Dental Tribune

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News in Brief

An App to make you beam

A new toothbrush has been designed to use your phone to tell you if you are brushing enough. The brush, designed by Beam Technologies, connects to a smartphone app to make sure you spend enough time brushing your teeth. With the average person spending just 46 seconds brushing their teeth, the Beam brush is designed to change that – it is connected to your phone via Bluetooth, and times how long you brush for. The app also monitors the number of strokes and can alert the user if they have forgotten to clean their teeth. The toothbrush is manual, and works by reacting to the body's bioelectricity. This starts the timer, and the information is then automatically updated to measure progress through the user's phone. www.beamtoothbrush.com/index.php

NICE tool counts cost

A new interactive tool developed by NICE and Brunel University will help local authorities count the cost of tobacco-related harm in their communities. The tool also models the longer-term cash savings that authorities can expect by putting tobacco control strategies in place. The Tobacco Return on Investment Tool is a Microsoft Excel-based program that evaluates a portfolio of tobacco control interventions and in different payback timescales. Packages of interventions can be mixed and matched to see which intervention portfolio or package provides the best 'value for money', compared with 'no-services' or any other specified package. The tool is accompanied by a package of support materials, including a user guide and technical report, which can also be downloaded from the NICE website.

www.dental-tribune.co.uk

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Don't be scared of Oct 31, celebrate!

In our exclusive interview with teeth whitening expert Dr Wyman Chan, we hear that it's all white now that the law surrounding hydrogen peroxide use is changing...

This week marks the date that sees the long-lobbied for clarity in the protracted debate over the legality of tooth whitening.

According to the amendment carried last year by the European Commission, tooth whitening products containing up to six per cent hydrogen peroxide can now be supplied to patients for use as a take home product, providing certain conditions are met.

Dr Wyman Chan, a dedicated teeth whitening dentist, has been following the developments, and believes that dental professionals should be embracing the freedom that the law amendments have given, not be wary of them.

He said: "It's exciting, it's excellent news, and I think we all should celebrate. Dental professionals, dental practitioners who are practising teeth whitening should celebrate, should go and have a party. It's the first time in so many years that we can do teeth whitening legally from October 31. Before then, even now, we're doing it technically illegally. So that's why I'm so happy because I am a dedicated teeth whitening dentist. It's the only thing I do and now I can do it without fear."

One thing that Dr Chan has noticed is that although the amendment is supposed to bring an end to the confusion over what can and cannot be done with regards to the supply of teeth whitening products to patients, it seems that for many it isn't clear what the law is changing. "I'm bemused by the debate going on in forums and also the position taken by many reputable bodies - I won't name any of them. I think they didn't read the documents properly – I think they have got it wrong. That's my opinion. Maybe I'm wrong, but I'm confident I'm correct. Let me explain why I think that. Because this is not new law, this is an amendment. They're amending an

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existing law. Actually it is a Directive - 76/768/EEC Annex III."

This Directive covers the use of hydrogen peroxide in consumer products across four sectors including hair and nail products; however for dental professionals it makes the most striking impact. The amendment states: *The SCCS (Scientific Committee on Consumer Safety) considers that the use of tooth whitening or bleaching products containing more than 0.1 per cent and up to 6 per cent of hydrogen peroxide present or released from other compounds or mixtures in these products may be safe if the following conditions are satisfied: an appropriate clinical examination is carried out in order to ensure there are no risk factors or any other oral pathology of concern and that exposure to these products is limited so as to ensure that the products are used only as intended in terms of frequency and duration of application. These conditions should be fulfilled in order to avoid reasonably foreseeable misuse.*

Those products should therefore be regulated in a way that ensures that they are not directly available to the consumer. For each cycle of use of those products, the first use should be limited to dental practitioners ... or under their direct supervision if an equivalent level of safety is ensured. Dental practitioners should then provide access to those products for the rest of the cycle of use. (European Union Council Directive 2011/84/EU)

Dr Chan believes that the confusion is many think the directive is looking at tooth whitening as a whole, including in-surgery (power) whitening. In fact, as a cosmetic directive it is just concerned with whitening products that are supplied to patients (consumers) for take home use. He said: "It's great news for dental practitioners because now the level is raised from 0.1 per cent (which was ineffective as a treatment) to six per cent, which is very effective. With six per cent take home we can get excellent results. It doesn't matter what product you use, with six per cent you will get results. So the clarity we now have is nothing to do with the debate people are having at the moment – which is about chairside [whitening]. This has nothing to do with chairside – they are amending the law about oral hygiene products.

