

# DENTAL TRIBUNE

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## News in Brief

### The end for "drill and fill"?

Scientists at the University of Sydney have worked on laser tests to identify weak dental enamel. Named the Raman spectroscopy, the laser has the ability to see beneath the skin and detect disease, without exposing patients to X-rays. The laser technology could also result in blood tests being completed without the patients having blood taken from them. With regards to dentists and the dental phobia that has been hitting the news lately, the Raman spectroscopy could mark the end for the traditional "drill and fill" routine that dentists carry out for tooth decay treatments.

### Stem Cell Development

A new approach to anchor teeth back in the jaw using stem cells has been developed and successfully tested in the laboratory for the first time by researchers at the University of Illinois at Chicago. The strategy represents a potential major advance in the battle against gum disease, a serious infection that eventually leads to tooth loss. Researchers in UIC's Brodie Laboratory for Craniofacial Genetics used stem cells obtained from the periodontal ligament of molars extracted from mice, expanded them in an incubator, and then seeded them on barren rat molars. The stem cell-treated molars were reinserted into the tooth sockets of rats; they aligned and formed new fibrous attachments between the tooth and bone, firmly attaching the replanted tooth into the animal's mouth. Tissue sections showed that the replanted tooth was surrounded by newly formed, periodontal ligament fibres and new cementum, the essential ingredients of a healthy tooth attachment.

### FDA Warning to Manufacturers

The FDA (Food and Drug Administration) have warned mouthwash companies Johnson & Johnson, CVS Corporation and Walgreen Company to immediately stop making claims that their products are capable of preventing gum disease. The FDA is stressing that consumers of mouthwash products by these companies must be aware that the products may help protect against cavities, but there is no evidence demonstrating protection from gum disease. The three companies have been told to take "appropriate action" within 15 days. If they don't, they may face civil or criminal penalties, as well as having their product seized.

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

## News



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Dame Jo takes her seat

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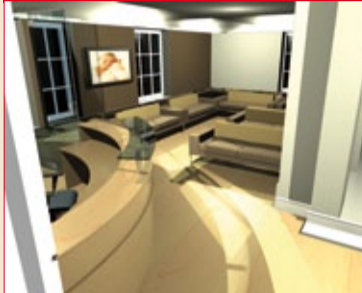
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Dental Tribune tests the Cleanair purification device

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## Anger over 2011 ARF increase

### Increase in Fitness to Practise cases blamed for 31 per cent rise in dentists' retention fee; DCPs hit by 25 per cent rise

The decision by General Dental Council (GDC) to increase the annual retention fee (ARF) paid by registrants has sparked outrage throughout the dental profession.

The ARF has been raised due to a number of challenges; a 40 per cent rise in fitness to practise cases, an increase in hearings and a cost of more than £8m on legal fees, not forgetting the plans for a Government-led revalidation, are the main reasons behind the increase.

The ARF for dentists has been increased by 31 per cent and now stands at £576 (due by 31 December 2010); there has also been a 25 per cent ARF increase for DCPs, which now stands at £120 (due by 31 July 2011) and the Specialist Lists fee will now be £72.

GDC Chair Alison Lockyer said: "We have looked very carefully at what it costs us to regulate dentistry.

"We check the quality of education so that new registrants are fit to practise. We make sure only appropriately qualified dental professionals join our registers.

"As a dentist, I recognise that there are dental professionals who will be unhappy with this decision about the ARF." She added.

Many have contacted *Dental Tribune* with regards to this issue. One flustered practice manager commented: "I think it is absolutely disgraceful that the GDC have put the ARF up for DCPs. Why should dental nurses, most of whom earn nothing

compared to the likes of dental hygienists and therapists, have to pay the same ARF?"

Dentists have been suggesting that the increases "reveal an alarming 'out of touch' mentality at the offices of the GDC" whilst others say it is a "disgrace that the GDC are helping themselves to a 31 per cent pay increase."

