DENTAL TRIBUNE

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

Prison for dental thief

A woman who stole £15,000 from the dental surgery where she worked as practice manager has been sentenced to six months in prison. Victoria Moore, 28, pleaded guilty to stealing the money from the practice in Ebbw Vale. The court heard she used the cash to pay debts and to fund her cocaine use. Newport Crown Court heard how Moore, who was responsible for banking the money at the practice, took the cash between 2007 and 2009. The court heard how Moore and her husb-and took out a loan on their home in 2005 to carry out improvements but their debts increased.

Clinic visit ahead of review

A £4.6m community clinic in Lanarkshire has been visited by the public health minister before she chairs the local NHS board's annual review. Public Health Minister Shona Robison visited the Douglas Street community health clinic in Hamilton, which brings NHS services including dentistry, together under one roof. Ms Robison said it was important that local people took part in the review of healthcare services. She added: "Our NHS should always strive to provide the best possible care, so holding those who manage our NHS boards to account in public is the right thing to do. NHS Lanarkshire chairman Ken Corsar said: "Last year, sound progress was achieved across NHS Lanarkshire." He added: "The annual review gives us the opportunity to reflect on the extensive range of activity which has been undertaken, the delivery of which could only have been achieved through the dedication and commitment from our staff."

New Lerwick dental clinic

A new dental clinic is likely to be set up in Lerwick, Shetland within the next two years. The new practice could house up to four dentists and greatly improve access to NHS dentistry in the region. The new clinic aims to remedy the problem of some non-urgent dental patients being on waiting lists for several years, as current NHS dental facilities are over-stretched. The project, the whereabouts of which has not been decided upon, is part of the Scottish government's new health targets. When the clinic is fully functional, there will be a total of 15 dentists in Shetland.

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Dr Graham Magee gives an example of how high risk treatment leads to success

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'Tide is turning' says CDO after latest NHS IC statistics

Recent report indicates increase in both UDAs and patients during 2009

The latest NHS Dental Statistics for England have been published by the NHS Information Centre for Health and Social Care.

The report, which evaluates data under the new contract from April 1, 2006, was published on November 26. The latest information on 'activity' relates to the first quarter of 2009/10, up to June 30, 2009. 'Patients seen' data is reported to the end of the second quarter, up to September 30, 2009.

Quarterly activity information for 2009/10 is provisional and will be revised upwards to include courses of treatment (CoTs) reported too late. But if there are similar patterns to last year, any changes between provisional and final data by treatment band should be small, with final figures published next summer.

In the first quarter of 2009/10 Band 1 CoTs accounted for 53.6 per cent of all those delivered. Band 2 CoTs made up 29.9 per cent and Band 3 CoTs, 5.0 per cent. The remaining 11.4 per cent of CoTs were for urgent and charge-exempt treatments.

In the first quarter of 2009/10 units of dental activity (UDAs) in England provisionally increased by 3.2 per cent, compared to the first quarter of 2008/09, from 19.8 million to 20.5 million.

In the first quarter of 2009/10, 9.5 million CoTs were provisionally delivered, an increase of 0.2 million - 1.6 per cent - on the final figure for the equivalent quarter last year.

This equates to 20.5 million UDAs, a 3.2 per cent increase - 0.6 million - on the final figures for last year's first quarter.

The number of patients seen in the period ending Sept 30, 2009, was 27.9 million - 54.2 per cent of the population - a decrease of 0.3 million - 1.0 per cent - on the 28.1 million patients seen in the two-year period ending March 31, 2006.

This is, however, an increase of 0.2 million - 0.8 per cent - from the previous 24-month period ending June 30, 2009.

Chief Dental Officer for England, Dr Barry Cockcroft said: "We have invested more than £2 billion in NHS dentistry, resulting in more NHS dental practices expanding and opening all the time. The tide is turning and access to NHS dentistry has been increasing steadily for over a year with more than 930,000 more people seeing an NHS dentist in the last five quarters.

"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."

But Dental Practitioners Association chief executive, Derek Watson, thinks differently.

Watson commented "The Department of Health said that the very few dentists resigned in April 2006 represented very little capacity. They are missing the point. The new contract was supposed to correct supply problems and it has had the opposite effect. Fewer patients are now seeing NHS dentists as a result of the NHS contract, despite the fact the DH has been spraying the money hose around for two years in an attempt to disguise their bungling antics."

