

DENTAL TRIBUNE

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News in brief

Poor example

The British Dental Health Foundation (BDHF) has criticised former Blue Peter presenter, Zoe Salmon, for saying she has 'naturally white teeth', and hasn't been to the dentist in 10 years. Dr Nigel Carter, chief executive of the BDHF, said Ms Salmon should be 'setting an example' and added: 'Our three key messages are to brush teeth twice a day, visit the dentist regularly and cut down on sugary snacks and drinks.' Ms Salmon, will be taking part in the latest TV series of *Dancing on Ice*.

Vandalised practice

A dental practice was vandalised, during an anti-Israel demo which ended in riots, when a mob of angry looters rampaged through Kensington High Street in West London. About 200 protesters led the rampage after thousands had marched peacefully from Speakers' Corner, Hyde Park, to Kensington Gardens, near the Israeli Embassy in Palace Green. The rioters smashed the glass frontage of Kensington Dental Spa leaving Dr Dave Jamus terrified they would steal the £20,000 worth of paintings, he has in his surgery.

Rubbish dumper

A dentist caught dumping three bags of rubbish at a Swindon industrial estate, claimed he thought it was a tip. Dr Leon Malherbe, who runs the Victoria Road Practice in Swindon, claimed it was too dark to see properly and he had mistaken the area for a waste disposal tip. He said he had been looking for the tip, which he was told was open later, and had taken a wrong turning. Dr Malherbe was caught on CCTV fly-tipping the three bags and a kitchen worktop at Kendrick Industrial Estate, in June last year. His car was traced back to the dental surgery. Dr Malherbe, was ordered to pay a fine and costs totalling more than £1,750.

Kenya training

A dentist from Sidmouth, Devon, has been working out in Kenya providing treatment and training to improve the country's dental care. David de Klerk, principal dentist of Merrifield Dental Practice visited the Gai region of Kenya with the Akamba Aid Fund in November. He showed them how to use local anaesthetic and carry out extractions using the correct instruments and the right procedures to sterilise the equipment.

News and opinions



First class

At least 90 per cent of staff at the UK's dental schools have been judged as undertaking research of an 'international standard'.

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Practice management



Two faces

To sell or not to sell? Beware - today's buyer of your practice may be a wolf in sheep's clothing. It's time to take caution.

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Clinical



Full dentures

Most of the complaints and claims associated with full dentures can be categorised into three groups says Dental Protection.

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Education



Harsh truths

Dental healthcare is no longer an affordable necessity for a lot of patients and hits wallets hard. Neel Kothari explains why.

▶ page 24

Suspended dentist fights contract termination

A dentist, suspended by the General Dental Council and charged with defrauding the NHS, has appealed to the High Court, against a decision by health chiefs to terminate his NHS contracts.

NHS Warwickshire has cancelled the NHS contracts at Camp Hill Dental Practice in Nuneaton and Atherstone Dental Practice in Atherstone, both run by Ikhlq Hussain.

The contracts were terminated because of concerns raised after dental practice inspections, according to NHS Warwickshire.

Dental law solicitors Young & Lee have taken the case to the High Court in London, which upheld the application for an order

that reverses the primary care trust's actions until a further hearing later this month.

Ikhlq Hussain, who runs both practices, is currently halfway through a year's suspension imposed by the General Dental Council (GDC) after being found guilty of serious professional misconduct.

Mr Hussain, was suspended by the GDC, for threatening a colleague who had refused to sign new contracts.

Mr Hussain lodged an appeal against the suspension but withdrew it just before a scheduled High Court hearing last summer and the suspension then took effect.

Mr Hussain, is also currently facing charges of cheating his patients and the NHS out of money.

Mr Hussain appeared in Birmingham Magistrates Court last December, with Jaspal Singh Bachada, who he used to run a practice with in Droitwich, Worcestershire.

They are both alleged to have charged patients for private treatment but then claimed back the money from the NHS. Both men are jointly charged with defrauding patients and the NHS's Dental Practice Board.

They also face two charges of perverting the course of justice by changing records of treatment and threatening a staff member to stop her reporting them to the NHS Counter Fraud and Security

Management Service. Both have been remanded on unconditional bail until their case at Birmingham Crown Court in March.

A spokesperson for NHS Warwickshire said: 'This rare step to terminate the contracts was not taken lightly and was necessary.'