Dr Wyman Chan at work in his practice

"The original Directive came into force in 1976, regulating products directly available to the consumer as over the counter products. That's why it was limited to 0.1 per cent hydrogen peroxide because of daily use and long term exposure. I agree with the cosmetic commission of the EU that it should be regulated, that the level should not be more than 0.1 per cent because you can swallow a lot of toothpaste and mouth rinse into the stomach every day. So it was correct at that time, 1976. In the early 1990s teeth whitening became popular, it became the norm. In 1976 there was no such thing as home whitening, it was brand new technology. Things seemed to be moving too fast for the EU – they needed to catch up with the new technology.

"They've (SCCS) been debating for years the safe amount for consumer self-dosing application, and there's a lot of evidence from scientists, and they all agree that up to six per cent is safe for the consumer to take home. Of course this is after they've had a clinical examination - there are conditions attached which I think is fair, for example they need to be examined by a dentist so now take home whitening is officially a dental procedure. In addition the first use should be by a dental practitioner, or supervised by a dental practitioner, so now home whitening is very much the practice of dentistry."

Another big issue regarding whitening is the rise of people outside of dentistry providing tooth whitening services to the public. With the law amendment, Dr Chan says this can help put a stop to this, protecting patients further. "I think this amendment has plus and minuses. A plus is that there are a lot of non-dental professionals – I'll not call them beauticians, as many are mechanics and bricklayers trying to make some fast money - giving customers hydrogen peroxide to take home with them so that will be stopped now. Trading Standards Agencies can stop anything illegal in home whitening. For a non-dental professional to use products with more than 0.1 per cent – that is illegal. If a non-dental professional continues using hydrogen peroxide at 0.1 per cent or less you won't see results. But by using six per cent you do see results. All that is illegal now, so I'm quite happy.

"On the other hand, for those non-professionals who are just doing it chair side, then unfortunately this is outside the remit of Trading Standards regulation. But the General Dental Council has said all along that teeth whitening is a practice of dentistry. So the General Dental Council can prosecute illegal activity – it can close them down."

In an attempt to help dental professionals understand tooth whitening and what can be done, Dr Chan has partnered with Healthcare Learning Smile-on to develop a new educational programme on the subject. "I'm really excited about it, because when it comes to legality a lot of dentists are still confused because a lot of companies are withdrawing chair side products and we need to review the literature. A lot of clarity has to be made in this field. We'll be able to supply dental professionals with the supporting documents about whitening so you can cover the legality but it will also aim to teach them about the modern ways of doing teeth whitening effectively. There is a lot of talk that chair side whitening is all about dehydrating the teeth but that is just not true. I do a lot of chairside whitening - you need a lot of knowledge to make it work. This programme is so important because you'll learn how to do it properly. We talk about chairside whitening, home whitening, how to deal with patients with sensitivity." DT

To review the amendment to the whitening Directive go to http://ec.europa.eu/consumers/sectors/cosmetics/documents/directive/#h2-consolidated-version-of-cosmetics-directive-76/768/eec

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Editorial comment

This week is a landmark time for dental professionals who supply tooth whitening to their patients. Finally it will be possible to provide patients with take home whitening kits that will provide results that won't see you looking over your shoulder for the nice guys and gals from Trading Standards.

Tif Qureshi, president of the BACD, has released this statement: *After many years of uncertainty regarding the legality of tooth whitening in the UK, the BACD welcomes the amendment to the UK cosmetic regulations as a result of European Council Directive 2011/84/EU that finally legalises tooth whitening by dental professionals.*

Dental professionals hope that this change signals the beginning of a new era for patient safety, in which only registered dental professionals will be providing tooth whitening treatments. This would be in accord with the view of the GDC that tooth whitening is the practice of dentistry.