Dr Watson said that in April 2006, 55.8 per cent of the population was seen on the NHS in the previous 24 months. Following the introduction of new terms of service on April 1, this fell to 52.7 per cent in June 2008, from which point it was thought to be recovering. However he said the newly-released adjusted figures to September 2009, demonstrated that it was struggling to reach pre-contract levels.

The statistics are available to view at: www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry/nhs-dental-statistics-for-england-quarter-1-30-june-2009 DT

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Dental complaints concerns

A healthcare barrister has expressed his reservations about the, Dental Complaints Service (DCS) and its lack of independence.

Angus McCullough, whose city of London practice deals with public, regulatory and disciplinary law, was speaking at a meeting of the Dental Law and Ethics Forum.(DLEF) on *Topical Issues in Dental Regulation.*

At the recent meeting, which had a live link-up with members and Cardiff and Leeds, Mr McCullough acknowledged that the DCS had successfully resolved minor complaints about private dental treatment and reduced the load of the council's disciplinary department. He said a survey, of both dentists and patients who had experienced the service, reported that nine out of ten gave feedback that it was good or excellent.

But he added: "The DCS is a creature of the General Dental Council (GDC) and its procedures are neither independent nor confidential. It used to describe itself as 'independent' on its website, but, correctly, no longer does so."

He said the structure of the DCS and its relationship with the GDC made it possible for a dentist to be helpful and transparent in responding to patient complaints, but in so doing, could provide the DCS with the grounds for a referral to the GDC's Fitness to Practise, procedures.

He observed that it was also questionable that the DCS now claimed to be "run operationally at arm's length" but, has advisory board that took half its membership from the GDC and whose remit included advice on "day to day operational performance".

He added that while the DCS had no powers to enforce its recommendations and dentists were not "obliged" to co-operate in the resolution of a complaint, a dentist could still find themselves facing a misconduct charge if the DCS decided to refer them to the GDC for a refusal to engage or co-operate, or if the DCS considered the complaint to be indicative of a broader problem.

A spokesman for the DCS said *The DCS is an impartial, expert, free and fair service that can help solve complaints about private dental care. It is supported by more than 160 trained volunteer panelists from across the UK. When a panel is convened it is made up of two members of the public and one dental professional. The decision making process regarding complaints is therefore completely independent of the General Dental Council (GDC).*

Complaints about the competence, conduct or behaviour of clinical staff that raise questions of patient safety come to the GDC from a wide range of sources. The DCS can recommend that the complainant approaches the GDC with this type of issue. DCS staff may also sometimes refer cases to the Fitness to Practise team (FtP) if they feel it's serious enough. Similarly, the FtP team may refer complainants to the DCS if they feel the service would be better placed to handle the issue.

Before 2006 if a private dental patient had a complaint and their dentist showed them the door, they had virtually nowhere to go. A critical report from the Office of Fair Trading provided the catalyst, and the Government called for action. The General Dental Council stepped in to set up and fund the DCS to operate at arms length.

The aim of the DCS is to resolve complaints fairly, efficiently, transparently and quickly by working with the patient and dental professional involved. It is completely impartial and this is considered an important part of the service – which the staff takes seriously.

The service is open to the public and registrants and doesn't charge for its services. It has a local rate helpline, which is 08456 120 540. It gets its funding from the GDC which means all registered dental professionals pay for the service through their Annual Retention Fee.

The service can look into complaints about private dental services provided by dental practices in the UK. It can't look at complaints about NHS treatment. It also can't look at staff matters - such as recruitment, pay and discipline - or at commercial or contractual issues.

Until recently the service had been supported by an Advisory Board made up of GDC Council members - both registrant and lay members - as well as a number of independent individuals. However since the restructuring of the Council of the GDC this year, the role of the Advisory Board is under review.

Full details of the DCS and what it can offer can be found on its website www.dentalcomplaints.org.uk. DT

Dental technician advisory board chair

The Faculty of General Dental Practice (UK) has appointed a leading dental technician to become chairman of its Dental Care Professional (DCP) advisory board.

A former president of the Dental Technicians Association and founder member of the FGDP(UK) DCP advisory board, Tony Griffin has been active more than 30 years in supporting training courses for the dental team. He takes over the post from Janet Goodwin, who stepped down after being appointed to the General Dental Council. (GDC)

Mr Griffin's achievements include playing a key role in developing a route to registration in clinical dental technology. He was also part of the team which developed the highly successful, Key Skills in Primary Dental Care Assessment for DCPs.