BADN President Sue Bruckel JP said on the ARF increase: "I am appalled that the GDC could be so insensitive to the position of dental nurses. The BADN survey - of which the GDC are aware - showed that the majority of dental nurses in the UK earn £15,000 or less a year; to expect them to pay £120 merely to have the right to practice their profession is unreasonable and unacceptable.

One clinical specialist commented that she felt that such demands were discriminating against women as many women reduce their working hours to care for their families. Having worked part-time in Community Dental Services, she couldn't understand why she should pay the same retention fee as a GDP working full time in a private practice, whose salary would be almost six times more than her income.

Many have called for the GDC to introduce a way to pay by instalments. *Dental Tribune* contacted the GDC on the topic of instalments, who responded: "We have looked at this option on several occasions. We believe it would only be fair to introduce instalments if all registrants were able to pay this way. So far

we have not found a solution to allow us to do this in a cost-efficient way. There are a number of issues relating to offering payments by instalments. We cannot offer this to all registrants without changing the law (specifically the Dentists Act) through a section 60 order which would take time and money.

"A GDC-run payment system would need to be designed, developed and tested in order to make sure it worked properly.

Our research shows this would be a lengthy and costly process. It is likely extra GDC staff would then be needed to maintain and update the information on it."

They added: "If we looked at the option of using an external service, the kind of companies we could employ to collect payments in instalments are generally not keen on collecting amounts under £400 due to the amount of work involved for the return they receive." DT

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# Illegal dentist worked for NHS, court told

Vinisha Sharma, 37, of Willenhall, West Midlands, posed as a dentist and worked on hospital patients despite having a lack of dental qualifications after she wrongly claimed to have a degree from the Sri Guru Ram Das institute, India.

Sharma admitted one count

of using a forged degree and four counts of obtaining a pecuniary advantage. She has since admitted forging her qualifications and earning £250,000 by deception.

Ms Sharma moved around England on annual contracts and worked in Wolverhampton and Burton-upon-Trent, in Staf-

fordshire, before moving south to Southend and Basildon in Essex, Peterborough and Stamford, and finally East Grinstead in West Sussex.

#### Faked degree

Sharma failed her dentistry exams but then applied for temporary membership with the General Dental Council (GDC) in 2000.

She worked for nine years at six NHS trusts; such work included operating on people under supervision and minor surgery.

It wasn't until consultant Patrick Magennis contacted the Queen Victoria Hospital in East Grinstead in 2008 after he was concerned by her conduct and lack of veracity that

Sharma's past of deceit caught up with her.

However, her deception went unnoticed and after failing the paper exercise she required to gain full registration in 2008, her fraud went undiscovered yet again. Sharma was eventually charged after an investigation by the NHS Counter Fraud Service.

Successful entry to the GDC registers through fraudulent means remains exceptionally rare and the GDC stresses that they are "committed to doing all it can to prevent a repeat of this incident". As a result, a review into Temporary Registration is underway.

The GDC said: "We have a strict system in place for registration, which includes potential registrants providing character references and a series of certified documents - including a certified copy of a passport and dental degree or diploma.

According to further reports, Eddie Crouch, from the Birmingham Local Dental Committee, said: "I think it's important that the GDC carry out the specific checks on dentists who come into this country to work to ensure that they are adequately trained and qualified.

Sharma told investigators that she had "never had any complaints" from her patients and added that "invasive surgery is not something that you can teach yourself out of a book."

Sentencing will take place during the week beginning 18 October. [DT](#)

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## DENTAL TRIBUNE

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## Editorial comment

The GDC have not been having the greatest time of it lately. The decision to raise the Annual Retention Fee, although expected, still managed to cause much anger amongst registered professionals. Groups such as dental nurses are up-

set that for many of them, £120 is a big hit to take just to be allowed to work. Dentists are also upset that £576 is not affordable for those such as associates and those working part time. People are also commenting on the fact that other necessary fees such as indemnity and the upcoming registration with the Care Quality Commission are placing a fi-

financial burden on practices just to be able to practise that is just not fair.