We commend the work the GDC does protecting patients and re-affirm our support for its work prosecuting non-dentists illegally providing whitening. We call on Trading Standards departments across the UK to embolden their approach in tackling non-dentists who illegally provide whitening treatments and continue to put the public at risk.

And we call on the beauty industry to ensure that its members, and those who train them, understand the new legal framework and leave whitening to those who can provide it legally, safely and in the best interests of patients; the dental profession.

The future's bright, the future is six per cent hydrogen peroxide! DT

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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ARF freeze 'inadequate'

The GDC's decision to freeze the Annual Retention Fee (ARF) at £120 for dental nurses in 2013 is "inadequate" says Nicola Docherty, President of the British Association of Dental Nurses.

The decision shows that the GDC is "out of touch with registrants" says Nicola. "We have supplied the GDC with detailed information on dental nurse salaries, showing that the £120 ARF causes considerable financial hardship to dental nurses. We have also requested that the GDC lower the ARF for dental nurses to a fee more in line with salaries - instead of charging dental nurses the same ARF as hygienists and therapists - and that they implement a special fee for those working part time."

A recent salary survey conducted by BADN shows that the majority of Registered Dental Nurses are paid between £10,000 and £20,000 per year - in contrast with hygienists and therapists, whose recommended starting salary is £26,000. However, the GDC has decided to continue charging one ARF to all Dental Care Professionals, completely disregarding the fact that dental nurses earn less than half that of hygienists and therapists.

"BADN has always supported, and continues to support, registration in principle, as being in the best interests of the patient. However, the GDC's heavy handed and insensitive implementation, including the imposing of an unreasonable ARF, has alienated many dental nurses and must be rectified as soon as possible" said Nicola. DT

Rise in confidence amongst dentists

Confidence amongst dentists has increased dramatically since the start of the year, according to the latest Lloyds TSB Commercial Healthcare Confidence Index, with short term optimism rising from minus eight per cent in January, to nine per cent, a positive shift of 17 per cent.

This boost to sentiment follows a fall in confidence at the start of the year, possibly on the back of concerns about how NHS contracts would be delivered in the longer term and the stresses around the CQC.

Despite an overall rise in confidence in the last six months, increased financial pressures are set to impact on the dental sector, with more than three quarters (77 per cent) of practitioners saying that they expect to see these concerns increase in the next five years.

Jas Matharoo, Director at Nice Teeth Ltd, said: "An interesting figure to emerge out of the latest report is that 58 per cent of dentists definitely want to be involved in premises ownership."

Commenting on the survey results, Ian Crompton, Head of Healthcare Banking Services at Lloyds TSB Commercial, said: "It is encouraging to see overall confidence returning to the dentistry sector. There are still concerns about financial pressures and the funding and impact of new NHS contracts, but dentists are perhaps becoming more used to change than other primary care professionals, such as doctors, who remain quite pessimistic.

"By adopting a forward looking approach to practice management and an increasingly flexible attitude to service provision, dentists are in a better position to adapt to new regulations going forward.

"We have a successful history of advising and supporting businesses in the healthcare sector, in a range of disciplines. Our team of relationship managers has a strong knowledge and sound understanding of the challenges facing these businesses and we are determined to ensure that they remain financially fit for the future."

The Healthcare Confidence Index was first published in August 2011 and is now in its third wave. It aims to provide an insight into the attitudes and opinions of primary healthcare providers; GPs, dentists and pharmacists, over the next one to five years.

To view the full Lloyds TSB Commercial Healthcare Confidence Index please visit www.lloydstsb.com/healthcare and to take part in the next Healthcare Confidence Index visit www.healthcare-confidenceindex.co.uk DT

Confidence in children improves dental health

A new study, published in the *Journal of Dental Research* has found that an intervention designed to teach children to be confident in the face of challenges can have a positive effect on their oral and dental health.

In a cluster randomised controlled trial involving 12 schools in Khonkaen, Thailand, and 261 schoolchildren, children from the schools that participated in an intervention designed to bolster their "sense of coherence" had "the ability to see life as a challenge in which coping skills can be used to deal with stressors", and showed significantly better oral health-related quality of life compared with children from schools randomly assigned to a control group. The children in the intervention group also exhibited improved beliefs about the importance of healthy dental behaviours and had better gingival health than those in the control group.

