of External Affairs of the King's Health Schools, chairman of the King's Science Academic Promotions Panel and vice dean of the Dental Institute.

He has been author or co-author of more than 200 peer reviewed papers and 160 other publications on mucosal immunity; immunological, dermatological and microbiological aspects of oral diseases and oral medicine, and has been editor or co-editor of seven books, as well as having supervised 20 PhD and MD theses.

His work has been recognised by his election to the presidencies of the British Society for Dental Research, the British Society for Oral Medicine, the European Association of Oral Medicine and the International Association of Dental Research and by election to the prestigious Academy of Medical Sciences. DT

Cash for gold...teeth

People in Britain are selling their gold teeth and fillings to a company that offers cash for gold.

Gold fillings cost 10 times more than other fillings such as amalgam and composite fillings. Therefore, many people are opting to sell their gold teeth for cash to gold companies and getting alternative fillings.

The company Postgoldforcash.com, as well as receiving old fillings, has also received many temporary gold teeth.

A spokeswoman for the company said: "Gold front teeth were one of the fashion fads of the early noughties.

"While some celebrities actually went so far as to have their gold teeth permanently attached to existing teeth, ordinary people without the need to have their own teeth removed often opted for removable gold teeth.

"This gave them the ability to put on and take out gold teeth at will. Because it was possible to display a rich smile while going out but maintain a more reserved look for work or social functions, the look became widespread.

"Almost ten years later, however, the owners of these 'fronts', as the temporary gold teeth are called, have grown up and fashion has moved on." DT

Winchester City Football Club gets extended sponsorship deal

Denplan has extended its five-year sponsorship of Winchester City Football Club in a deal that secures the future of the club through to 2012.

The club will continue to be called the Denplan City Ground.

Steve Gates, managing director of Denplan, said: 'Denplan is delighted to be part of the continued success of the club as it aims to build on its run of eight unbeaten games at the end of the season to secure promotion in 2011.'

He added: 'As a company we believe it's important to support activities in the local community that make Winchester a vibrant place to work. Our support of this and other community projects around Winchester demonstrates our continued commitment to the city.' DT

Denplan FC - Winchester City gets corporate boost

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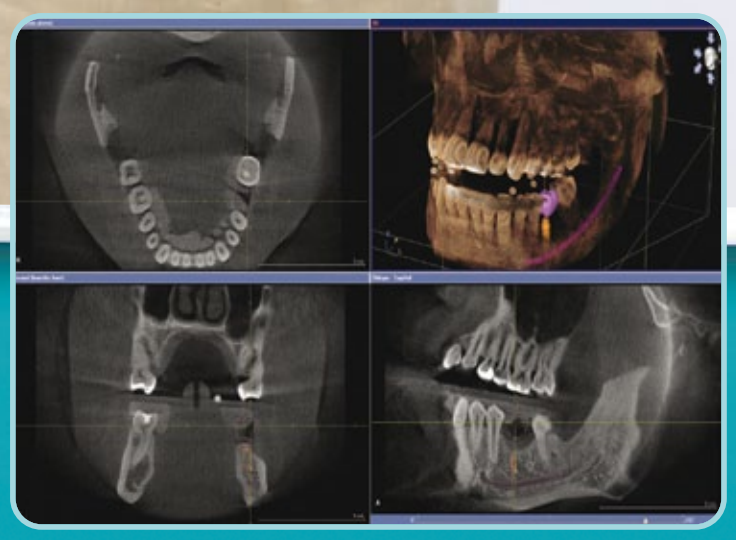

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Unlocking the secrets

Dental Tribune attended the truly global International Symposium on Dental Hygiene, held in Glasgow's SECC in July

The international Symposium on Dental Hygiene, held at the SECC in Glasgow, was a truly global event with more than 1300 delegates attending from all parts of the globe.

With a host of speakers covering a wide range of topics it really was difficult to choose which lectures to see! Speakers included Prof Iain LC Chapple, Prof Christof Dörfer, Warren Greshes, and Prof John Thomas.

The conference was well supported by the trade, with more than 50 companies taking exhibition stands.

With so much to see, I managed to attend a few lectures, including Warren Greshes' Adding value to the dental practice and Patient centred therapy and outcomes: effective management of dentine hypersensitivity by Prof Philip Preshaw and Dr Martin Ashley. However, one of the stand-out lectures for me at the Symposium was Prof Michael Lewis' presentation *The role of the dental hygienist in the diagnosis and management of dry mouth* in association with GSK.

Prof Lewis is professor of oral medicine and associate dean for post graduate studies in the school of dentistry and Cardiff University. He is also dean of the dental faculty and vice-president of the Royal College of Physicians and Surgeons of Glasgow. With more than 200 scientific articles published and six medical textbooks co-authored, it is no surprise that Prof Lewis' lecture was packed with delegates eager to hear how they can help their patients suffering from dry mouth.