The post of vice-chairman of the DCP advisory board has been given to John Stanfield, who has represented dental hygienists on the board since 2006 and is also an assessor for the DCP's, Key Skills Assessment. Both Mr Griffin and Mr Stanfield are also members of the editorial board for the FGDP (UK)'s DCP journal, *Team in Practice.*

Mr Griffin commented: "Along with John as vice-chairman and the DCP advisory board as a whole, I am looking forward to building upon the FGDP (UK)'s initiatives to support the career development and training of DCPs.

"I am keen to explore opportunities for demand-led educational programmes enabling individual DCPs to choose specific training areas for their own personal development and also to meet the requirements for eventual GDC revalidation."

The GDC has recently consulted on revalidation for dentists, which it is anticipated will be introduced for DCPs at some point in the future. The FGDP (UK) plans to provide a professional development framework to allow DCPs to transfer educational credits from their learning. It is intended that such a framework will not only support DCPs in meeting their revalidation requirements, but will also lead to an award by the faculty.

FGDP (UK) Dean, Russ Ladwa, said: "I am very much looking forward to working with Tony, John and members of the board to expand the FGDP (UK)'s educational and training opportunities for DCPs. I also hope to see the board develop beyond its 'advisory' status to become a more integral part of the faculty." DT

BDA dentistry honours

The Peterborough Dental Access Centre was named as the third winner of the British Dental Association (BDA) Good Practice Scheme Practice-of-the-Year Award.

The 20-strong team received the award at the fourth annual BDA Honours and Awards Dinner in London, which is supported by the British Dental Trade Association (BDTA). The evening also featured presentations to individuals by the BDA in recognition of service to dentistry and the BDA, along with a range of awards presented by the BDTA and dental care professional associations.

The President of the British Dental Association John Drummond said: "This event has become a true celebration of the dental team, giving recognition to the commitment and talent of some very special individuals. We were delighted to be joined by so many friends and colleagues from across dentistry to mark these achievements.

"The Good Practice Scheme is recognised as a benchmark for excellence with 1,250 members who have successfully completed the programme, with a further 2,000 practices working towards membership."

The honours and awards presented were as follows:

■ BDA life membership to Richard Beardon, David Evans, Tony Glenn, Robin Graham, Richard Kendrick, Philip Lang, John Muir, James Robertson and Jim Watson.

■ The 2009 British Association of Dental Nurses' award for outstanding contribution to dental nursing: Janet Goodwin

■ John Tomes Medal for scientific eminence and outstanding service to the dental profession: Richard van Noort and Geoff Craig

■ The Orthodontic National Group award (ONG) for outstanding contribution to orthodontic nursing and distinguished service to the ONG: Fiona Grist

■ BDA Fellowship for outstanding service to the Association and the dental profession: David Lester

■ The Dental Technologists Association Fellowship award for outstanding contribution to dental technology: Brian Gordon

■ The BDA Certificate of Merit for Services to the Association: Mike Hill

■ The BDTA Award for outstanding contribution to the dental industry: Martin Mills

■ The BDA Certificate of Merit for Services to the Profession: Jane Armitage, Bridget Ashton, Glenys Bridges, Jo Eisenberg, Ashiq Ghauri, Eric Nash, Malcolm Prideaux and Kenneth Stark(posthumously awarded and received by his wife)

■ The Clinical Dental Technicians Award for outstanding achievement: Kevin Manners

■ The British Association of Dental Therapists Roll of Distinction Award: Irene Ellis. DT

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Editorial comment

Farewell from 2009

Well, doesn't time fly when you're having fun! It doesn't seem five minutes ago since I was penning my first comment back in August, and here we are at the end of the year! Dental Tribune will be taking a break now until January 2010, but don't think it will all be mulled wine and Christmas shopping (that should only take up four days of the week!); the team here will be looking forward to 2010 and planning to make DT even better for the New Year!

With that in mind, here is a call to readers to get involved. For 2010 we are looking for case presentations from dental professionals covering all aspects of dental treatment. E-mail Lisa@dentaltribuneuk.com if you're interested in seeing one of your cases in print!

Just one thing remains for me to say – thanks to all our readers, contributors and corporate partners for all of your support over 2009 and in particular since I've been editing DT – you have made it a very easy transition for me. Hope you all have a peaceful Christmas, a prosperous New Year and see you on January 18 for Issue 1, 2010. 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?

If so don't hesitate to write to:
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GDC on Vetting and Barring

Following the introduction of the Government's new Vetting and Barring Scheme, the General Dental Council (GDC) would like to clarify its current stance and obligations in relation to the change in the law.