We are guaranteeing all those patients who were receiving NHS dental care from either practices will be matched with one of more than 45 alternative NHS dentists in the area.'

The Local Dental Committee supports NHS Warwickshire's actions. [DI](#)

NHS dentistry lists are 'set to grow'

Waiting lists are set to grow as people will find it harder to access an NHS dentist during the recession, according to dental experts.

Panellists at a debate, hosted by Denplan, the dental funding provider, agreed that the recession will make it even harder for people to access an NHS dentist.

It is predicted that private dentists will stay private and fewer overseas dentists will come to Britain to work.

The debate, heard that there has been a 'disappointing' failure to move dental care toward a more preventative approach.

Dr Nigel Carter, chief executive of the British Dental Health Foundation, said that NHS dentistry re-

mains 'national illness dentistry' and is not focused enough on improving people's oral health.

The panel also claimed that putting power into the hands of local NHS trusts had turned it into a patchwork system which no longer justified the title of a National Health Service for dentistry.

Other speakers suggested that dentists are finding it hard to cope with new NHS contractual agreements and face an uncertain future.

Roger Matthews, chief dental officer of Denplan, said: 'The new contracts put dentists in a position of meeting targets related to units of activity and greater patient numbers. This is having a negative impact on the NHS dental service, treating neither patients nor dentists fairly.' [DI](#)



Braemar Finance, a direct lender to the dental profession, has introduced a tax funding facility to ease the impact on practice cash flow.

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



Sleeping targets

Many dentists will know the ancient Greek story of the evil innkeeper Procrustes, who invited travellers to sleep in a certain bed and wait until they were sleeping. If they were too short for the bed he would stretch them out on a rack, if they were too tall he would cut off their feet, and either way, take their money.

The present absurd dental system is much the same; we get two messages from our beloved CDO Barry Cockcroft and his masters. If you reach your UDA target early and go on holiday you are probably cheating and manipulating the system by band-gaming, and deserve to be penalised. If, like me, you fail to reach your target it is not because patients are missing and late cancelling appointments or because they are taking longer to put right than the measly UDAs allow, nor because the figures for the reference year were doctored to make our UDA targets higher. Oh, no; it is because you are lazy and deserve to have a claw back, no allowances.

We get much the same mixed message elsewhere, and the commons public accounts committee is surprised that the dental corporate (set up to maximise profits and award contracts on the basis of low cost UDA) have exploited the rules and done as little as legally possible to make a profit.

This is very naughty. In the same week we have had a letter from the PCT telling us that they appreciate that new high-needs patients are financial suicide to take on in large numbers. They suggest breaking the treatment down into at least three, three-month chunks; rescue, oral hygiene and stabilisation, basic treatment and if their oral hygiene improves advanced restorations. While it sounds ethical to me, is this not what the DH is trying to stop?

The obvious question for Barry is this: - if it is so easy to reach target ethically, why go to contracts? Why not fill the new

expensive LIFT buildings with salaried dentists and put other GDPs with their staff on a salary, and of course the NHS pension scheme? The truth is that salaried dentists do everything by the book, spending lots of time on Clinical Governance and staff meetings, so their cost per patient per UDA is very high. Dentists on contracts know which corners to cut and are far cheaper and more productive. As a bonus, if things go wrong the government and the PCT wash their hands, blaming it all on the contractor. The whole cowardly thrust of the New Labour policy has been to keep central control while devolving responsibility and blame to the periphery.

That the absurd un-trialed UDA system works at all is a credit to us dentists who make the best of a bad situation - doing our best for our loyal patients with resources already thinly spread. Dr Cockcroft and NICE would like us to see these patients every two years if he can force us, but it is their comparatively easy UDAs which subsidise us to see the irregular attendees with the disastrous dentitions. I also see that in Mouth Cancer Awareness week Dr Cockcroft is urging dentists to screen more regularly to catch cancers earlier. Am I the only one who thinks this is doubletalk?

I would like a system which pays capitation or sessional payment plus lab bills for regular patients, and a fee per item entry payment to put new patients and casuals on an even keel, reflecting their different needs.