The lecture began with Prof Lewis setting the scene with his alternative title *Unlocking the secrets of saliva*. He explained that his aim was to inform delegates: Where saliva comes from; Components; What it does; Effects of reduced salivary production; Causes of xerostomia; What can be done to help patients.

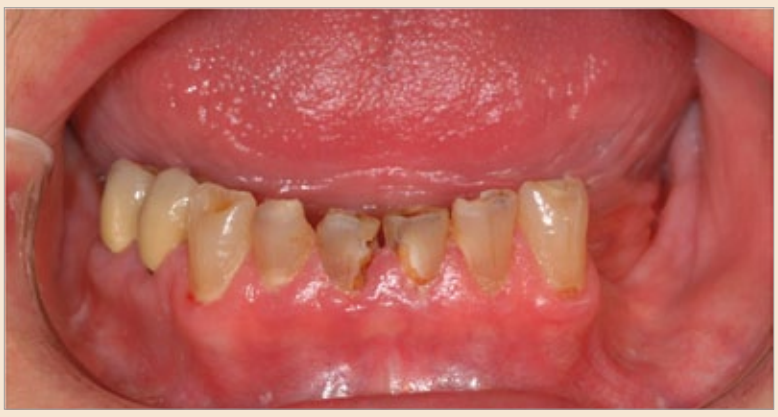
Where saliva comes from

Prof Lewis explained that there are three major paired glands which produce 95 per cent of saliva: the parotid (60 per cent), the submandibular (30 per cent) and the sublingual (five per cent). The rest is produced by more than 600 minor or accessory glands mainly found in the lips, cheek and palate.

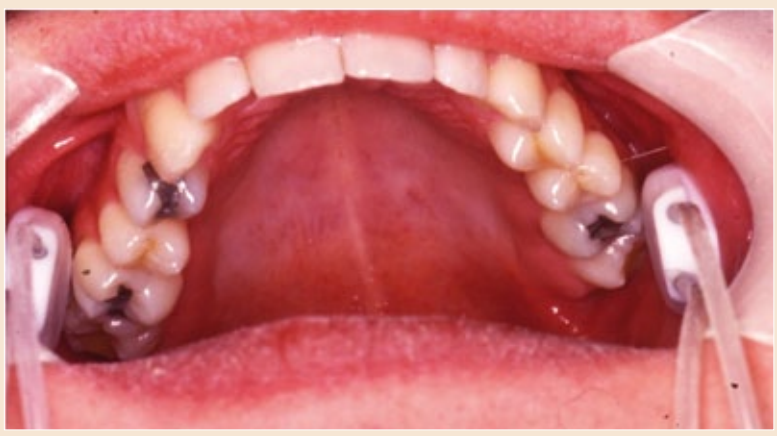
The real interest for me is how saliva is made up. Having always thought of saliva as a single secretion, I was surprised to discover that it is a mix of two secretions; serous and mucous. The serous saliva is mainly watery and is primarily produced by the parotid glands; the other glands are responsible for the production of the more viscous mucous saliva. The content and consistency of a patient's saliva is then dependent on flow rate; this is where the causes and effects of reduced salivary flow come into their own.

Cause and Effect

Prof Lewis detailed how salivary flow rate is neurally controlled – it is excited by taste and mechanical stimuli but inhibited by feelings such as anxiety. With its importance in functions such lubrication for speech, a buffer against acid attack, cleansing antimicrobial actions etc, a reduced flow rate soon manifests as a problem. Symptoms often mentioned by patients include a lack



Failing restorations and dental caries are often seen in patients suffering from dry mouth. Image courtesy of Professor MAO Lewis, Cardiff University



Collecting saliva. Image courtesy of Professor MAO Lewis, Cardiff University

of taste; difficulty in swallowing; increased effort when speaking. As clinicians, immediate signs manifesting in the mouth include no saliva pooling in the mouth; frothy or cloudy saliva; sticky/erythematous mucosa; atrophic tongue dorsum; candidosis; angular cheilitis. One big marker for xerostomia, explained Prof Lewis, is the occurrence of cervical caries and failed restorations.

Xerostomia is often a complaint from patients with underlying causes, including:

Drugs: many prescribed medications have dry mouth as a side effect. Drug categories including tricyclic antidepressants, antihistamines, diuretics and sedatives are all associated with causing dry mouth.

Sjögren's Syndrome: This immunological condition is characterised by the destruction of glandular acini, part of the salivary production process.

Radiotherapy: Salivary tissue is extremely sensitive to radiation, so patients receiving radiotherapy for malignant disease can find their salivary flow compromised.