"This is a hugely important study in the dental literature. While there is some evidence in dentistry of the benefits of a sense of coherence, much of this work is cross-sectional so we don't really know if sense of coherence really brought about any possible change," said study co-author Sarah R. Baker, PhD, a health psychologist at the University of Sheffield in an interview with Medscape Medical News. "Our study is the first intervention study to show that altering sense of coherence can influence oral health," she said.

In the study, 12 different primary schools were randomly assigned to the intervention group or the control group. Fifth graders, aged 10 to 12 years, participated. Students assigned to the intervention group received seven sessions over two months focused on child participation and empowerment. Each session lasted 30 to 40 minutes. The first four sessions were classroom-based activities, involving didactic learning, games, and discussions. The last three were health-related school projects that included all students and staff, and involved brainstorming, planning, evaluation, and implementation. The intervention was delivered by six teachers who went through specialised, intensive one-day training.

Results indicated that compared with the control group, the children who received lessons in sense of coherence had mean scores on the oral health-related quality-of-life questionnaire that indicated fewer functional limitations and other problems due to dental health three months after the intervention. Children in the intervention group also showed a greater sense of coherence than did those in the control group and were more likely to rate healthy dental behaviours as important. It also found that more children in the intervention group than in the control group had normal gingival health three months after the intervention.

In an accompanying editorial, Gary Slade, PhD, from the University of North Carolina, wrote: "One implication [of the study] is that children's gingival health and oral-health-related quality of life can be improved by a school-based intervention that targets the psychosocial determinants of oral health rather than oral health behaviours themselves." DT

Dissolvable strip offers pain relief for burns

A dissolvable oral strip has been developed to immediately relieve pain from burns caused by ingestion of hot foods and liquids, such as coffee, pizza, and soup.

Lead researcher Jason McConville, PhD, and colleagues from University of Texas at Austin, designed the strip for controlled delivery of a local anesthetic, benzocaine, and a therapeutic polymer. Benzocaine, commonly used as a topical pain reliever in dental products and throat lozenges, was chosen for its non-irritating properties.

The strip is applied directly to the burned part of the tongue, cheek or roof of the mouth. It sticks to the affected area and won't interfere with normal day-to-day activities, as it quickly dissolves for instant pain relief and promotes healing.

"We found these strips to be non-toxic, which has huge potential for anyone who burns their mouth while eating and drinking hot foods-and that's just about everyone," said McConville. "The strips look and behave similar to breath freshening strips that you might find at your local drugstore."

Now based at the University of New Mexico, McConville and his team, will explore creating a stronger oral strip to treat more severe burns lasting longer than two-three days. The next step in furthering their research will be to test the strips in humans and experiment with taste-masking. DT

Old magazines pose health risk in dentist waiting rooms

Monica Symes, a dentist in Lyme Regis, Dorset, says an NHS infection control worker warned her that keeping back issues of *Country Life* and *Private Eye* could make her fail health and safety inspections.

According to reports, NHS officials have issued a warning to dentists to stop keeping old magazines in their waiting room as they pose a health and safety risk. They believe that the magazines could be responsible for helping to spread bacteria and should be thrown out after a week.

Since last April, all dentists have been required to register with the Care Quality Commission (CQC), which can inspect their facilities and check they are maintaining treatment standards. However, surgeries and dental organisations have complained that the bureaucracy has bogged them down in red tape, and done little to improve care of patients.

Under the regime, dental practices are required to explain how they are "meeting the nutritional needs" of their patients – the same question routinely put to hospitals, which provide meals for patients – as well as respecting their human rights and protecting them from abuse. Each surgery is also required to set out a "statement of purpose" about what they want to achieve.

Dr John Milne, Chairman of the British Dental Association's general dental practice committee, said dentists took cleanliness and hygiene very seriously, but suggested it was heavy-handed to wage war on magazines.

He said: "Providing magazines in waiting rooms for patients to read is a good way of helping them to relax and can ease the concerns of anxious individuals.

"Too often, in recent years, it has felt like regulation has been designed to hinder, rather than support, dentists' efforts to care for their patients."