Within the meaning of the Safeguarding Vulnerable Groups Act 2006, the delivery of dental care is a 'regulated activity'; therefore all those delivering care must be registered with the ISA in the long term. Registrants already employed and not changing jobs will be included in the scheme over time, with everyone needing to be included by 2015.

As of 12 October 2009, it became a criminal offence for people barred by the ISA to work or apply to work with children or vulnerable adults in a wide range of posts. It is also now a criminal offence for an employer to knowingly employ a barred person in a regulated activity.

The Council now has a legal obligation to share information about GDC registrants with the ISA. It is waiting to be advised as to exactly what information it will have to share, but it is likely to be anything which could indicate that a registrant poses a risk to children or vulnerable adults. The GDC may also receive information about its registrants from the ISA. It has already been decided by Council that such information should not result in automatic erasure from the Register, but should be considered as an allegation of impaired fitness to practise through the usual channels.

The GDC is looking carefully at how the Vetting and Barring Scheme will affect registrants and what role the Council will play. It is liaising with other regulators and working out how best to share relevant information alongside existing guidance on protecting patients. DT

Dentists drop the price of dental implants

Dr. David Fairclough explains how DIO make implants more accessible for UK patients

A company selling dental implants for almost half the price of other suppliers are giving dentists the opportunity to pass this saving on to their patients, potentially dropping the price of dental implants in Britain.

DIO Implant of South Korea is now operating in the UK after recently identifying a gap in the UK market. **DIO** UK is offering dental implants at prices less than half that of the most established of UK brands (e.g. **DIO** titanium RBM fixtures for under £98.00). The company has been around for over 25 years and is one of the largest implant manufacturers in Asia.

One dentist who has been able to drop his prices by 30% after switching to **DIO** implants is Dr. David Fairclough, who's prime interests are dental implants and cosmetic dentistry. He believes that using implants of this kind could lead to them becoming cheaper for patients across Britain, currently one of the most expensive places in Europe for dental implants.

> "One of my big criticisms of implant companies is that they sell you the implants and then you get very little from them again. There's poor back-up. This hasn't been the case with DIO."

In a recent interview Dr. Fairclough said, "There is no reason why it can't be as cheap here as it is abroad, when you factor in travel and accommodation expenses. The savings I am making have meant that I've been able to reduce my prices by 30%, so it has made a huge difference. It means that those people who are thinking about going abroad for implants may consider staying in Britain and those who thought they couldn't afford implants can now consider it an option."

Dr. Fairclough was initially drawn to **DIO** by their lower prices, however he changed suppliers when he found that their implants were easier to place as well as more aesthetically pleasing results than implants he had used previously.

Dr Fairclough said, "I've been doing dental implants for over 20 years now and I've tried most systems. When I came across **DIO's** system it seemed to be the easiest to use at an affordable price. The implants are very easy to place and they have very good primary stability which is important."

This increased primary stability comes from the multi-platform design and the double-threaded base which offers high stability in low bone density. Alongside this, the stability offered by the root form design reduces the possibility of interference with other teeth.

DIO UK aims to assist all of its dentists during the integration stages in understanding the implant system. Rather than hosting clinical days attended by large numbers of dentists, **DIO** involves new clients in live implant placements alongside an existing user, without a **DIO** representative being present. This allows the session to be very open between the two dentists meaning they are free to discuss the implants candidly. It also means that the dentist new to the system benefits from one-on-one tutoring.

"The back-up service I have been given has been invaluable." said Dr Faiclough, "One of my big criticisms of implant companies is that they sell you the implants and then you get very little from them again. There's poor back-up. This hasn't been the case with **DIO**."

Dr David Fairclough BDS(Lond.) LDS RCS (Eng.) qualified at University College Hospital, London in 1973 and has since received post graduate training in the UK, France, USA, and the Arabian Gulf. He has been involved in implants since 1977 and is a founder member of the Association of Dental Implantology. He has also lectured and run courses both in England and abroad on implant procedures.

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Cosmetic Dentist Gives Parisian Lecture

A dentist, who lectures at Smile-On's annual Clinical Innovations conference, addressed delegates at the sixth annual meeting of the, European Society of Cosmetic Dentistry, (ESCD) held in Paris.