Undiagnosed or poorly controlled diabetes: dry mouth is an often forgotten marker for diabetes, caused by increased blood sugar levels resulting in fluid loss.

Dehydration: reduction in general fluid level will naturally decrease salivary flow – after all, saliva is made of 99.4 per cent water!

Absence of salivary glands: this has been reported but is an extremely rare condition.

Investigating xerostomia

Moving from the theoretical, Prof Lewis then discussed what clinicians can do for patients presenting with dry mouth in their surgeries. He stressed the importance of investigation into the causes of dry mouth for that patient, to ensure any underlying condition has been identified or particular medication use is explored.

Means of investigation can include clinical exam (discussion with patient, appearance of patient (ie face, hands, gait), appearance of saliva, 'mirror sticks test' (a dental mirror will often stick to the buccal mucosa if there is reduced saliva) etc); salivary flow rate tests; haematological tests (especially important for diabetes diagnosis); sialography (the infusion of a radio-opaque contrast fluid into the gland which will the reveal any defects in a radiograph); labial gland biopsy (very effective in diagnosing Sjögren's Syndrome).

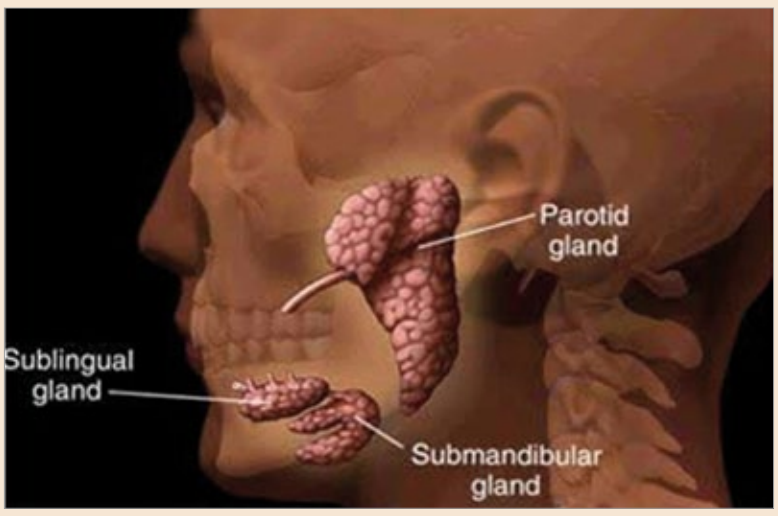


Diagram illustrating location of the major salivary glands. Image courtesy of Professor MAO Lewis, Cardiff University

Managing xerostomia

Once the cause of the condition has been indentified it can then focus the minds of both clinician and patient on how to manage it, commented Prof Lewis. For example, it may be possible to suggest a change in medication to one that does not list dry mouth as a side effect; or a diagnosis of diabetes should see improved glycaemic control on behalf of the patient and a resolution of dry mouth symptoms.

There are many salivary substitutes which can be recommended, many of which are listed in the British National Formulary and so can be prescribed. Prof Lewis described a few of them, plus the benefits and disadvantages of using them. The most graphic disadvantage was for Salinum, which was described as 'like licking a cricket bat'! Oral care systems such as the Biotène range has proved very popular with patients due to its formulation and ease of use.

Prof Lewis also discussed other helpful measures such as chewing sugar-free gum, use of systemic salivary stimulants, frequent sips of water to maintain hydration levels, oral health regime including the use of a daily fluoride rinse and twice daily brushes and the limitation of the intake of alcohol and coffee. One anecdotal measure he mentioned was a daily one gram dose of evening primrose.

Conclusion

Professor Lewis' easy delivery style and obvious enthusiasm for the subject matter made this lecture a resounding success for me. It was both informative and practical, allowing delegates to really think about the diagnosis and management of xerostomia in patients as well as highlighting once more how the oral cavity can be a window into the overall health of the human body.

Also congratulations to the British Society of Dental Hygiene and Therapy, who in association with the International Federation of Dental Hygienists put on a fantastic conference. Every delegate I spoke to over the two days I attended were full of praise for both the scientific programme and the social programme, and are already looking forward to the next ISDH in two year's time in Cape Town, South Africa. DT

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Who is in control of your future profits?

asks Seema Sharma

It looks like £60-£80 billion of NHS funds may be handed to general practitioners by the conservatives, making them responsible for their own budgets and cutting out layers and layers of middle management.

Responsibility will be handed to GPs working in local groups, who will commission services or provide them by working in rotas with each other. The health secretary Mr Lansley believes that if GPs are responsible for their own budgets and have to commission out-of-hours care, most will decide to go back to offering weekend and evening cover themselves or in local groups.

