

# DENTAL TRIBUNE

— The World's Dental Newspaper • United Kingdom Edition —

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## News in Brief

### Clinical Innovations

Education and training provider, Smile-on, is expecting more than 300 dentists to attend this year's Clinical Innovations Conference. The conference is being held 7-8 May at the Royal College of Physicians in Regent's Park, London. Promising to be the biggest conference yet, the CIC programme has been put together in consultation with a panel of international experts with the aim being to update participants on new technologies, materials and techniques in dentistry. The 2010 conference will host a line-up of highly prestigious international speakers alongside exhibitors offering the latest in dental technologies from around the world. A spokeswoman for Smile-on said: "After the success of last year's CIC, the Clinical Innovations Conference is growing and the 2010 conference is expecting delegate numbers in excess of 300 highly motivated dentists who are passionate about learning. Dedicated to helping professionals remain at the peak of their profession, Smile-on is committed to boosting standards in the UK dental industry by promoting excellent patient care and career satisfaction." For more information call 020 7400 8989 or email [info@smile-on.com](mailto:info@smile-on.com)

### Dental nurse award

A dental nurse tutor has been named Dental Care Professional Teacher of the Year for 2009 after her students nominated her in a secret ballot. Nicky Bartholomew, who teaches at the School of Professionals Complementary to Dentistry (SPCD), won £250 for herself, £1,000 for educational materials and £150-worth of Marks and Spencer vouchers. Ms Bartholomew said that she felt 'surprised and delighted' and added: "It's great to receive this type of recognition because it shows that my personal approach to education is supported by my peers and students alike." She didn't even know her students had nominated her until the shortlist of finalists were announced last October. Dental Defence Union (DDU), which organised the ceremony, awarded the title to Ms Bartholomew after she gave them a 15-minute presentation and did a Q&A with the judges. She has been teaching at SPCD for six years and is the first dental nurse tutor to be awarded the title. SPCD head Sara Holmes said that Ms Bartholomew puts everything into her teaching and deserved to win. Rupert Hoppenbrouwers, DDU head, called her an 'asset to the profession'.

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

## News



### Pioneer exhibition

BDA houses exhibit celebrating the life of Dental Pioneer Sir John Tomes

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## News & Opinions



### Slumming it

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## Implant Tribune



### One vs 100

What is better using the same system or choice? Ali Abdellatif discusses the options

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## DCPs



### Vital pipeline

The specialist dental receptionist is vital to relationships with referrers, says Beverly Street

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# New statistics claim an eight-year attendance low

## Survey reports a decline in dental patient numbers

Dental attendance figures are in the spotlight again after a new survey claims that the number of patients visiting the dentist has hit an eight-year low.

The survey, conducted by YouGov on behalf of Denplan, asserts that the number of people who say they attend their dental practice every six months has dropped from three in five, to barely two in five people in just one year (from 59 per cent to 43 per cent), statistics show. Meanwhile the numbers of people who visit the dentist regularly are down to their lowest figure since 2001 (to 69 per cent).

The research, which was carried out as an online survey, looked into some of the reasons given for not attending the dentist, with finances being the biggest reason. More than 40 per cent of respondents said they couldn't afford to go, with dental phobia (28 per cent) and lack of access (25 per cent) the next most given reasons.

Interestingly, it is reported that women are finding it hardest to prioritise their check-ups, with almost half saying they don't have the funds to go (48 per cent) compared with just over a third of men (36 per cent).

Denplan's CDO Roger Matthews, said: "It is clear that patients are finding cost an issue in the current economic climate. While this may not be a surprise,



it is important that the dental team focuses on retaining their patients by offering a range of payment options. Our own internal research indicates that those patients using a payment plan are least likely to cancel or delay routine dental check-ups, while they provide the practice the peace of mind from a regular form of income."

However, these figures go against the published Information Centre governmental figures, which report a regular increase in attendees over the last 15 months. Chief Dental Officer for England, Barry Cockcroft said: "We have invested more than £2bn in NHS dentistry resulting in more NHS dental practices expanding and opening all the time.

"Dentists working in the NHS treat around 250,000 patients every working day and our aim is to ensure that everyone who wants to see an NHS dentist can by March 2011."

Dr Cockcroft added: "The tide is turning and access to NHS dentistry has been increasing steadily over the past year.