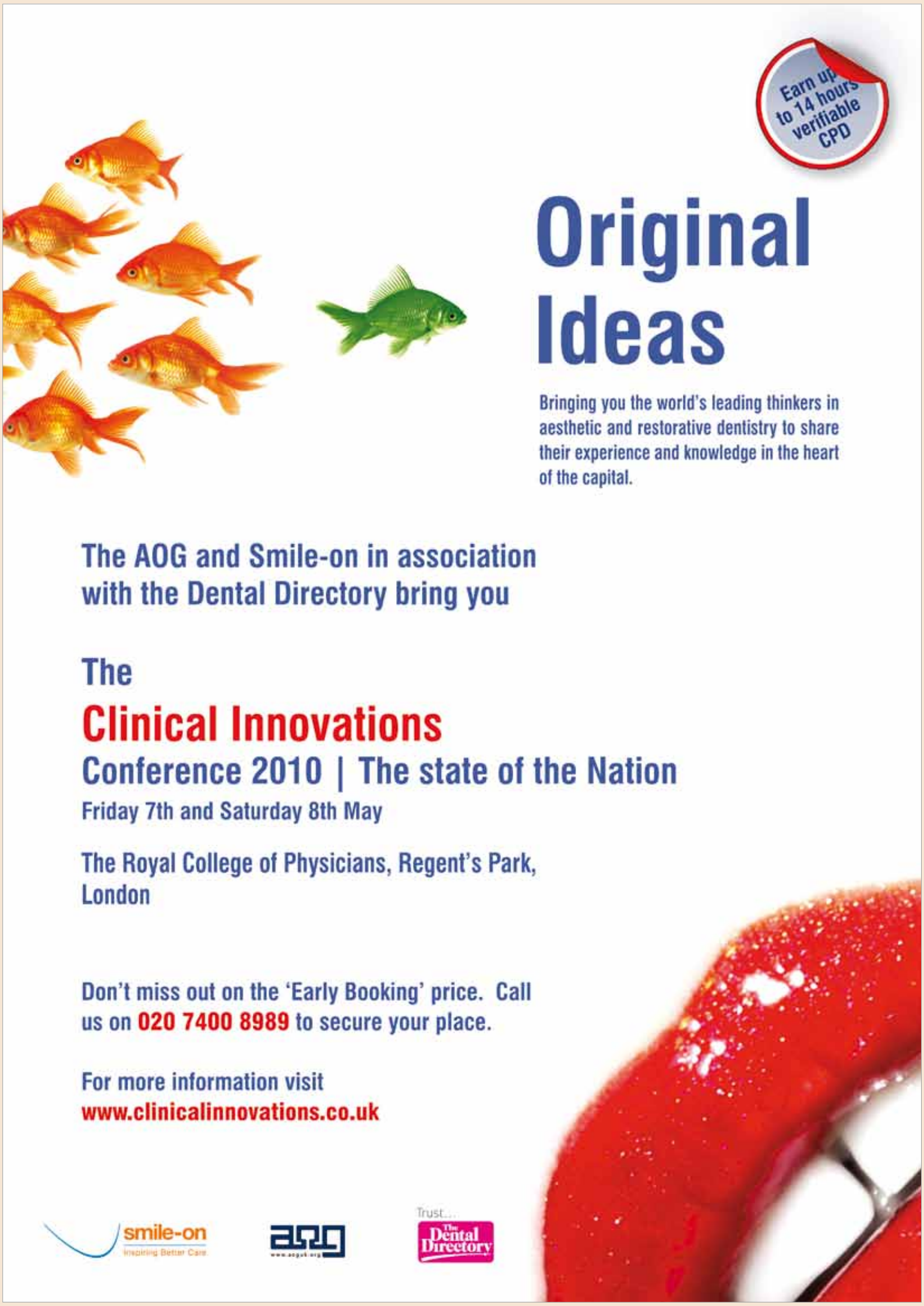
At ESCD's Autumn meeting, Professor Edward Lynch talked about minimal intervention in cosmetic surgery, placing emphasis on the use of ozone and ozonated water.

He told the audience that the powerful disinfectant properties of ozone are useful for a range of dental procedures and ozonated water can be used in hand washing, root canal disinfection, full mouth disinfection, in ultrasonic scalers, for dental water line disinfection, during the placement of implants, for cavity disinfection and the disinfection of deep lesions to reduce the need for root canal therapy.

Earlier that same day, Dr Irfan Ahmad presented an overview of caries pathogenesis and the role of biofilm. He went on to challenge existing paradigms and suggested that treatment should be based on risk assessment.

The session also included input from Dr Michael Karlstén on predictable bite registration with implant-supported bridges, while Dr Ajay Kakar demonstrated aesthetic splinting techniques for compromised teeth using quartz glass materials, which are easy to place and adapt.