A spokesman for Dorset PCT said the current advice to practice owners is that patient waiting areas should be kept clear of unnecessary clutter to facilitate regular effective cleaning. He added: "There is no specific requirement for practices to remove magazines within a specified time period; however, practice owners, as part of a cleaning schedule, should ensure that magazines are in good condition and free from obvious contamination. This advice will be kept under review and may be modified in the event of any future community infection outbreaks." DT

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East Sussex practice offers free dental implants

A dental practice has performed complete dental implants for free after winners were nominated on Facebook.

Brighton Implant Clinic's charity, The Smile Foundation, provides dental implant treatment for those in need of urgent surgery, but without the means to cover its costs.

The Smile Foundation launched a Facebook page earlier this year to change the lives of people who need dental implants after oral neglect caused by dedicating their lives to helping others.

"I've always wanted to give something back for the support I've had in my life. The Smile Foundation is a way for me to use my dental skills to help those less fortunate than myself," said Dr Bruno Silva. Head surgeon at Brighton Implant Clinic.

In 2006, Donald Rodriguez, a carer, suffered a severe stroke, causing the paralysis of his left side. His dental health suffered enormously as he lost the ability to brush his teeth, resulting in serious gum disease and infection. For both mental and physical wellbeing, the dental implant procedure was essential to his continued health.

Bruno Silva saw Donald as an ideal candidate for The Smile Foundation, so carried out the dental work, removing the infected teeth of the upper and lower jaw, and replacing them with new, strong dental implants. The procedure would have cost £12,500.

The Smile Foundation is using Facebook as a voting platform, where social networkers can vote for those who deserve treatment. Using Facebook has allowed patients to interact with one another and write why their nominations deserve free treatment under the charity.

This year with the help of Facebook Dr Silva has begun offering regular opportunities to win a 'smile makeover' tending to the winner's every need. So far we have seen hundreds of cases where people's teeth simply need to be restored.

The prize is open to UK residents who are between 21 and 99 years of age. The contest closes on November 29th at 5.58pm. DT

Young dentists call for DFT guarantees

Young dentists are calling for support for their demand for Government to guarantee all graduates from UK dental schools a Dental Foundation Training (DFT) place. The demand comes in the British Dental Association's (BDA's) newly-published YDC Asks, a mini-manifesto for young dentists developed by the organisation's Young Dentists Committee (YDC).

The Committee is asking those who support it to sign a Government e-petition founded by YDC Chair Dr Martin Nimmo. The petition argues that the failure to allocate DFT places to UK graduates both wastes taxpayers' money invested in their training, because denying each individual a DFT place means that they are prevented from providing NHS care, and is unfair to the graduates who taken on significant amounts of debt in order to complete their studies.

The launch of the petition follows a recent admission by the Department of Health (DH) that 35 UK graduates from the 2011 cohort have not been allocated DFT places. Each graduate, DH acknowledged, will have cost the public purse approximately £150,000 to train.

Dr Martin Nimmo, Chair of the BDA's Young Dentists Committee, said: "It is perverse that students who have strived hard to pursue a career in NHS care are being denied the training places they need to fulfil that ambition. This is a significant waste of taxpayers' money, and a tragedy for the graduates who have taken on large amounts of debt in pursuing their vocation. Given that there are some areas of the UK where patients who wish to access NHS care cannot do so, it is also nonsensical.

"I urge all current and potential members of the profession, and taxpayers, to join young dentists in calling for a guarantee that this farcical situation will never be allowed to happen again."

YDC Asks also expresses concerns that robust data should be used in workforce planning, that barriers to young dentists becoming practice owners are mounting and that careers in dental academia and specialist training must remain viable options for young dentists. DT

Link between rheumatoid arthritis and tooth loss

Researchers in Australia have found that those with rheumatoid arthritis are likely to develop periodontal disease.

According to doctoral candidate Melissa Cantley from the University of Adelaide, gum disease has a direct impact upon joint tissue health, and arthritis influences and alters healthy tissue within the mouth.

The research found that mice who suffered from periodontal disease would suffer major bone loss within the joints, and that mice who had rheumatoid arthritis showed signs of major bone loss in the jaws.