"Recent statistics from the NHS Information Centre showed an increase in number of dentists working in the NHS of 655 in 2007/08 and a further 528 in 2008/09. The number of people seen by an NHS dentist in a 24-month period has increased in each of the last five quarters, by a total of 939,000."

A spokesperson for the British Dental Association commented: "Regular visits to the dentist are important to maintaining good oral health. As well as looking out for conditions such as dental decay and gum disease, dentists can also spot oral cancers, potentially saving a patient's life. It's really not a good idea for patients to avoid check-ups.

"Patients with concerns about locating an NHS dentist or charges should seek advice from NHS Direct. And there's really no need for patients to be anxious. Dentists work hard to put patients at their ease, explaining the care they provide to provide the best possible experience." DT



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## Editorial comment

# Lies, damn lies and statistics

Statistics are wonderful things. Depending on how pretty you make them, they can say anything you want them to. For example, last week I was named player of the match for my rugby side with 75 per cent of the votes. Now that is not bad going, but when you

look deeper you will find that actually only four of the team voted, and I didn't vote for myself! (not that I'm telling anyone else that, I was player of the match don't you know!)

Now, I am not for one minute suggesting that the statistics re-

ported by Denplan don't stand up to further scrutiny, or that the Information Centre statistics regarding dental access are incorrect; just that sometimes you need to step back and look objectively at how the data is put together. A perfect time to practice those EBD skills!

For those budding dentists looking for direction, this week (Friday) sees the Career Opportunities in UK Dentistry conference in London, organised by the BDA and UCL Eastman Dental Institute. Having attended the event before, I know how useful this conference is. This year, the keynote speaker is Prof Jimmy Steele, who will be discussing the challenges and opportunities his report has highlighted. It will be interesting to see how the dentists who will be directly affected by the changes implemented by the Steele Review in the future view what is happening in the profession. [DT](#)

## Free work

The health trust, NHS Mid Essex, is offering free dental treatment to people who have not seen a dentist for two years.

The treatment includes a check up, fillings, root canal work, extraction, crowns, dentures and bridges and is being offered to people in Chelmsford, Braintree, Maldon, Witham, Halstead and surrounding areas.

Twenty dental practices across the area are taking part in the scheme, running from 1 February to 31 March.

Dehlia McNair, assistant commissioning manager for primary care, said: "We have set a priority to improve NHS dental care as part of our commitment to improving access to NHS services. As well as making sure that services are available locally, it is important to encourage people to see a dentist in order to avoid health problems." [DT](#)

## Joining forces with America

The British Academy of Cosmetic Dentistry has joined forces with the American Academy of Cosmetic Dentistry to host an international conference in London.

A spokeswoman for the BACD said: "Dental professionals, exhibiting partners and educators will be brought together by their passion for cosmetic dentistry."

The event on 23-25 September is being hosted by the AACD, BACD, Dental University of Paris Study Group, the European Society of Cosmetic Dentistry, the German Society of Cosmetic Dentistry, and the Swedish Academy of Cosmetic Dentistry.

For more information call Suzy Rowlands 0207 612 4166 [DT](#)

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# Website to support oral mucositis sufferers



Mouthsmadegood.com's new home page and website

A new website has been launched giving advice and information to people suffering from oral mucositis.

The painful condition, normally associated with both chemo- and radiotherapy, can prevent sufferers from talking and even eating - and in severe cases a feeding tube is sometimes necessary so the patient can get the nutrients required to continue with the cancer therapy.

In a survey of nurses, it was identified as the most debilitating and significant problem associated with cancer therapy.

Iain McGill, president, Europe and International, at EUSA Pharma (sponsors of the mouthsmadegood website), said: "Oral Mucositis is a particularly common and often devastating side effect of cancer therapy. We hope that we've provided a useful and informative forum, where people can share their own insights and help others overcome this lesser known side effect of cancer treatment."

The new site provides information about the condition itself and its symptoms, the type of people at risk, the consequences of Oral mucositis and how to manage the condition.

The site also enables sufferers and carers to share their experiences, comment and ask questions as well as upload their own video blog to help others in the same situation.

For more information please visit the new website [www.mouthsmadegood.com](http://www.mouthsmadegood.com)

# BDA exhibition celebrates dental pioneer's life

The British Dental Association is holding an exhibition celebrating the life and achievements of Victorian dental pioneer, Sir John Tomes.