During the day, ESCD members were invited to present clinical cosmetic dentistry cases and other evidence for scrutiny by a panel of experts, with success-



New Practice

A new dental surgery is set to open at Malmesbury primary care centre in Wiltshire in the new year.

The opening of the practice, which will serve 3,000 new patients from about the middle of January, follows an investment programme of £3.1 million to set up new dentistry contracts in five Wiltshire towns.

The scheme's overall aim is to increase the amount of people who have NHS dental treatment in Wiltshire.

Other new dental practices are being set up in Amesbury, Tidworth, Warminster and Westbury. In addition, existing dentists in Calne, Chippenham, Devizes, Marlborough, Melksham, Pewsey, Trowbridge and Wootton Bassett will be extending their NHS provision. DT

Irish Tooth Decay Trial

A new dental trial in Northern Ireland aimed at reducing tooth decay in the under fives has been launched.

Health Minister Michael McGimpsey, who launched, The Northern Ireland Caries Prevention in Practice, trial in November, said the trial would investigate the effectiveness of preventing tooth decay in youngsters by applying fluoride varnish to their teeth, as well as using fluoride toothpaste.

Nearly 2,500 children will be involved in the trial, with each child monitored over a period of three years.

Mr McGimpsey said: "It is vitally important that we look at new approaches to tackling tooth decay as, unfortunately, young people in Northern Ireland have some of the worst oral health in western Europe.

"Last year, for example, 26,500 teeth were extracted from children who underwent a general anaesthetic in hospital for dental extraction. While this figure is a marked improvement over previous years, it is still way too high and unacceptable.

"Investing in preventive care now will provide dividends for the next generation."

The trial has been developed through a partnership with bodies including Manchester University, the Department of Health and the British Dental Association. DT

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Sustainable service piloted for the homeless

The recent Steele review acknowledged that although NHS dental services were generally available, communication and publicity about these services could be much improved. Last month Chief Dental Officer for England, Dr Barry Cockcroft, launched an initiative at East London homeless charity the Whitechapel Mission to enable London's homeless to better access dental services.

A mobile dental unit serving the homeless has been set up as a pilot project in Tower Hamlets, which runs until May 2010. Homeless people can access it at the Whitechapel Mission, as well as nearby residential homeless unit, Booth House and Dellow House day centre.

Leaflet

As part of the pilot, Dr Cockcroft launched a newly-published leaflet - *Free NHS Dental Services for homeless people in London* - which gives information on dental services for homeless people, as well as details about emergency dental services and tips on oral health.

The leaflets are being distributed at homeless organisations and through the Department of Health-funded existing mobile tuberculosis screening service, which reaches thousands of homeless people annually. The TB service has been on the road for three years, after a successful pilot.

The mobile dental service for homeless people is modelled on the TB unit. Its director, Stephen Trilvas said homeless people were more comfortable if services were taken to them, which could act like a bridge. He said: "NHS services are not geared up for people with challenging health needs. As we got better at working with outreach workers in the TB project, we started to discover that there were parallels for other health interventions.

Mainstream services

"The oral health project is being piloted along the same pattern, of plugging people into mainstream services who hadn't previously accessed them successfully."

Dr Cockcroft commented: "The Steele review said dental services were available overall, but that communication about this was not good enough.

"We are trying to communicate the fact that there are dental services available for homeless people.

"Oral health is generally good in England, but there is a need to reduce inequality."

"This pilot is a microcosm of improvements needed across the UK. It is not enough just to commission services for homeless people if they cannot find them. So taking services to them is the key to reducing inequalities.

"That's why we are working with existing services for homeless people to give them information on where they can go for treatment.

Pro-active

"Tackling inequality means encouraging people to access services which are already there, which is a more pro-active way for them to get dental care."

Whitechapel Mission's director, Tony Miller said: "We work with chaotic people who are hard to pin down and are excluded. The TB mobile service saw 1,603 homeless people last year. The next chapter is the dental service, from which we are hoping for big things."

The Mission has set up an innovative programme of its own, by donating 300,000 fluoride-preloaded toothbrushes annually to homeless people, at a cost to the mission of only £3.65 a year.

Dentist Dr Cyril Brazil treats homeless people two days a week at the community dental services for homeless people at Great Chapel Street medical centre, in central London.

Make a difference

He said: "It is very rewarding work. If I can go home and feel I have made some difference to help homeless people survive the day and not suffer from dental pain, then it has been worthwhile.

"The treatment won't change their world, it just means that at least they will not have to suffer dental pain."