Research studies are currently being carried out to see if it is possible to reduce symptoms of rheumatoid arthritis by treating only periodontitis. Researchers hope that it will be possible to help relieve rheumatoid arthritis by treating mouth conditions such as periodontal gum disease. DT

IDH show they're good sports

IDH support Dentist's Sports Day to show human side of corporate dentistry

Integrated Dental Holdings (IDH) competed among 1000 dental students from University's across the country in the annual BDSA (British Dental Student Association) Sports Day in Manchester.

As the largest dental employer in the UK, IDH sponsored the event, whilst providing water and fruit for the players from one of their mobile dental units. In a first for this typically student-only tournament, IDH teams* competed in both the football and netball leagues.

Alex Handley, Graduate Recruitment Partner at IDH comments on the day, "Despite getting unceremoniously thrashed by the competition we had a great day! We got to spend time with the students on a social level and had the chance to tell them, in an informal setting, about the career opportunities at IDH. We have a year round presence in all UK Dental Schools where we are able to educate the students on the dental employment market, and we welcome every opportunity to support the next generation of clinicians." DT

Health staff encouraged to get flu jab

Health staff are being reminded to get vaccinated against flu to cut the risk of it spreading to patients and colleagues this winter.

Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months when some of the people in their care will be infected. It has been estimated that up to one in four healthcare workers may become infected with influenza during a mild influenza season, a much higher incidence than expected in the general population.

Director of Nursing Viv Bennett says: "Flu can kill, so in leading by example, and recognising the importance of having the flu vaccine yourself, you will help reinforce the benefits of immunisation and reassure people that it is safe and effective."

The NHS already faces challenges around maintaining its workforce during times of increased sickness, so it is vital to reduce the impact of flu to protect patient care. Being vaccinated is the only way to almost eliminate the risk of flu spreading from staff to colleagues, patients and families. DT

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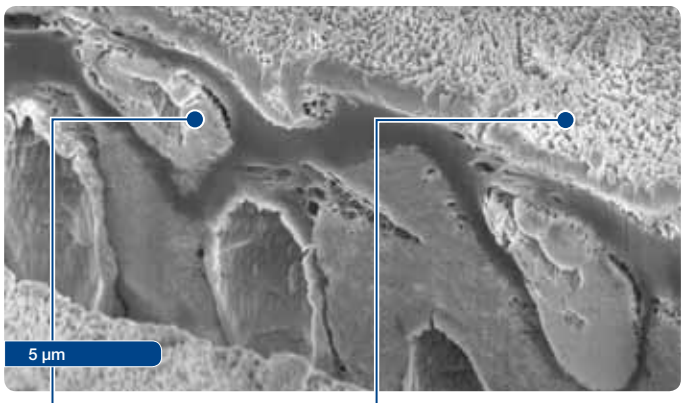
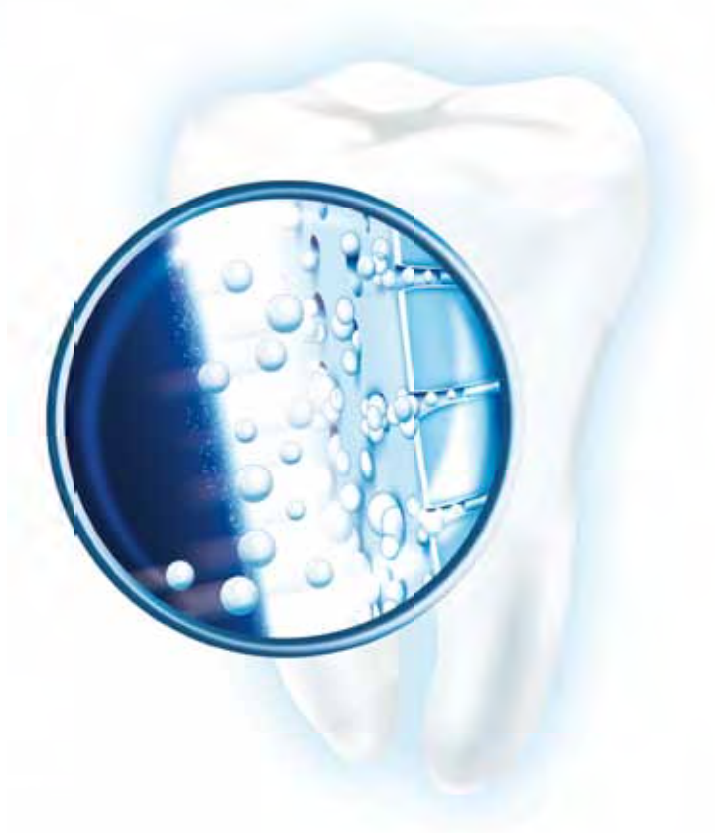