The exhibition features a number of Tomes's inventions including his patients' chair and hand instruments. The design of his forceps, which are also in the exhibition, has been acknowledged as the forerunner of those used today.

Peter Ward, chief executive of the BDA, said: "It is the BDA's 150th birthday this year, so it is particularly fitting that we are celebrating the life of Sir John Tomes, our first president, with this exhibition.

"His achievements and innovations have had a profound influence on the way dentistry is organised, regulated and practised today, and every dentist owes him a huge debt of thanks. This exhibition highlights his achievements with some remarkable exhibits and we are proud to be hosting it."

Other items in the exhibition include his work room book containing drawings of sections of teeth and bone, the letter from the Royal Society awarding him his Fellowship and his cuttings book, which includes the telegraph informing him that the 1878 Dentist's Act - the legislation that confined the use of the term 'dentist' to qualified or experienced people - had been passed.

Tomes was a clinical, technical and political pioneer in dentistry. As well as being the first registered dentist and the

first president of the BDA, he was the first dentist to be elected a Fellow of the Royal Society due to his dental research.

Martin Rees, president of the Royal Society said: "In its anniversary year, the Royal Society is delighted to be working with the BDA Museum to celebrate Royal Society Fellow Sir John Tomes.

"Our past Fellows share a remarkable role in history, advancing our understanding of the world around us in extraordinary ways. They truly are the giants on whose shoulders we have stood and we hope that this exhibition will inspire renewed interest in science and help us all to see further."

The exhibition can be viewed at the British Dental Association until 4 March.

It is open during normal museum opening hours (Tuesdays & Thursdays 1-4pm), but visitors are welcome at other times by appointment. Admission is free.



Painting of Sir John Tomes, Victorian dental pioneer

# Mouths' fifteen minutes of fame in dental surgery

Patients at a dentist surgery in Scotland will be able to watch what is going on inside their mouths on a flat screen TV, as they undergo treatment.

Mark Skimming has set up the £1m Dentistry practice in Queens Park, Glasgow which looks set to be the largest NHS dental practice in Scotland.

The flat screen TV will be in front of his dentist's chair so patients can see the inside of their mouths using a special camera while they are having their dental treatment.

He also wants to install a television screen in the ceiling so people can watch DVDs during long procedures.

By 2012, the surgery, is expected to have 10,000 patients and six dentists.

People who are unable to take time off work for dental appointments will be able to visit the dentist up till 9pm on a Monday night or alternatively on a Saturday morning.

Dr Skimming, who studied at the Royal College of Surgeons, is set to become the youngest Masters qualified restorative dentist in the UK later this year.

His wife Claire, 26, is helping to run the practice.

The practice was opened by Health Secretary and Deputy First Minister Nicola Surgeon.

She said: "This is an area that definitely has a demand for dentistry and I think it's great we've got more dentists setting up practices like this committed to the NHS."

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# Free literacy & numeracy tool for workers

Dental care providers are now able to assess the numeracy and literacy skills of their practice teams with the help of a free online tool.

The Skills for Health sector skills council has launched the first sector-specific initial assessment tool.

Skills for Health divisional manager Rosemarie Simpson commented: "The importance of literacy and numeracy skills in healthcare can't be understated.

"They're key to delivering high quality patient care, as well as improving the career prospects of staff.

"Healthcare staff generally have higher literacy and numeracy levels than some other workforce sectors, but many people will not have checked their skills for some time.

"The online tools provide an effective way to identify skill levels, show what people are good at and identify

what they might need to brush up on."

An NHS Skills for Life survey carried out in 2005 found that within NHS England, 26 per cent of staff have literacy skills below Level 2 (equivalent to a GCSE at A\*-C), while a greater proportion would benefit from refreshing their numeracy skills.

The free-to-use online tools are designed specifically for staff working in healthcare in the UK and draw on 'real-life' scenarios.

Examples include listening to messages from patients, interpreting instructions, tables and charts and calibrating equipment.

Another key feature is 'intelligent' software that analyses users' responses and modifies questions according to the level they are working at – meaning that the tools can be used across a range of healthcare grades and roles.

Staff who use the tools receive an assessment indicating their literacy and numeracy levels, which can be used to support skills development activities and a route into career progression.