Project development officer for the homeless, Rellet Bailey, who designed the oral health leaflet for the homeless, said:

"Although most people have access to NHS dental services the DH has identified a need for helping hard-to-reach client groups including the homeless and those living in hostels.

"The aim for this project is to put a system in place to manage a clear pathway for homeless and vulnerable people to access dental care.

"The leaflet on oral health is specifically targeted at the hard-to-reach. It stresses the importance of oral health and signposts individuals to community dental services in London."

Ursula Bennett, head of dentistry at Tower Hamlets PCT, said people were now being reached who never had access to dental care before.

Extending relationships

She said: "The key to improving access is building networks of relationships. This pilot is an example of extending relationships with other services. We will all learn from working together."

She said experience showed that what worked was to offer dental check-ups to the homeless attending breakfast at the Mission, which could be followed up by treatment in the afternoon.

In 1876, the forerunner of Whitechapel Mission opened, serving more than 11,000 breakfasts to the homeless in its first year. The Mission took over in 1896 and now serves breakfast for up to 150 daily.

Mr Miller said: "We have kept to the promise not to preach, but to demonstrate through action."

The pilot mobile oral health programme is a step towards the Mission's goal to empower excluded people.

The pilot's impact will be evaluated by analysing the data of people receiving dental treatment at the community dental services, which it is anticipated will provide information on the scale of oral health problems among London's homeless. DT

CDO Dr Barry Cockcroft holding a fluoride toothpaste pre-loaded brush with Whitechapel Mission director, Tony Miller

A homeless dental patient being treated at the mobile dental unit in Whitechapel

The mobile dental unit for homeless people outside the Whitechapel Mission

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BADN president thanks sponsors

BADN president Sue Bruckel has thanked all the sponsors of the 2009 National Dental Nursing Conference for helping to make it such a resounding success.

Ms Bruckel said that delegates would have had to pay up to three times the current conference fee without sponsorship, which paid for speakers' fees and travel costs for the majority of the presentations, while the remaining speakers were local experts who gave their time for free.

New BADN president Sue Bruckel

The actual conference delegate rate charged by the venue was sponsored by the British Dental Trade Association, (BDTA) with conference handbooks sponsored by Philips Sonicare, which also sponsored additional costs along with NHS Direct. In addition, the BDTA provided delegate bags, supplemented by washbags and USB pens from Colgate and the British Cheese Board provided the luncheon cheeseboard.

Ms Bruckel said: "Our chief executive, Pam Swain, has calculated that without the direct financial contributions from the BDTA, NHS Direct and Philips Sonicare; the provision of speakers by the British Chiropractic Association, Colgate, the General Dental Council, Nobel Biocare, Philips Sonicare, Schuelke, the University of Kent, WR Berkley Insurance (Europe) Ltd, 2gether NHS Foundation Trust and NHS Gloucestershire; and the generous donation of their time and expertise by the remaining speakers, conference registration fees would have had to start at over £200 each for BADN members and consequently £270 for non-members to cover the cost of staging the conference. And this doesn't even take into account the administrative costs or the many hundreds of hours which the chief executive and staff put into the organization of the event.

"On behalf of the BADN council, members and the delegates to the 2009 National Dental Nursing Conference, I should therefore like to thank all the sponsors, and speakers, for their generous support of dental nurses in the UK."

The registration fee for the 2009 National Dental Nursing Conference was £120 for BADN members and £190 for non members. The current annual BADN full membership fee is £70. DT

Premier Award Winners 2009

This year's Premier Symposium, organised by Dental Protection and Schülke, saw the winners of the Premier Awards 2009 announced. The annual risk management competition has a total prize fund of £6,000 and accepts entries from projects which recognise the importance of patient safety.

Congratulations to this year's winners:

Undergraduate prize
1st Richard Beckwith
Difficulties in obtaining valid consent in clinical dentistry.
2nd Rachel Ingle
A comparison of HTM01-05 guidance with the sterilisation of reusable instruments in the Dental Practice Unit, University of Sheffield.

Postgraduate prize
1st James Roberts
An audit to assess the cleanliness and storage of decontaminated dental instruments.
2nd Richard Holliday
Dental record keeping and the role of oral cancer screening in the dental access centre.

DCP prize
1st Michelle Mitchell
Ethical considerations in 21st century dental hygiene.
2nd Amy Wilkins
Extending the role of the dental nurse in the orthodontic practice: the patients' perspective.