What happened to Procrustes? Well, prince Theseus of Athens wrestled him onto his bed and gave him a dose of his own medicine. I would like to see our CDO work in a practice or clinic, say in one of the unused ones in Cornwall, treating all-comers to a high standard for three months trying to earn 1,500 UGAs without exploiting any loopholes, with the shortfall clawed out of his salary.

Duncan Fitton

NHS Fife must 'apologise'

The Scottish Ombudsman has told NHS Fife to apologise for causing severe discomfort to a patient after fitting her with an incorrect denture.

The patient's own dentist had ordered the preparation of the denture before a community dentist went ahead with its fitting despite it being wrongly prepared.

The patient made a formal complaint to the Scottish Public Services Ombudsman

The report upheld the patient's complaint, agreeing that the denture fitted was not what was discussed, and said that the community dentist should have delayed treatment.

The Ombudsman stated that, although the patient had signed a consent form, she 'was asked to make her decision under difficult and stressful circumstances without a proper chance to consider all the options'.

The Ombudsman recommended that the health board give a full apology and also that all dentists agree in future that a denture has been correctly prepared before a fitting takes place.

The report also recommended that, when a patient is under particular stress, guidelines should be drawn up to consider management and consent.

NHS Fife has accepted the recommendations. [DT](#)

'Inspektor TC' spots plaque

Scientists from Liverpool University have developed a dental product which identifies build-up of plaque in the mouth, before it is visible to the human eye.

The 'Inspektor TC' product is aimed at older people and young children, who are vulnerable to dental disease. The toothbrush-sized device features a blue light which, when shone in the mouth

and looked at through yellow lenses containing a red filter, detects plaque as a red glow. Dentists currently use disclosing tablets which can stain the mouth and taste unpleasant.

'It is extremely difficult to get rid of all plaque in the mouth', said Professor Sue Higham, from the University of Liverpool's School of Dental Sciences.

'Left undisturbed it becomes what we call 'mature' plaque and gets thicker. This is what leads to gingivitis, or bleeding gums, and decay. Early stage plaque is invisible, and so this device will show people the parts of the mouth that they are neglecting when they brush their teeth, enabling them to remove plaque before it becomes a problem,' she added. [DT](#)

Dental Protection for Edinburgh

Indemnity insurance company, Dental Protection Ltd is to open an Edinburgh office - giving Scottish members a local service.

It will be the third UK office for Dental Protection Ltd (DPL) and its parent company the Medical Protection Society (MPS)

The new office joins the existing UK offices of Leeds and London where DPL's existing 36 dento-legal advisers are based.

Dental director Kevin Lewis said, 'This visible demonstration of the commitment of DPL and MPS to our members in Scotland, is something that many members have repeatedly asked us for.

But opening this new office in Edinburgh is only part of a much bigger picture, and we have already made several key appointments to create an outstanding team that will be based in Edinburgh.

Their experience and specialist local knowledge will strengthen and enhance what I firmly believe was already the best dento-legal advisory team in the world.

Our members in Scotland already enjoy all the benefits of being part of this large, strong and well-funded international organisation and now they will have the added benefit of this local service delivery and expertise. [DT](#)

New NHS dental surgery for Inverness

Patients in Inverness are to get a new NHS dental surgery designed to reduce waiting lists in the city.

There are currently 10,000 people on the waiting list for an NHS dentist in Inverness. The new surgery would be the third development for Inverness in recent years.

Mary Scanlon MSP, the Conservative's health spokeswoman,

said: 'It will be a great boost to dental care in the Highlands, which has had some of the lowest dental patient registrations of any health board in the whole of Scotland.

While this will be welcome news for Inverness, I have written to NHS Highland to ask how they plan to make similar provision for the Caithness, Sutherland and Easter Ross constituency, where only 15 per cent

of people are registered with an NHS dentist.'

She added: 'In the Ross, Skye and Inverness constituency, the figure is not much better with only one in five people being registered with an NHS dentist. Given that the Scottish average for NHS dental registration is 59 per cent, these two constituencies fall well below what is available in the rest of Scotland.' [DT](#)

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Guest comment

Trusting your instinct

Many years ago, I shared a flat with a friend in investment banking. He had a standard answer when asked for advice about the stock market and it was, 'It might go up; it might go down or it might stay where it is'. From that day to this to this, I have never heard any better investment advice. Couple that with the other simple lesson – namely that if it sounds too good to be true then it probably is – and you have all the information that you need to be an investor. Whether or not you are successful will depend on a host of factors that are completely outside your control. I don't doubt that, if you make an in-depth study of a particular market sector, you might develop a level of knowledge that allows you to see potential opportunities and to take advantage of them. Or you can use experts, who have hopefully already gone through this process, and invest in emerging markets. Alternatively, you can spread your risk by using more traditional methods such as unit trusts, building societies and banks.