Skills for Health claim that using the tool will lead to improved patient care, better clinical governance and higher staff retention levels.

It recommends that the tools be used as part of a 'whole organisation' approach in which literacy and numeracy assessment is embedded in staff development processes.

The tools can be used as part of induction, a personal development review or prior to or as part of training.

The Initial Assessment Tools are designed to indicate the approximate skills levels of an individual between Entry Level 1 and Level 2 in the English qualification framework, and SCQF levels 2 to 5 in the Scottish framework.

Each online tool takes approximately 25 minutes to complete, and individuals may be supported by a manager, trainer, or Union Learning Representative.

Alternatively, they may access the tools themselves. The initial assessment can be used as part of a learning programme, following on from a skills check and leading on to diagnostic assessments.

They can also be used alongside an NVQ/SVQ or Adult Apprenticeship, and can be carried out on an individual basis or in a group setting.

They were commissioned by the Extending Participation team within Skills for Health, and can be accessed via [www.skillsforhealth.org.uk/IATool](http://www.skillsforhealth.org.uk/IATool). **DT**



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## Understanding orthodontics

The British Orthodontic Society (BOS) has produced two new guides for dentists and patients on orthodontic treatment.

The guide specifically for dentists is titled *Managing the Dental Occlusion: A guide for dental practitioners*, and advises practitioners about orthodontic treatment for children.

'Managing the Dental Occlusion' is a 16-page, in-depth guide which helps dentists to examine children's teeth from an orthodontic point of view and highlights the possible interceptive treatments and procedures available.

It provides written and vis-

ual guidance to dentists for recognising any deviations from the norm in a young person's dental development; from a lack of spacing in the deciduous dentition to a change in the sequence of eruption, and when it is best to refer a patient to an orthodontic specialist.

The guide also provides further recommended reading on the subject.

The patient guide is a readable new Patient Information Leaflet (PIL), providing easy-to-understand facts about Interproximal Reduction.

The Patient Information Leaflet uses simple and informal language and includes a ques-

tion and answer section, to help patients to properly understand their potential treatment and its on-going care.

The leaflets help reinforce and act as a memory aid for the verbal advice given to orthodontic patients (and their parents) during a consultation, as well as providing a further point of reference for information covered by the orthodontist during the consultation.

A spokeswoman for the British Orthodontic Society (BOS) said: "They are deliberately kept short, to a double page, and to the point so that patients can quickly digest and remember the salient points of their treatment. The PIL on Interproximal

Reduction provides information about removing small shavings of tooth enamel, which is one of the methods orthodontists use to reduce the width of the teeth. The questions the leaflet addresses are specifically to reassure patients that Interproximal Reduction is a safe and proven form of treatment."

The leaflets have been produced with guidance from the Plain English Campaign and British Dyslexia Association. This extends beyond the clarity of the wording to the way it is laid out, the size of the text and the colour of the print.

The British Dyslexia Association advised the BOS that, by using a cream background with a matt finish and avoiding red text, the information is more easily assimilated by those with dyslexia.

Copies of *Managing the Dental Occlusion: A guide for dental practitioners* and the *Interproximal Reduction* patient information leaflets are both available from the BOS. Information about all BOS literature can be viewed online on the BOS website: [www.bos.org.uk](http://www.bos.org.uk) or obtained by calling 020 7353 8680. **DT**



## Super dental surgery opens

A new super dental surgery with more than 9,000 NHS dental places has opened in Preston.

The new surgery at Ringway House, near the city centre, is expected to open in April.

It will provide routine NHS dental care to approximately 9,500 patients and will also offer emergency dental care in and out of hours.

Ringway House will be open from 8am to 8pm for routine care

and will see emergency patients between 10am and 10pm.

Janice Nicholson, head of dental commissioning for NHS Central Lancashire, said: "We are delighted to introduce this new dental service

into Preston. It is anticipated that it will make a huge difference to the oral health of local residents."

Donna Roberts, head of primary care for NHS Central Lancashire, said: "We think that by opening this surgery, there will be enough cover for everyone on the NHS Dental Access Database, but there may be more

people out there who want an NHS dentist."

Ringway House will house four surgeries – one designed to meet the needs of patients with a disability – a large reception area, an X-ray unit, a training room and staff and storage facilities. **DT**

## Scotland sees rise in dental registrations

There has been a rise in both child and adult dental registrations over the last three months, according to the Scottish government.