Top this anger with the recent story about a woman who was able to practise for several years without qualifications, despite being investigated and it doesn't get much worse for the dental regulator.

Showcase is upon us for another year, and I'm looking forward to meeting with readers, partners and friends at one of the busiest events for me personally. I hope that those attending have a successful event, and manage to get a good deal on all those gadgets you've been after all year!

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

If so don't hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

Or email: [lisa@dentaltribuneuk.com](mailto:lisa@dentaltribuneuk.com)

## CQC Chair confirmed

Following an independent recruitment exercise by the Appointments Commission and a pre-appointment scrutiny hearing by the Health Select Committee, Health Secretary Andrew Lansley has announced that Dame Jo Williams has been appointed as the Chair of the Care Quality Commission (CQC).

Dame Jo has been the acting Chair of the CQC since February 2010. Her previous roles consisted of being the Chief Executive

*'I don't underestimate the challenges that lie ahead.'*

of the Royal Mencap Society and the former President of the Association of Directors of Social Services, as well as a champion for social care services throughout a career in local government. She also Chairs the Prison Reform Trust and is a member of bodies advising the government on the third sector, carers, learning disabilities and children's services.

According to reports, Dame Jo said; "I am delighted to be appointed Chair of CQC - but I don't underestimate the challenges that lie ahead."

"CQC will continue to drive improvement to ensure everyone has access to safe, quality services across the country, and I am thrilled to be a part of this." DT



Dame Jo Williams is thrilled to be appointed as Chair of the CQC

## Dentistry Capitalising on Recession

"How to grow your dental business in an adverse economic climate", as presented by Iain Forster, Managing Director of DIO UK, at the Royal Society of Medicine, London

Iain Forster, Managing Director of DIO UK, presented his marketing advice and ideas to delegates at the Royal Society of Medicine on Friday 3rd September. The 45-minute session was well attended and there was much interest shown both in the content of his presentation and the follow-up series of marketing workshops Iain is holding over the next few months to help dentists make the most of their marketing budgets.

In his presentation Iain said that it was a good time to be in dentistry, with the population increasing and costs decreasing. He also put a positive spin on the recession saying that companies that promoted heavily during a recession were often the first to emerge from it and the most successful in the following years.

Despite encouraging dentists to promote their services during a recession, Iain urged caution. He said that companies should not over spend and should test marketing methods to determine what worked best for them and focus on those that proved to be most successful. "It pays

to start small and build confidence," he said.

Iain was confident that the economic climate is right for dentists to promote their businesses as the country emerges from recession. He went on to explain that it is however essential that practices remain focussed, targeting those people with whom they already have a relationship before spending too much money looking further afield. He drew a distinction between internal marketing to reach out to the local population, educating their own practice teams and the importance of the Internet; and external marketing that was designed to open up new markets over an extended period. "Internal marketing gives us business tomorrow," he said. "External marketing gives us business next year."

Bringing marketing right up to date Iain urged dentists that they should embrace social media and the opportunities it provides. Twitter, Facebook, Linked-In and many more all provide unprecedented opportunities for dentists to reach out to a wider market, for little or no cost. Not only are these outlets



easy to use they are also essential for those practices who do not want to be left behind as the old marketing techniques are superseded by newer, cheaper, more effective methods.

In closing Iain introduced the new "21st Century Dental Marketing" workshops which help dentists to take advantage of the opportunities they have available to market their businesses in the modern climate. The workshops cover:

- The use of PR and how to do it;
- Best practices for web page layout;
- How to use a CMS system to keep your website up to date;
- Maximising patient conversions;

- Search Engine Optimisation (SEO);
- Pay-Per-Click (PPC) campaigns ... and much more.