In vitro cross-section Scanning Electron Microscopy (SEM) image of hydroxyapatite-like layer formed by supersaturated NovaMin® solution in artificial saliva after 5 days (no brushing)[7]

The reparative layer forms over exposed dentine and within the dentine tubules[2,7,11,12] and, with twice-daily brushing, provides your patients with continual protection from dentine hypersensitivity.[13-15]



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Four days in London: MSc Residential

Ken Harris tells all from the second Residential of the MSc in Restorative and Aesthetic Dentistry

London's iconic Tower Bridge

Wow, what was I drinking last night? Ah, I remember now, it's the second MSc residential course, and I'm not in Kansas anymore. I'm in London, and the upcoming four days constitute one of the highlights of this MSc course. The venue nestles close within the shadow of the Tower of London, and just a rinse and spit from the iconic Tower Bridge.

Answers on a postcard

First question, first day; "why are we filling white teeth with silver fillings?" answers on all three sides of a postcard please to the quixotic Professor Trevor Burke. Posterior composite theory from the good prof with practical skills demonstrated by his faithful sidekick, Sancho Panza, in the shape of the excellent Dr Louis Mckenzie; then it was our turn.

Using an entirely new battery of instruments and matrix retainers it was *"Show-Time"* with a hands-on session where our composite work was critiqued by our colleagues; squeaky bum time, but great fun was had by all. As suspected, it's not just me who spends an inordinate amount of time carefully placing posterior composites.

Eye-opening!

After a few drinks it's suddenly it's bedtime. Funny how time races when you are enjoying yourself. "What art thou that usurp'st this time of night?"; a fire alarm had us all outside at 3.00 AM appreciating Tower Bridge by moonlight, as well as a few other eye-opening sights. An ecstasy of fumbling then back to bed.

However, Aurora in her saffron robe soon gave way to Apollo in his flaming chariot, and I made my way snail-like to school, complete with shining morning face, to begin the first of two days covering indirect restorations. Our guide into the porcelain underworld (and hopefully out the other side) was to be the effervescent Prof Nasser Barghi from San Antonio. Here is one (adopted) Texan who by teaching 44 weekends per year could definitely not be described as "all hat and no cattle".

He is an encyclopaedia of all things ceramic; what this guy doesn't know about bonding techniques could be etched upon the inside of a porcelain veneer. Following an absorbing two days of both theory and hands-on sessions we emerged tired but happy and with lots of state of the art clinical techniques easily applied in a busy practice environment. This residential course has such a significant hands-on element (ooh-err missus), I hereby promise to never knowingly lose one single megapascal of bond strength.

> *"A fire alarm had us all outside at 3.00 AM appreciating Tower Bridge by moonlight, as well as a few other eye-opening sights. An ecstasy of fumbling then back to bed."*

All porcelained out, and being the culture vulture I am, I decided to avail myself of some of the more hedonistic pleasures the big city had to offer, and with the proximity of Shakespeare's Globe theatre it seemed churlish not to take advantage.

Standing room only

Richard III with the excellent Mark Rylance in the title role, what a piece of luck, but standing room only available, at the admittedly bargain price of just £5.00. However, after more than three hours of standing (its Shakespeare's second longest play) I needed a very large steak and something red and chateau-bottled as a restorative. A memorable evening was complete with a stroll home along the south bank of the Thames, through certain half-deserted streets with the city stretched out against the darkening sky, like a patient etherised upon a table.