However, Public Health Minister Shona Robison admitted that despite the increase, people in Scotland are still having problems accessing 'an NHS dentist in

certain parts of Scotland' and said: "We are continuing to tackle this."

She added: "Last year we announced, capital funding of £82m

through the primary and community care modernisation programme, most of which will be used for the development of NHS dental services – one of our top priorities.

"This includes 13 new stand alone dental centres across Scotland and two more as part of multi-function health centres.

"We now have outreach training centres in place throughout Scotland including Aberdeen, Inverness and Dumfries and Gallo-way and NHS Boards now have the authority to appoint directly salaried dentists."

The Scottish government has also increased the number of dental students in training and recently officially opened Scotland's newest dental school in Aberdeen. The facility will produce 20 trained dentists every year.

Ms Robison added: "In addition, more than 500 students now receive a dental undergraduate bursary scheme of £4,000 per year in return for commitment to work in NHS dentistry in Scotland." **DT**



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# Bukumbi bound with Bridge2Aid

**Dental Tribune**, in our ongoing series looking at the Bukumbi Care Centre in Tanzania and the work of Bridge2Aid, describes how one conversation can inspire people to make a difference...

It's funny how a chance conversation can lead you to the greatest adventures. Previously, chance meetings have led to fantastic weekends in France, journalistic opportunities and invitations to meet people it wouldn't normally be possible to.

This time, it was in the sparkling surroundings of the 2009 BDA Honours and Awards Dinner that serendipity lent a hand. I was sat at a table with colleagues from one of the dental dealers and we were discussing projects we would like to get involved in doing when one of them mentioned that he was participating on a trip with Bridge2Aid (B2A) to help build a community centre at a small Tanzanian village who supported some of the most disadvantaged people in that region.

This piqued my interest because for a while I have felt that as a supporter of dental professionals I would like to make a real contribution to the work that charities such as B2A do, but as a non-clinician I thought there was nothing I was able to do. The rest, as they say, is history.

I was put in touch with Andrew Thurston, divisional manager of cross infection control product manufacturers Schülke UK and lead organiser of the trip. A few days later and I was on the list of intrepid volunteers going to the village of Bukumbi.

Bridge2Aid is a charity working in the Mwanza region of North West Tanzania. It works closely with the Tanzanian Government to deliver aspects of their dental strategy. Its main scheme is the operation of a not-for-profit dental clinic in the city of Mwanza and the training of Rural Clinical Officers (to provide basic emergency dental care in their communities), and have a community development programme for the poor.

This is where the Bukumbi Care Centre comes in. B2A are working in this community to help a group called the Maskini, who are isolated and marginalised by society because they suffer from diseases such as leprosy and other disabilities. This means they have difficulty meeting some of the most basic of human needs such as:

- Clean drinking water
- A nutritionally balanced diet
- Washing facilities for personal hygiene
- Funds to secure medical-dental treatment
- Any means of income generation

B2A is committed to a long-term plan of improvements at Bukumbi, involving input from the community itself and utilising vol-

unteers to carry out refurbishments. As well as providing on-going access to both medical and dental treatment, B2A has, amongst other things:

- Refurbished the toilet blocks and four of the six dormitories
- Provided new beds, bedding, mosquito nets and secure storage for belongings
- Raised £14,500 to fund a new water system for the Centre
- Employed community development worker Kibibi Kengia, who has set up an income generation scheme for residents to make and sell their crafts for a small profit.

The main building project for 2010 is the establishment of a community centre, which is what myself and the team from Schülke, Henry Schein and other areas will be working on. Although the main building work has already been completed, there will be plenty to keep us busy as we help fit it out and make it ready for use. The funds we have raised will also go towards not only this project but many of the other projects that B2A are involved in. In addition, my journalistic experience will come in handy as *Dental Tribune* tries to document the lives of both the people in Bukumbi and the team at B2A trying to make a difference at both a national and local level.



I am still raising funds for this worthwhile cause. My thanks so far go to my colleagues at Smile-on and Practice Plan for their generous support; also individual sponsors including Aideen, Mia, Sarah, Sam, Louise and David – Thanks for your help!