To book your place on the next 21st Century Dental Marketing workshop, go to: [www.dentalmarketinguk.com](http://www.dentalmarketinguk.com)

Iain is now presenting his lecture as a free online webinar. Delegates can register for the online seminar by going to [www.dentalwebinar.co.uk](http://www.dentalwebinar.co.uk) or visit <http://www.dentala.co.uk/seminars/dentistrymarketing-webinar.html>.

DIO Implant is a global supplier of dental implant technology. Established for over 20 years, DIO is rapidly expanding in the UK and has already taken a sizeable share of the market with its combination of high quality, sensible pricing and clear communication. The company's focus on marketing education is part of its strategy to build effective and profitable business partnerships throughout the dental industry.

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## Finalists announced by DDU

The DDU has revealed the names of the six talented dental teachers who will vie for success at the 2010 DDU Educational Awards at the Royal Society, London on 17 November.

Earl Howe, Parliamentary Under Secretary of State for Quality with ministerial responsibility for dentistry, has agreed to give the keynote address and present

the awards at this year's event.

Rupert Hoppenbrouwers, Head of the DDU said: "We are delighted that Earl Howe has agreed to be involved in this way. It's great for those working in dental education to receive this kind of recognition and we look forward to hearing his views."

The finalists in each of the

categories are:

### Dental Care Professional Teacher of the Year

- Kathryn Dobson, School of Dentistry, University of Liverpool

- Nikki Rogers, School of Oral and Dental Sciences, University of Bristol

- Jenny Owens, Leeds Dental Institute

### Dentist Teacher of the Year

- Damien Walmsley, School of Dentistry, The University of Birmingham

- Stephen J W Lisney, School of Physiology and Pharmacology, University of Bristol

- George Aristidou, Kings College London

Each finalist will be asked to give a presentation, including answering questions from the judg-

ing panel and audience, which will be judged across a number of criteria, including knowledge of the subject and the ability to motivate others. All finalists will be awarded £250 each and the winners in each category will receive an additional £1,000 towards the cost of educational materials for their schools or VT scheme. DENTSPLY is the main sponsor of the Awards, and the initiative is supported by the British Dental Association. [DT](#)

## £1m study into children's tooth decay in South Wales

A £1m study has been set up to help prevent tooth decay in children who live in some of the most deprived communities of South Wales.

Around 2,800 pupils are set to take part in the study after reports showed a three-fold rise in tooth decay in children living in areas of deprivation, compared with those children who didn't.

Working via mobile dental clinics, dental health workers will deliver a primary school-based dental prevention programme.

The study, which will carry out over three years, will be take place within Communities First areas in South Wales.

The money was awarded by the National Institute for Health Research to experts from Cardiff and Swansea universities and Cardiff and Vale University Health Board's Community Dental Service.

Children taking part in the study will have one of two available treatments: plastic sealants on the biting surface or fluoride

varnish on the tooth surface.

Following their treatment, the children will have check-ups throughout a three year period so experts can investigate the effectiveness of the two forms of tooth decay prevention techniques.

Professor Chestnut Ivor Chestnut, a consultant in dental public health from Cardiff University's school of dentistry will be leading the study said; "Both of these treatments have been around for many years

and have been shown to work.

"To know which works best and what treatments are the most acceptable from the perspective of the children, their parents, the dental staff carrying out the treatments, and the schools in which the treatment will be delivered, will be of tremendous value to the National Health Service." Professor Chestnut Ivor Chestnut said. [DT](#)



## Rochdale gets the Dental CATS

By March 2011, residents in Rochdale and the surrounding area will benefit from an improved dental service. The announcement comes after NHS Heywood, Middleton and Rochdale confirmed that a new service, known as the new Dental Clinic Assessment and Treatment Service (Dental CATS), will be available to treat patients who are in need of specialist treatment. In previous years patients have been referred to hospitals to receive such treatments, so this news is certainly good news!

The new service will operate from the Phoenix Centre in Heywood and The Langley Dental Practice in Middleton; however, the location for the service in Rochdale is still to be confirmed.