The chances of a significant return on your capital was never great in the latter cases, but they had the advantage of being safe. Unfortunately, recent events have forced me to add a third rider to my rules of investment and it is that there is no minimum price for anything. Sadly, there is virtually nothing left that has such intrinsic value that it will always be worth something.

So what can you usefully do with your money to protect it and, potentially, to earn anything from it? In these uncertain economic times, it is very difficult to know who to trust or what to do for the best. However, there is one person that you can trust absolutely with your money and that is you. At least with money invested in you and your business, you are much more in the driving seat than you are with money invested in some stranger's company.

There is a strong temptation to halt all investment during a down turn but it is the very time when investment can be most fruitful. Trying to update computer systems and install modern technology at a time when the appointment book is bursting can be very difficult. It is much more productive to do it when there is less disruption to surgery time and it will be in place ready to generate greater income in the future. Similarly, investing time in learning new techniques and skills will pay dividends in due course.

The recession will inevitably mean a reduction in the number of treatments delivered but it will not reduce the number of treatments needed. That need will still be there when the recession

ends and those best placed to meet it will be those who suffer least from the current downturn.

The only trouble is that, when you reap the rewards of your in-

vestment, there still won't be anywhere safe to put it! **BT**

*Tony Reed,
executive director
of the BDTA*



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

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Dentsply sponsors dental aid programme

Dentsply, a manufacturer of dental products and dental instruments, helped to sponsor a dental aid programme in Kenya by providing free dental equipment.

Eight final year Manchester University dental students travelled to Kenya to deliver quality dental care to those who would otherwise have very limited, or no access to recognised dental treatment of any kind. The students carried out full dental checks on over

90 children at the Frances Jones Abandoned Baby Centre in Kenya.

Other patients received treatments which included scaling, extractions, single and multi-rooted endodontics and denture procedures.

A spokeswoman for Dentsply said: 'Our donation of dental instruments, particularly the new Artio range, as well as other equipment, helped to make the expedition possible.' □



Dentsply supplied free dental equipment to aid Kenya

GDC appoints new director for Scotland

The General Dental Council has appointed Ian Jackson as its new director for Scotland.

Mr Jackson, who has already taken up his post, now manages the General Dental Council's (GDC)'s activities in Scotland and works with the Scottish parliament, members of the public and the dental profession.

GDC president Hew Mathewson called his appointment 'an important one for the GDC'.

He said: 'The GDC is committed to providing regulation which is consistent across the UK

whilst relevant to the way in which healthcare is delivered in different countries, systems and contexts.

Ian joins us at an important time. His work will aim to further build and maintain effective GDC engagement in Scotland so that we can relate better—and respond better—to Scottish-based patients and registered dental professionals working in Scotland.'

Mr Jackson has previously held various roles at BT, where he has worked since 1990, and was most recently its partnership director.

He is also a member of the General Teaching Council in Scotland and was awarded an MBE in January 2005 for services to education in Scotland.

Mr Jackson said: 'I am very pleased to have the opportunity to make a real impact on the GDC's presence in Scotland by leading the development of the Council's activities in the country.'

I look forward to working with the many Scotland-based patients and professionals as well as the Scottish Parliament, other regulators and agencies in the country.' □

'International standards' for academic staff

At least 90 per cent of staff at the UK's dental schools have been

judged as undertaking research of an 'international standard'.

The findings of the 2008 Research Assessment Exercise confirm the high standard of dental research in the UK, with all 14 institutions recognised for their 'world-leading originality, significance and rigour'.

Dr Ross Hobson, chair of the British Dental Association's central committee for dental academic staff, said: 'Today's results confirm the excellence of the research that is being carried out by the UK's dental schools, with the international excellence of

their work enjoying just recognition.'

He added: 'What makes this success even more remarkable is that it has been achieved against a background of pressures on dental academic staff from a 25 per cent increase in student numbers and the opening of a number of new institutions.'