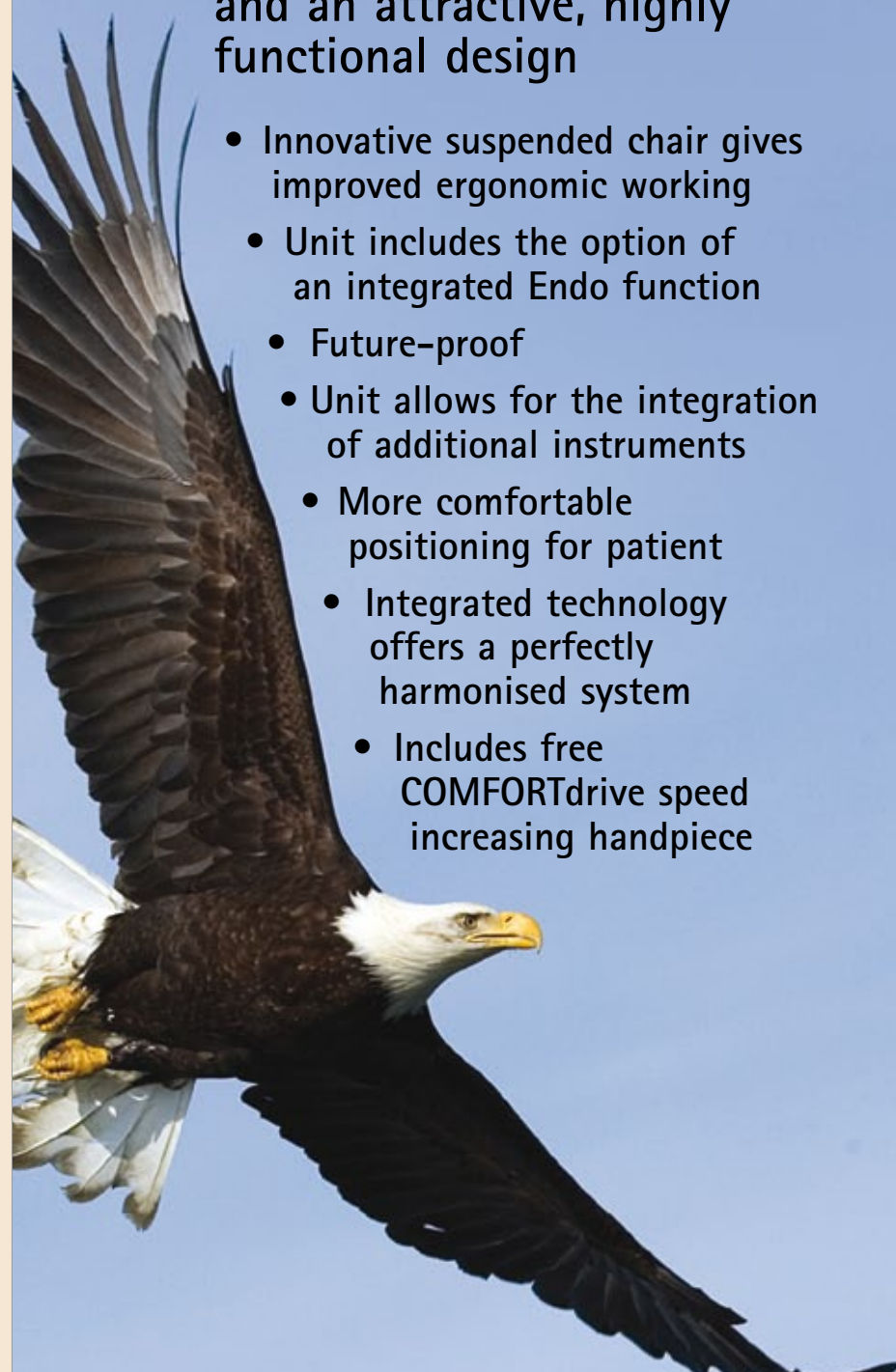
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## The Access and Quality Agenda – in the slums of India

When I heard that 6,000 children die every day in India, my first questions were WHAT? WHY? And isn't India an emerging economy? ...in that order.

Growing up in sub Saharan Africa (Zambia) I had seen poverty, but I had never appreciated that India had 20 times the population of the UK and 100 times the population of Zambia. One billion in Africa - 47 governments, 1.2 billion in India - one government. Not easy.