The new 2011 service, which has been confirmed by the PCT, will hopefully provide patients with opportunities to receive treatments closer to their home and as a result, the workload of hospital staff will be reduced.

The news comes as a great relief with regards to the increase in doctors who have reported an increase in the number of dental cases being treated in hospital.

According to reports, this increase has placed greater pressure on NHS medical resources and with the new system in place patients can be ensured that doctors have the time and resources to deal with medical patients.

Many patients will also be comforted by the fact that they no longer have to go to hospital for dental treatments; for many people, going to hospital is a daunting experience, and many can feel nervous – however, the new system means that such anxieties can be taken away.

John Pierce, chairman of the local PCT, said the new service was one of many initiatives being launched to improve NHS dental services in the area; over the last two years, more than a million pounds have been invested in the area and further improvements are set to follow.

The CATS service will be used for patients over 18 on the condition that they are registered with a local GP; patients who have severe symptoms which may suggest a more serious health condition may still be referred to hospital, as they may require specialist medical care. [DT](#)



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# Where there are smiles, there is Hope

Bridge2Aid clinical director Ian Wilson shares his experiences of using Smile-on educational programmes in his Tanzanian practice, the Hope Dental Centre

I want you to imagine trying to set up a new dental clinic in the middle of East Africa where hardly any resources exist for professional development, clinical audit and governance and the training of your

dental nurse! This was the situation that we found ourselves in as Bridge2Aid when we opened Hope Dental Centre in October 2004. Being a commercial dental practice situated in the heart of Mwanza city and the hub of

our operations we were able to provide quality dental services and use the profits generated to facilitate projects in local communities in partnership with the government of Tanzania. In those early days, when we had a

small team, we recognised that to bring quality and sustainability we needed to ensure that the clinical team were being properly trained and responsible for good policies and procedures that are necessary to oper-

ate a busy and effective dental practice. Since that time, and with the help of many in the dental trade and profession, Hope Dental Centre has grown to be the effective and significant dental practice it is today,

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*'We were able to provide quality dental services and use the profits generated to facilitate projects in local communities.'*

with a clinical and admin staff of nine people.

Our relationship with Smile-On has been invaluable as we have looked to train and develop our team to the highest possible standards. When Smile-On first donated the original copies of DNNET and Key Skills it allowed us to have access to a comprehensive resource whereby our trainee dental nurses had easy access to the information and skills required to develop themselves as dental nurses. The Key Skills format was invaluable for the professional development of our clinical team and allowed them to stay focussed on the policies and procedures required in their clinical practice.

Even though we had the struggles of computer hardware not being available in the clinic and we often needed to do our training on laptops, we were still able to use these excellent resources for the training of the clinical team. At one stage Ian had the opportunity to speak



A sign of Hope for dental patients in Mwanza, the

at the annual conference of the Tanzanian Dental Association where he was able to profile both DNNET and Key Skills to the Chief Dental Officer, members of the Ministry of Health, Directors of private hospitals and private practitioners. The response was overwhelmingly positive and since that time we have been working with Smile-

the Smile-On resources, and it has given them the clinical information that they require to accurately talk to the patients either on the phone or in the reception area.

As Bridge2Aid and Hope Dental Centre are here in Mwanza, we want to say thank you to Smile-On for their enthusiasm and support of our work in Tanzania. Smile-On recognised where they could help

specifically and over the years this has continued with advice, support and expertise. As the work of Hope Dental Centre continues to develop and expand I am continually excited about the opportunity to work together with Smile-On to see the clinical team trained to the highest standard possible. In turn, this will allow us to continue to provide the excellent care that our patients have come to expect. [D7](#)



Smile-on products are put into practice with positive results

*'The Key Skills format was invaluable for the professional development of our clinical team and allowed them to stay focussed on the policies and procedures required in their clinical practice.'*