The 2008 Research Assessment Exercise was conducted jointly by the Higher Education Funding Council for England, the Scottish Funding Council, the Higher Education Funding Council for Wales and the Department for Employment and Learning, Northern Ireland. □



All 14 institutions were recognised

Learning solutions at Dentistry Show 2009

Smile-on is to showcase the latest in its learning solutions at this year's *The Dentistry Show*.

The show, which is being held at the NEC in Birmingham on 13-14 March, will include workshops and lectures from internationally recognised experts. Thousands of dental professionals have already registered, and attendees will be able to discuss the latest integrated learning breakthroughs with the Smile-on team.

Visitors to the stand are advised to ask about webinars, which enable dental professionals to take part in interactive lectures from the comfort of their armchair. Webinars can be replayed, to go over valuable points.

The team will discuss the innovative features of its three-module programme *Communication in Dentistry: Stories from the Practice*, the *Clinical Photography Course*, *DNSTART* and *Clinical Governance Progress Management*.

A spokeswoman for Smile-on said: 'We understand the need for learning solutions that meet the changing needs of the industry.'

With the latest technological innovations and forward-thinking approaches, Smile-on helps dental professionals develop their skills and knowledge, regularly refreshing their newfound expertise.'

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

'Highly interactive' webinars

Dental care professionals were able to take part in two 'highly interactive' webinars in endodontics from their own homes.

Dr Julian Webber, director of the Harley Street Centre for Endodontics and faculty member of the Pacific Endodontic Research Foundation, presented the two-part series of webinars in December.

A spokeswoman for Smile-on and Dentsply Maillefer, which produced the webinars, said: 'Dr Webber's considerable expertise enabled delegates to improve their knowledge and confidence in rotary endodontics and heated obturation solutions.'

Both of the webinars were highly interactive with delegates asking questions throughout by typing them into their computer. Dr Webber addressed these questions as they arose, allowing

the delegates to really get the most out of the experience.'

Dr Webber covered a range of topics including irrigation, preparation with Nickel titanium files and heated obturation.

Dental care professionals (DCPs) taking part in the webinars earned one and a half hours of verifiable Continuing Professional Development points. These DCPs will be able to re-view the webinars again over the website.

The Smile-on spokeswoman said: 'The past webinars are also available to purchase but of course, the real benefit of attending the live sessions is having the chance to ask your own questions to Dr Webber throughout the presentation.'

For more information on any of our dental webinars, please visit www.dentalwebinars.co.uk, call 020 7400 8989 or email info@smile-on.com □

Fellowship award for Kevin

The director of Dental Protection has been awarded a fellowship from the Faculty of General Dental Practice (UK).

Kevin Lewis was awarded the fellowship during the first diploma ceremony jointly hosted by the Faculty of Dental Surgery (Eng) and the Faculty of General Dental Practice (UK) to celebrate those awarded the MJDF (Membership of the Joint Dental Faculties) and the Diploma in Orthodontic Therapy.

Mr Lewis has been at the helm of Dental Protection since 1998, overseeing a major period of expansion in membership of

the company which now has 52,000 members.

In 2007, he was awarded a fellowship by the Faculty of Dental Surgery of the Royal College of Surgeons of England.

He said: 'I feel very honoured to have received this award, and particularly so because I still feel very much a general dental practitioner at heart. To have been the recipient of two fellowships in the same year does beg the question of whether the college knows something that I don't—but I do hope to continue serving my profession for many years to come.' □

'Excessive regulation' hits Wales

Tough, new regulations could put dentists off from coming to Wales, according to the British Dental Association for Wales.

Under new Welsh Assembly regulations, every dentist offering non-NHS treatment has to register with the Healthcare Inspectorate Wales.

The HIW will have the powers to inspect practices and act on any complaints it receives.

This means that dental practitioners giving private dental treatment in Wales will be inspected to the same standards that are applied to NHS dental services.

Dr Stuart Geddes, from the British Dental Association for Wales, is concerned that regulation is too excessive and could deter dentists from coming to Wales.

He said: 'This is unnecessary regulation on top of existing rules, it is over the top. This could put dentists off coming to Wales



New regulations could affect private dentistry in Wales

because of the extra regulation and cost and leave a shortage in Wales.'

However Health Minister Edwina Hart said: 'It is important that there is uniformity of regulation between NHS and private care.'