### Awareness

No surprise then, when I was approached in the Autumn of 2009 to participate in the Channel 4 series, *Secret Millionaire*, that I felt compelled to say yes. I meet dentists and doctors from the Asian subcontinent every day, and we often wonder how many of us owe our success to our brave ancestors who migrated in search of a better life and to the opportunities that Britain gave us. I also meet many dentists and doctors who are not from the Asian subcontinent, who want to give time and love to those less fortunate in Africa and Asia - eg through Bridge2aid.

### Safeguarding and Safety

Some really bizarre thoughts went through my mind when I first arrived in Dharavi, the largest slum in Southeast Asia. It houses 1.2 million people in 1 square mile; in fact 60 per cent of Mumbai's residents live on six per cent Mumbai's land. I wanted to pick some of those helpless children up and cuddle them...but what were their local child protection policies? I wanted to pull them away from the flying glass in the recycling areas - where was their health and safety policy, let alone risk assessments and safety glasses?

It got worse. The dumping ground was a cesspit, swarming with flies, sewage, animals and people. Not much infection control going on here; HTM 01-05 wouldn't get a look in. Slips and trips policy? Well in a nutshell, 'try not to slip or trip when the bulldozers come to the dump to make space for more garbage, or you will get hurt'.

We are just waking up to the fact that one year is a challenging timetable for us to meet the standards of the Care Quality Commission. What would happen if CQC came to the slums?

### Re-defining my raison d'être

The experience changed my life. I sat in a comfortable space back home in London - I understood *Delivering Better Oral Health* and care pathways in dentistry, we risk assessed our patients in East London and targeted high needs patients with preventive advice, fluoride and fissure sealants.

Dental disease was preventable and I was used to droning on about sugar intake and cleaning habits, and spending hours on toolkits. NHS contracts and secondary school entrance exams were the only frustrations, but both were getting better. After all, the DOH's cool A team had come up with a contract that dropped the weighting of UDAs to half their previous value, and one daughter had already made the transition to secondary school... just one to go.

On the Honey and Mumford learning styles questionnaires, I come up strongly pragmatic, not an activist, not a theorist, not a reflector. I expected to go to India, get some sanitation and education projects going and come home feeling good. Not so. Little was I to know that I would fall in love with the sensibilities and

sensitivities of the social entrepreneurs I met in Mumbai.

### Chicken or Egg?

Whilst I couldn't tick the boxes on "Quality" as we know it, I saw incredible strengths in the teamwork and resilience of charity workers determined to make a change in India, and I was overawed by the personalised care, respect and support people living and working in the slums showed for each other and for me, a total stranger. How could I have believed that India should have fed its poor before it developed its space programme? What can India do to help its poor unless it creates riches to help them with? I did not teach my kids to write abc before 123, and I certainly won't be waiting for registration with the Care Quality Commission before I register with the Charities Commission.

I have learnt not to judge what I see in India, but to accept it as it is, with its multiple social and commercial facets, and many cannons firing simultaneously. India is cited as one of the BRICS economies by Goldmann Sachs, and Indians are deservedly proud and work hard for what they have.

However, it requires foreign investment, an influx of wealth, and a speedier pace of development to help its people. Go India, you are home to 17 per cent of the world's population; you need a measurable share of the world's wealth to care for them.

Otherwise 6,000 children will die every day for some time to come.

If you would like to get involved with my charity work, contact me through [www.seemasharma.co.uk](http://www.seemasharma.co.uk). [DT](#)

# A critical decision

**You're covered in the event of redundancy, but what about if you get sick? Thomas Dickson considers the benefits of critical insurance cover**

In today's society, most people live with a certain amount of debt. So, making sure you are adequately covered to meet the demands of a credit-laden life should you fall ill and be unable to work is essential. It's common for dental practitioners to take out multiple policies to meet their requirements in times of adversity, with life assurance and income protection being two universal options. However, an alternative that should be considered is critical insurance cover (CI).

The essential element of any policy is to provide a basic level of income when the policyholder is unable to work and Income Protection will do this. However, CI will provide a tax-free lump sum of cash on the diagnosis of serious illness or permanent disability, which could be useful for those without an accumulation of assets as a safety net.

We are twice as likely to suffer a serious illness than die before the age of sixty. For a multitude of reasons, including the advances in medical sciences and technology, the survival rates for once fatal illnesses are much higher. A consequence of this is families contending with the unwelcome cost of treatment while having to meet daily financial commitments, often on a reduced income. For dentists this could also include the running costs of the practice.