On in a creative way whereby we might be able to see these resources in the hands of our dental colleagues working within developing nations. Within Hope Dental Centre we currently have the privilege of being able to use the new updated version of DNNET, Clinical Audit and Key Skills to regularly train and develop the dental team. During a recent training session one of our trainee nurses commented how helpful the explanation and video demonstrations were in the DNNET programme in helping her to understand the clinical standards that were expected of her. Both our Tanzanian dentist and therapist have benefitted from monthly meetings going over the aspects of Key Skills and this has subsequently allowed them to communicate their own high standards to other colleagues within the Tanzanian Dental Profession. What has also been interesting is that our administrative staff, have sat in on some of the training sessions using

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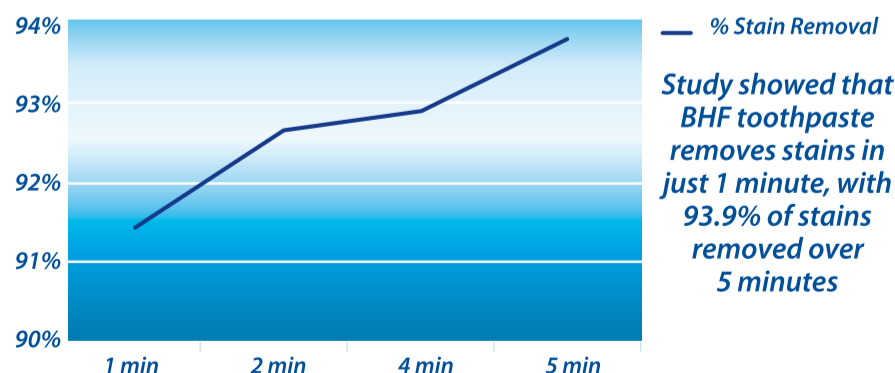


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# Welsh welcome for Smile-on

*Dental Tribune* details the launch of a new office in Cardiff for Smile-on

It was canapés and champagne all the way as London-based healthcare education provider Smile-on officially opened its new office in Cardiff.

It has been a busy year for Smile-on as it celebrates a dec-

ade of providing distance learning solutions for dental and medical professionals. Following a long-standing relationship with Cardiff University, the company decided to establish a Welsh base of operations to further cement their relationship.

The new office is based at the Cardiff Medi-centre, a joint venture partnership between Cardiff Council, Cardiff University, the Welsh Assembly Government and The Cardiff and Vale NHS Trust. The Centre is located on the University Hos-

pital of Wales campus which is home to the Cardiff University Medical School, making the collaboration with Cardiff University even easier.

The official opening was performed by Dr Tony Jewell,



L-R: Tony Jewell, Dan Bruce and Noam Tamir



The new office is based at the Cardiff Medi-centre

Chief Medical Officer for Wales and included speeches from Dr Debbie Cohen, Senior Medical Research Fellow at Cardiff University and Patrick Cannon, Director of Smile-on and representative for developing further business and links in Wales. Noam Tamir, CEO at Smile-on, was also on hand to say a few words.

During his welcome speech, Dr Jewell commented: "I am very pleased to be opening this office today. We have done quite a lot of work with Cardiff University and HLC [the trading name for Smile-on] on different projects for many years, trying to keep people in Wales working. The resources we have been able to provide to GPs in the areas of issues such as back pain have become both indispensable and free and I am very proud about that.

"It's a good example of partnership between private sector, university and government, especially in terms of policy, and I look forward to seeing this relationship grow."

Dr Paul Langmaid, Chief Dental Officer for Wales, who was also present at the launch event, said: "I am delighted that Smile-on has opened an office in Cardiff. The company's reputation for offering the dental profession in Wales a wide range of interactive teaching and online courses, including programmes for Continuing Professional Development (CPD) and Communication in Dentistry is well established. I hope that Smile-on's relationship with Welsh universities can be further developed and that both the Cardiff Dental School and the Dental post-graduate department will find its local presence of great benefit as well." **DT**



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# Doctor, Doctor...