The final day began with a hands-on root canal session in the company of the irrepressible Dr Daniel Flynn and some extracted teeth. Despite a wide range of nickel titanium to play with it still seems the 3 most important tools remain Irrigation, irrigation and irrigation. "Plus ça change"

Fatally flawed

The afternoon session introduced us to the wacky world of Research Methods. We listened first in bemused silence, progressing into unsettled mutterings and finally erupting hilariously into almost outright disbelief. It appears that almost all research is fatally flawed, especially the abstracts. I was mightily uplifted to see such dissent for once, as a normally placid profession rose up as one to express good-natured hoots of derision. We stood against them, as proud clinicians, and sent them (the academics) homeward, to think again. Such a feeling of togetherness is rare in dentistry; altogether now ... "I'm Spartacus!!". Inspirational, but we all know what happened to him don't we.

A hugely enjoyable four days with top flight speakers and thought provoking discussions amongst colleagues,(with the occasional large sirloin thrown in!). However, I still wonder if we have learned enough yet to placate the savage beast that is the "once in a generation phenomenon" known as Dr Martin Kelleher. Check your screen for the latest odds !!!

A horse, a horse!

I suspect not, and with the news that yet another disillusioned dental colleague (name deleted to protect your ears from the harsh clang of a name being dropped) is selling his practice, I'm thinking; maybe we should all be choosing the primrose path of dalliance rather than studying (are you listening GDC?). Maybe right now is the winter of our discontent; "a horse, a horse my practice for a horse!" DT

About the author

Ken Harris graduated from the dental school of the University of Newcastle upon Tyne in 1982 and passed MFGDP(UK) in 1996. He maintains a fully private practice with branches in Sunderland and Newcastle upon Tyne specialising in complex dental reconstruction cases based upon sound treatment planning protocols. He is one of only two Accredited Fellows of BACD, holds full membership of BAAD and remains a sustaining member of AACD. He is currently UK Clinical Director for the California Center for Advanced Dental Studies and the only UK Graduate and Mentor of the Kois Center in Seattle.

Setting up on your own

Puja Patel discusses Unincorporated Business Structures

Setting up your own practice is an exciting career move for any practitioner. There will be a myriad of decisions that will need to be made. The first and most obvious is 'Where do I start?'.

Before deciding to establish your own practice, make sure you understand what's involved, the most critical steps, the timetable and costs. It will take thought, planning, management skills and appropriate advice.

First, you will need to decide if you are going alone or with a colleague and if the latter, in what type of entity. Here, we look at unincorporated business structures.

A single-handed ownership where you are the only dentist in a new environment can be a daunting position. Therefore, many dentists (who are not buying an established practice) opt to start from scratch with a colleague.

There are various forms of joint venture and it is important to choose at an early stage the most suitable arrangement. The two forms of unincorporated joint ventures which may be familiar to dentists are expenses sharing arrangements and partnerships.

Expense sharing arrangements can be distinguished from partnerships by the degree of integration between the dentists. It is important that dental practitioners understand the differences between expense sharing and partnerships to ensure their business is protected and that there are no nasty surprises at a future date.

The expense sharing arrangement is most commonly used where dentists operate separate dental practices but in close proximity. Whilst they continue to trade as distinct businesses, the parties agree to share common expenses such as common areas, staffing costs, utilities or marketing.

A partnership is an integrated joint venture and the dental business is the business of the partnership rather than of the individual parties. A partnership business is a closer relationship than that envisaged by an expense sharing arrangement.

Whilst many dental practitioners in partnership set out with the express intention of being a partnership, there are a number of dental practitioners who believe they operate under an expense sharing arrangement when in fact they are partners. This can lead to entirely unforeseen and undesirable consequences.

NHS dentists face particular problems with such a mix up as it has the potential of putting the NHS contract in jeopardy. GDS Contracts can be made with an individual dental practitioner, a partnership and a dental corporation. Accordingly, where multiple dentists are signing up to a single GDS Contract, they are almost certainly doing so as a partnership. PDS Agreements differ in that they cannot be made with partnerships and are instead entered into by a group of individuals (although they are likely to be in partnership by virtue of this arrangement). Dental practitioners who sign an NHS contract as a partnership, are holding themselves out to be a partnership to the PCT and are jointly responsible under that NHS contract for the obligations under that contract.

If you are looking to operate your new dental practice under an unincorporated business structure, think very carefully how you wish the relationship with your colleague is to be governed. DT

About the author

Puja Patel is a member of the Commercial Team at Lockharts and works primarily in advising dentists, dental care professionals and dental corporate bodies on the commercial aspects of dentistry.