## Two main policies

There are two main types of policy available: 'term' (level) or 'mortgage' (decreasing). When considering CI, there are several factors involved. Firstly, there are your current mortgage commitments, for both the home and the practice. It is necessary to

balance the current costs of living with the cost of providing financial cover when you are unable to work.

Secondly, although generally cheaper, a mortgage critical illness plan means the amount that can be paid out decreases over the

course of the cover. In contrast, a level term critical illness cover payout remains constant throughout the life of the policy. The advantages for both types will require careful consideration.

## Check the small print

At the outset, choosing the right provider of your cover is vital as there will be no option to change if your health deteriorates. One of the main areas for dentists to consider with critical illness pol-

icies is to make sure the wording on the small print covers you as a dentist. Very few insurance companies have the necessary 'own occupation' that could be crucial in the event of a claim.

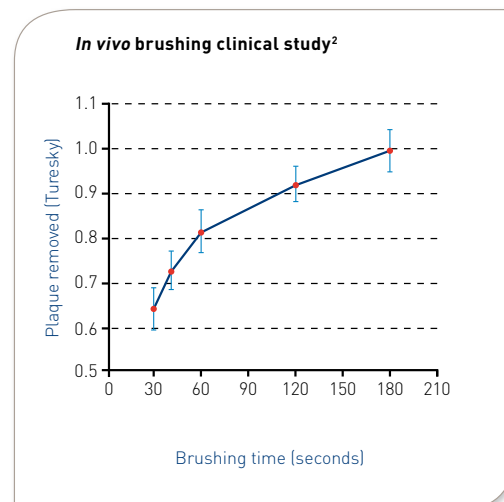
One in four women and one in five men will suffer a serious illness before retirement age. Taking adequate measures to ensure that the recovery process is not hindered by financial worries seems a prudent step. [DT](#)

## NEW EVIDENCE FOR THE BENEFITS OF INCREASING BRUSHING TIME

To motivate behavioural change, it helps if patients understand the benefits of brushing for at least 2 minutes twice a day with fluoride toothpaste, compared to an average brushing time of around 45 seconds.<sup>1</sup>

New research results from Aquafresh show that increasing brushing time:

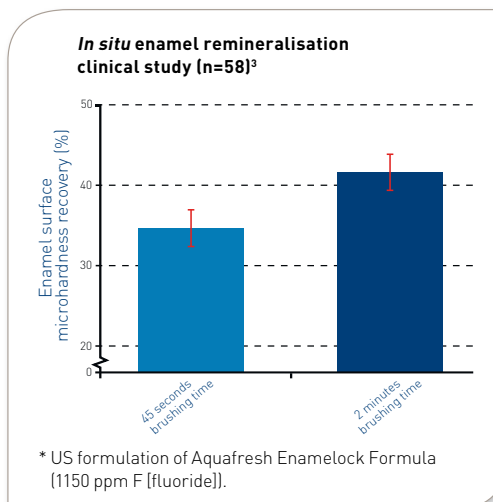
### Significantly increases plaque removal



\*  $p < 0.05$

- 26% more plaque removal was observed with brushing for 120 seconds compared with 45 seconds<sup>\*2</sup>

### Improves enamel strength



\*  $p < 0.05$

- 20% increased surface microhardness recovery<sup>1</sup>

## References

1. Gallagher A, Sowinski J et al. The effect of brushing time and dentifrice on dental plaque removal in vivo. [Accepted for publication in J Dent Hyg]
2. GlaxoSmithKline data on file: Creeth et al 2009.

## About the author



Thomas was brought up in Hong Kong and studied at Aston University Birmingham and in Tokyo. Thomas started working as a financial adviser in 1993, became an independent financial adviser in 1996, and is now a director of Essential Money Limited. Essential Money provides independent financial advice to dentists throughout the UK. Thomas has been awarded the Advanced Financial Planning Certificate by the Chartered Insurance Institute and is a Certified Financial Planner. For advice, call Essential Money on 0121 685 5060, email [Thomas@essentialmoney.co.uk](mailto:Thomas@essentialmoney.co.uk) or visit [www.essentialmoney.co.uk](http://www.essentialmoney.co.uk).

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