Neel Kothari questions whether the title 'Dr' is as misleading as the GDC suggests

Once again the process of 'consultation' has resulted in decisions being made in favour of the architects of the consultation process, despite the overwhelming opposition from those that have been consulted. The internet dictionary definition of a consultation states '1. the act and process of consulting' and '2. a conference for discussion or the seeking of advice, esp from doctors or lawyers'. So clearly it seems that two sides are meant to have a say in the decision making process.

Given that this process involves two sides putting in time and effort, why is it that, in a time of economic strife, burgeoning regulation, increasing cuts within the public sector and a whole host of unresolved issues with the NHS dental contract, the GDC decide to 'consult' with the profession on whether dentists should use the title 'Dr'?

## Pressing Issue

Can we really say that the most pressing issue facing patients within current day dentistry is not, for example, whether complex work may be provided for them under the NHS, but rather a peculiar uncertainty as to whether their 'dentist' or 'dental surgeon' operating out of a dental surgery is actually medically trained? Of course I am not advocating misleading patients, but at what point do we say 'enough is enough, let's all use our common sense'? A packet of peanuts now contains the warning 'may contain nuts'; do we really need to take dentistry to this stage?

According to a survey conducted by the BDA, four-fifths of dentists think it is appropriate to continue to use the courtesy title of 'Dr' and, in short, it seems that the profession is happy to leave the status quo untouched. You may conclude that this is really a non starter for the GDC and that things will remain as they are; well, not necessarily so. The GDC has recently published a draft guidance document on 'Principles of Ethical Advertising' which state 'Dentists should not use the courtesy title 'doctor' (or the abbreviation 'Dr') unless they have a PhD or are a medically qualified and registered doctor. Its use as a courtesy title is potentially misleading to patients and it is important that patients do not assume that you have training or competencies which you do not possess.'

## How far do we go?

But exactly how far are we meant to take this? Should those dentists using this title really pay out for redoing their advertisement, letter headed papers, etc, etc, etc? Throughout the UK, private and public sector companies are taking active measures to reduce costs and



Is this a dentist or a doctor? You decide

crease the efficiency of their business. Within our profession, most dentists are sick and tired of a constant increase in bureaucracy that places a heavy financial and time burden upon us.

Perhaps I am a little harsh on this issue because I have just this week purchased a brass plate for over a hundred pounds and now I may have to buy a new one, but the word on the street is that dentists also face a 31 per cent increase in their Annual Retention Fee (ARF) in December from £438 to £576; similarly, DCPs face a rise of 25 per cent, from £96 to £120, coming into force July 2011. To compare this with our medical colleagues, full registration with the General Medical Council is set at £420 (since 16th of April this year) and registration with the Nurses and Midwifery Council is just

£76. This does raise the question of whether the fat of our £576 fee could be trimmed. If so, perhaps we could start with the consultation over the use of the title 'Dr', after all it is a title used by Dental Surgeons in a huge number of countries worldwide without controversy or dispute.

My main opposition to this debate is that once again the financial burden will seem to fall upon dentists and from a simply common sense point of view I cannot see how necessary or cost effective it is. Does the public really feel that we are second rate profession pretending to be doctors? If so, does the public have a similar feeling towards, let's say, dermatologists? For, if we are to follow the same trail of thought, the public might expect them to be able to provide open heart surgery - after all they are both doctors. That is clearly not the case.

## Pretence

There are many people out there pretending to be doctors who probably should be stopped. One example of many is the staff at the Clinique counter in my local department store, who all wear hospital white jackets, yet I don't think any member of the public expect them to be able to treat serious skin disorders. What about the claims from numerous alternative health 'experts' who claim to treat anything from acne to cancer with the least evidence based backing?

In my opinion, whilst many people out there are pretending to be doctors, dentists are not among them. So let's stop this constant degradation of our profession and exponential rise in costly regulations and instead allocate all available funds to letting dentists do what they are trained to do: treat patients. **DT**

## About the author



**Neel Kothari** qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long

postgraduate certificate in implantology at UCL's Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice.

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