Peter Higson, chief executive of HIW, claimed that the regulations will 'act as a strong mechanism to encourage continuous improvement in the provision of private dental treatments and the improvement of clinical governance throughout primary dental care in Wales.' □

When disaster strikes. . .

When a flash flood brought havoc to a London dental practice, the Group's Operations' Director sought help from the professionals and the team from Henry Schein Minerva rose to the challenge.

Juggling with all the normal run-of-the-mill, day-to-day problems that arise in every dental practice can sometimes be a headache. Multiply these issues by 4 practices, as in the case of Dental Arts Studio and you may think the job impossible, but when catastrophe strikes without warning, life can become very tough indeed. So when floods brought chaos to much of London and 45 minutes of rising water wreaked havoc with the Clapham branch of Dental Arts Studios, the practice was fortunate to have Operations' Director Sharon Holmes at the helm. With the help and support of the team from Henry Schein Minerva, Sharon, who was voted Practice Manager of the Year 2007 by the BDP-MA, helped re-build the practice from scratch and establish it as the Group's flagship branch.

Originally a trainee medical staff nurse, Sharon's switch to dentistry was prompted by her need to merge her working and family life. She spent 14 years as a dental nurse in her native South Africa, gaining experience in all kinds of dentistry. Her move to the UK in 2002 further improved her knowledge and exposed her to life in both NHS and private practice. Finally, a chance meeting with founders of Dental Arts Studio; Dr Yogesh Solanki and Dr Sumit Malhan in 2003, forged a relationship that ultimately provided Sharon with the challenge of a lifetime.

Although at this point Sharon had little experience in practice management, she maintained an appreciation of the need for "procedure" and understood the importance of implementing systems within a dental practice. She now defines her role as "everything that makes the practice work" and, as Operations' Director, works with the individual Practice Managers in each of the 4 partnership practices, to ensure the systems that she has developed are rigorously followed in areas covering all

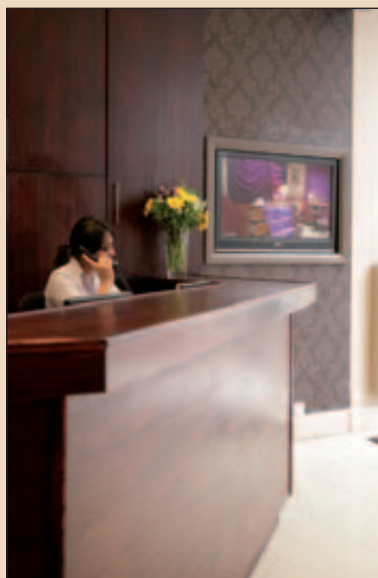
elements of human resources, training, recruiting and practice procedures, all conducted in line with BDA guidelines. So, when disaster struck and the water levels rose, Sharon was right in the thick of it. The Clapham practice was completely flooded from the basement upwards. The flood destroyed all the surgeries and the equipment in them, there was little choice but to gut the whole practice and refurbish from top to bottom.

"To see everything you have worked on for 4 years in ruins is a very emotional experience, I had put my heart and soul into helping develop the practice and was very committed to its success. When I received the phone call from the Practice Manager I was distraught and when I saw the practice for myself on the Monday, the reality of the situation dawned on me. There was so much to think about I didn't know where to start."

Dr Solanki and Dr Malhan were also devastated and along with Sharon they began to plan for the future. As a mixed NHS/private practice, one of their chief concerns was that whilst the practice was closed, patients might leave in search of care elsewhere, and despite trying to re-direct patients to the other practices in the Dental Arts Studio Group, Sharon knew they were working against the clock from the very beginning.

Work on the refurbishment began in the middle of July 2007 and choosing the actual equipment for the surgeries was one of the last parts of the project to be undertaken. In search of new surgery equipment, they visited several suppliers one of which was Henry Schein Minerva. There they met Dan Payne and Sue Borges and as Sharon says "it was one of the best conversations they've ever had".

Dan and Sue worked closely with Dr Malhan, Dr Solanki and Sharon to provide them



"The team at Henry Schein Minerva worked tirelessly to deliver exactly what we wanted from the refurbishment. They listened, understood our vision and interpreted our needs perfectly. Of course cost was a consideration, as was our ability to work in partnership with the suppliers and on all aspects Henry Schein Minerva came out top."

with the best deal possible on all the surgeries they needed to re-fit, offering options and advice at every stage. The final choice of chairs and cabinetry perfectly complement Sharon's gentle and calming colour scheme of pale caramel, chocolate brown and oyster shell.