At present, funds are given by the Government to PCTs, which pay for patients from their area to be treated in hospital. Under new plans, GPs – who are currently not responsible for paying for hospital referrals – would receive the money instead and pay the hospitals directly for each patient they refer!

As dentists, we have spent the last three years bemoaning the UDA system and the general lack of understanding of what it costs to run a successful dental practice. What would happen if we were given the same opportunity as GPs? Is there a glimmer of hope that we might hold our own funding too in the future, and if so would we be able to show the world that in the hands of clinicians, dentistry would make the headlines for the right reasons instead of the wrong reasons?

Last year, my PCT Tower Hamlets set up the first dental practice-based commissioning group in the country, of which I am co-chair. It has been a journey of revelation for my colleagues and I, and we have realised the opportunities are enormous, as are the responsibilities. If dentists were entrusted as clinical commissioners and we came to realise that huge chunks of our budgets were being gobbled up by specialist opinions for patients with three mm overjets, or periodontal opinions for patients with localised gingivitis, might we be tempted to explore ideas to keep more patients (and some of that funding) in our practices?

Perhaps we could develop a GDP budget for in house IOTN screening and upskill ourselves. Perhaps we would allocate funds for DCPs to work on the NHS in general practice, freeing the dentist up to concentrate on more technical work and reserving expert hospital care for those with more severe periodontal disease. Alternatively, we might prefer to concentrate on funding innovative children centred schemes and establish joint initiatives with midwives, health workers, schools and children's centres, to get to the heart of dental prevention from a young age. Perhaps we would buy in fluoride toothpaste for dentists to give away, knowing it was the most effective antidote to caries.

For some time we would still have to concentrate on the ravages of damage that already exist in our ageing population and incentivise the use of dentists with special interests and specialists in primary care. This would bring higher skills and funds into practices, and provide patients with a better choice of services under one roof. Perhaps we would fulfil the access dream by taking turns with colleagues to provide evening and weekend care, instead of offering to keep nurses at work, away from their children until 8pm every night, in our desperate bid to win NHS tenders. Would we spend huge amounts on performance management or would we move from a stick based to a carrot based approach?

In fact any and all of these are possible – we could do things differently, we could do different things and we could do things for different people – and all of them could work if they were correctly funded.

The reality in any dental practice is that if we get practice revenue numbers right, cutting salaries and personnel costs and causing disenchantment throughout the practice would not be necessary. Practices have base costs which are impossible to circumvent – the fixed costs of equipment and premises, and those of compliance and a core complement of staff.

The financial profile of a dental practice is not rocket science. Sadly, when figures of 25-40 per cent profit are reported, and dentists are considered greedy, a little investigation shows financial naivety not greed, clinical hats not small business hats, and an inability on the part of the assessor to interpret practice figures - a job that accountants and practice valuers could probably do on the back of an envelope.

Many dentists own the premises they work in – if they rented their premises to another dentist to run the practice, as landlord they would receive rental income from their investment in property, and the tenant would show a lower practice profit. However because practice owners do not charge themselves rent, they mistakenly count the "rent savings" as "dental practice profit", when it is actually direct return on investment in property and nothing to do with the practice per se.

The other source of extra perceived "profit" is a direct result of practice owners providing a significant chunk of clinical services themselves. Often the practice owner working in the business as a clinician throws his own blood, sweat and tears into the profit arena too, so dentists are horrified to learn that if they paid themselves the same rate they paid their associates, the profit figures for the practice would look unsustainable. This dependence on the owner of the practice has resulted in smaller practices being particularly hard hit recently. Along with the economic crisis, the reality of reallocating work to DCPs, reallocating clinical time to unfunded administration, or engaging more experienced managers is an impact on the bottom line.

Would you like to increase your revenue streams, prepare for a new way of working under the new government, meet the regulations of Care Quality Comission and be in control of your own profits? Email the author at seema.sharma@dentabyte.co.uk or log onto www.dentabyte.co.uk to find out more about our PEP conference on 1st October 2010, when Seema, Andy Action of Frank Taylor Associates and Kevin Lewis of Dental Protection will take you through the secrets of succeeding in the changing clinical and commercial environment by "pepping up your practice"! DT

About the author

Seema Sharma qualified as a dentist but gave up clinical work after 10 years in practice to go into full time practice management. Today she runs three practices, including one which is a multi-disciplinary specialist centre. Seema established Dentabyte Ltd to provide affordable "real-world" practice management programmes to help practice managers and practice owners keep pace with the changing clinical and commercial environment facing them today. Visit www.Dentabyte.co.uk to register for updates on practice management or email Seema at seema.sharma@dentabyte.co.uk to find out more.