Dan oversaw the whole project on behalf of Henry Schein Minerva, offering advice on every aspect of the re-fit and having one point of contact for all queries was a real bonus for Sharon;

"Dan was amazing, he played an enormous role in the refurbishment, he was always on the end of the phone or willing to visit us, offering support, advice or just a friendly chat. I really don't know how I would have managed the project without him. He became so much part of our team we even invited him to our Christmas party!"

Dental Arts Studio Clapham finally re-opened at the end of 2007 and Sharon is now able to think about the flood as something of an opportunity.

It gave her a blank canvas on which to create a new practice, they have a new team, eager to deliver patient care of the highest quality and a future about which she and the rest of the team are very enthusiastic.

For more information email: me@henryschein.co.uk





Me & Henry Schein

"When you are dealing with a complete refurbishment, it's really important to have the advice and support of a professional team. Henry Schein Minerva thought of everything, they helped with design, considered both the functionality and the look of each surgery and worked within our budget, delivering on-time, with excellent craftsmanship and attention to detail."

Sharon Holmes – Operations Director, Dental Arts Studio, London

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News & Opinions

DH funds vCJD research

The Department of Health is funding research to determine whether dental treatment is a risk factor for variant Creutzfeldt-Jakob disease (vCJD).

The first year of the research study will be carried out at the National Creutzfeldt-Jakob Disease Surveillance Unit (NCJDSU) in Edinburgh and the University of Glasgow Dental Hospital and School.

The study has the support of the NHS, Chief Dental Officers, British Dental Association, Gen-

eral Dental Council and defence societies.

Serbjit Kaur, head of quality and standards from the Department of Health's dental team said: 'The aim of the study is to determine whether there are any temporal and geographic vCJD infection patterns that would indicate that dental surgery and treatment is a risk factor in cross infection when compared with a control (non infected) cohort.'

He added: 'Of primary interest are surgical/invasive procedures,

although all types of treatment will be recorded. Information gathered from cases and controls will be collected by a dental professional on a standardised data collection form by attending dental practices or requesting copies of full treatment histories. Incomplete or unavailable dental histories will be accessed through the NHS dental payment scheme.'

Researchers will carry out statistical analysis and compare results to determine whether there is a link between dental treatment and vCJD. [DH](#)

GDC rolls out new proposals

All dental professionals will have to have 'adequate and appropriate insurance' by law so patients can claim compensation if they need to, according to a new proposal by the General Dental Council.

The General Dental Council (GDC) is currently carrying out an indemnity consultation.

The GDC already requires all dental professionals to have adequate and appropriate insurance.

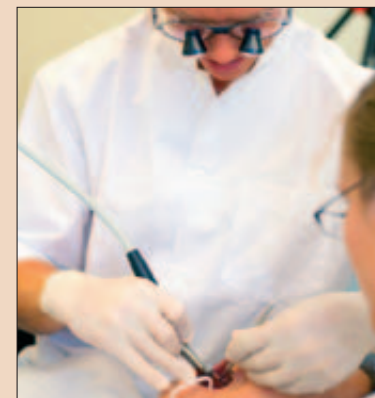
This professional requirement has been in place for many years and is currently upheld through the GDC's fitness to practise procedures.

It is now looking at using new powers to make legally binding

rules about 'adequate and appropriate insurance'.

The only adequate and appropriate arrangements recognised by the GDC are dental defence organisation membership, professional indemnity insurance held by a professional or their employer or NHS indemnity.

A spokeswoman for the GDC said: 'The consultation aims to gather views on the essential minimum requirements for each of these three types of arrangements. There will be further consultations to consider other important issues at a later date, such as the question of whether a dental professional can rely on arrangements made by an employer, or must have their own cover.'



All dental professions must have adequate insurance

The consultation can be completed online at www.gdc-uk.org/ by following the links on the 'Current consultations' page of the GDC's website.

The consultation will close on Friday March 6 2009. [DH](#)

European guide for dentists

The Council of European Dentists (CED) has updated its guide on the training and work requirements for dental professionals wanting to work in other EU member states.

The latest edition of the EU Manual of Dental Practice looks at the legal and ethical regulations, dental training requirements, oral health systems and the organisation of dental practice in 32 European (EU and EEA) countries, including Croatia, which is due to join the EU next year.

Author of the guide, Dr Anthony Kravitz said: 'There has been considerable interest from dentists and government officials about the organisation of dentistry in the EU and we believe this guide addresses all the professional issues that dentists need to take on board to make the move to practise in another country as hassle-free as possible.'

The guide also compares the regulatory frameworks in the different countries and provides country specific information on the dental specialities that are recognised, along with details of

where such training is available and its duration.

The guide also contains information on other dental care professionals, with a list of those which are recognised, their training, the procedures they are allowed to carry out, and the rules within which they can legally practise.

The Manual will initially be published on the internet and can be downloaded free from the Council of European Dentists' website <http://www.eudental.eu/index.php?ID=35918> [DH](#)

BSDHT Oral Health Conference

Nearly a thousand people turned up to the recent annual conference held by the British Society of Dental Hygiene & Therapy.

Delegates took part in over 14 workshops and visited 57 trade stands at the BSDHT annual oral health conference and exhibition held at the International Conference Centre in Edinburgh.

A BSDHT spokeswoman said: 'This was the most well attended

BSDHT conference to date reflecting UK dental hygienists and therapists' passion and dedication for their profession.'

She added: 'A very tangible two-day filling was sandwiched between the official opening by Margie Taylor, Chief Dental Officer of Scotland and General Dental Council president, Dr Hew Mathewson, whose closing clarified the Council's role in dentistry and how its decisions would impact on the professional lives of

this group of DCP (Dental Care Professionals) registrants.'

The seminars, which were spread over two days, included clinical workshops ranging from paediatric dentistry to dealing with the problems associated with an ageing population plus sessions on legal and ethical dilemmas and professional governance. The 2009 conference will be on 16-17 October 2009 at the Bournemouth International Conference Centre. [DH](#)

Look into the future

When you are having your dream surgery designed and built, Chris Davies says that seeing a visual draft of the finished article is crucial

Many dentists are frustrated with the layout of their practices. With most UK practices housed in buildings originally designed for domestic purposes, it can prove difficult implementing the required infection-control protocols and adjusting to the new demands in the marketplace. Spatial constraints can also prevent dentists from following their dreams and swooping on new opportunities. For example, if a competitor closes down, but the dentist does not have the room to increase the size of the reception area or set up an extra surgery, a chance to capitalise slips by. Such chances do not come along often.

Reasons to get involved

There are many reasons why a dentist might want to design his or her own practice. Experienced dentists will know what they need from their environment, and will have a good idea what sort of equipment they need, and how many patients they will expect in any given day. Having a bespoke practice that suits all of the individual dentist's needs gives that dentist a tremendous edge. There is also the sense of pride and achievement a dentist feels when treating patients in their very own practice.

However, the construction of a tailor-made practice is an enormous job that requires real expertise and experience, and also an in-depth knowledge of the rules, regulations and assorted pressures at work on the modern dental industry. Fortunately there are companies that specialise in providing dentists with refurbishment, design and construction. When selecting one of these specialist companies, you need to bear certain things in mind.

Choose wisely

First of all, you need to make sure that the company you are working will offer a comprehensive service that includes design, execution and completion. It is also crucial that the company has a track history of working to time and budget limits, and that the service is supported by testimonials from dentists. Make sure that the company is independent from any particular manufacturer, so that you are guaranteed to get the most suitable equipment and furniture to meet your vision, at the best cost and to the highest quality. The company should also assist with project management, to ensure that everything runs smoothly.

It is vital that the company you select is able to present images, based on your discussions and the preliminary designs, of

what the practice will look like when finished. That way, you can make changes during the early phases, rather than reach the conclusion of the project and get a nasty shock when the outcome is radically different to the way you originally envisaged.

The end result

The company should show you examples of what the completed project will look like, and

also present you with samples of material and textures so you can get an accurate idea of where you are heading.

These examples let you look into the future, identifying issues that might arise. By being able to visualise the finished practice before the project is complete, you can make sure that the project is steered towards your unique vision, providing you with your dream practice. [D](#)



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