This year's winners were of a very high calibre, and even though Sheffield Dental School was predominant amongst the winning entries, Kathy Harley, Chair of Dental Protection, who presented the awards took time to encourage dentists and DCPs from all regions of the UK to participate again next year.

Thank you also to the sponsors of the Premier Symposium, Smile-on and Henry Schein, who helped to make the day possible.

If you would like to receive details of next year's Awards you can register your interest by emailing sarah.garry@mps.org.uk. DT

Designed to Smile

An oral health improvement programme for young children in Wales is to be extended.

Designed to Smile is being expanded, following two successful pilot schemes in north and south Wales.

In the scheme, which is delivered by the community dental service, dental health support workers deliver a supervised tooth-brushing programme in schools and provide toothbrushes and toothpaste to schoolchildren along with oral health advice. Part of the service is carried out via mobile dental health units, which provide specialist preventive care and treatment to schools.

Funding for the scheme is doubling to £3.1 million for 2009/10 and rising to more than £3.8 million for 2010/11. As well as rolling out the scheme beyond the existing pilot areas to specifically targeted, 'communities first' schools in the rest of Wales, the additional funding will allow the scheme to be extended within the existing pilot areas. This means that six and seven year olds as well as three to five-year-olds will be included, as well as a nursery-based programme for very young children under the age of three.

Compared to the rest of the UK, the dental health of children in Wales is poor, with a direct correlation between poor oral health and social/economic deprivation.

Health Minister, Edwina Hart said: "The rates of tooth decay in parts of Wales are too high and are something which needs to be tackled. This additional funding for the, Designed to Smile, scheme will carry on and enhance the good work done in the pilot areas to extend it across the whole of Wales. There is a significant role for parents to play, but we know that for many children at the greatest risk of dental decay, cleaning their teeth or having their teeth cleaned does not form part of their daily routine.

"It is clear that more direct and also more innovative methods of delivering preventive care are necessary if advances in child oral health are to be made.

"By teaching children the importance of good oral health at an early age, they will develop good habits which they can carry on into adulthood." DT

New GDC chair

Dentist Alison Lockyer (picture left) has been elected as chair of the new-look General Dental Council. Alison was born in Leeds and is now based in Leicestershire, but also works in Oxfordshire.

Alison was a returning Registrant member to the Council of the GDC which she has been involved with for more than eight years.

She qualified in Edinburgh in 1980 and works full-time as a primary care dentist with five private and NHS practices in Oxfordshire and Leicestershire. She's also provided dentistry within prisons and in an industrial setting (BMW factory).

The current Chair Hew Mathewson and the Chair Elect Alison Lockyer will discuss and agree the detailed handover timetable. The Chair Elect will take office as Chair on either 1 January 2010 or on the date on which the current Chair resigns, by agreement, whichever is earlier.

Alison commented: "I would like to thank Hew for his excellent Presidency, he will be a hard act to follow, but has been an excellent example of how to Chair. I am really looking forward to leading this multi-skilled and talented Council in public protection." DT

GDPUK round-up

Tony Jacobs shares the most recent snippets of conversation from his ever-growing GDPUK online community

The diversity of topics on GDPUK can be mind-boggling. What's more, the site has been at its busiest ever during October and November with contributions from many new members as well as older ones. GDPUK readership is now at a staggering 10,000 hours per month, which equates to 40,000 15-minute visits a month.

Recent discussions have raged about the various communications regarding HTM 01-05, including letters in the British Dental Journal and Parliamentary answers. The Chief Dental Officer wrote that the Department of Health (DH) will produce scientific references to support the decontamination document "if required", which Ann Keen told the House of Commons would be arriving soon. Colleagues on GDPUK cannot believe the situation surrounding the scientific references; surely they would be ready at the touch of a button or the click of a mouse if they were the true basis of this derided document? In the meantime, a further letter was drafted by Tony Kilcoyne with 15 references all countering the edicts of HTM 01-05.

When the PDS Plus contract was published soon after BDTA Showcase (where GDPUK members met up on all three days) in many ways there was only a minor response on the site as the access contract with all its pitfalls had been dissected previously when the draft document and spreadsheet were leaked.

Among other topics discussed were clinical ones, as well as more general and non-dental ones – how to repair a wrecked dentition; advice sought on cementing all porcelain restorations; should the profession take up the flu vaccine; abfraction; strategies against key performance indicators; weight training as well as James Hull news coverage to name a few.

It was suggested that practices should carry out a risk assessment for latex allergies. Someone pointed out this was called a medical history. Others report they have tried to remove latex products completely, gloves, LA cartridges and dam, to name a few.

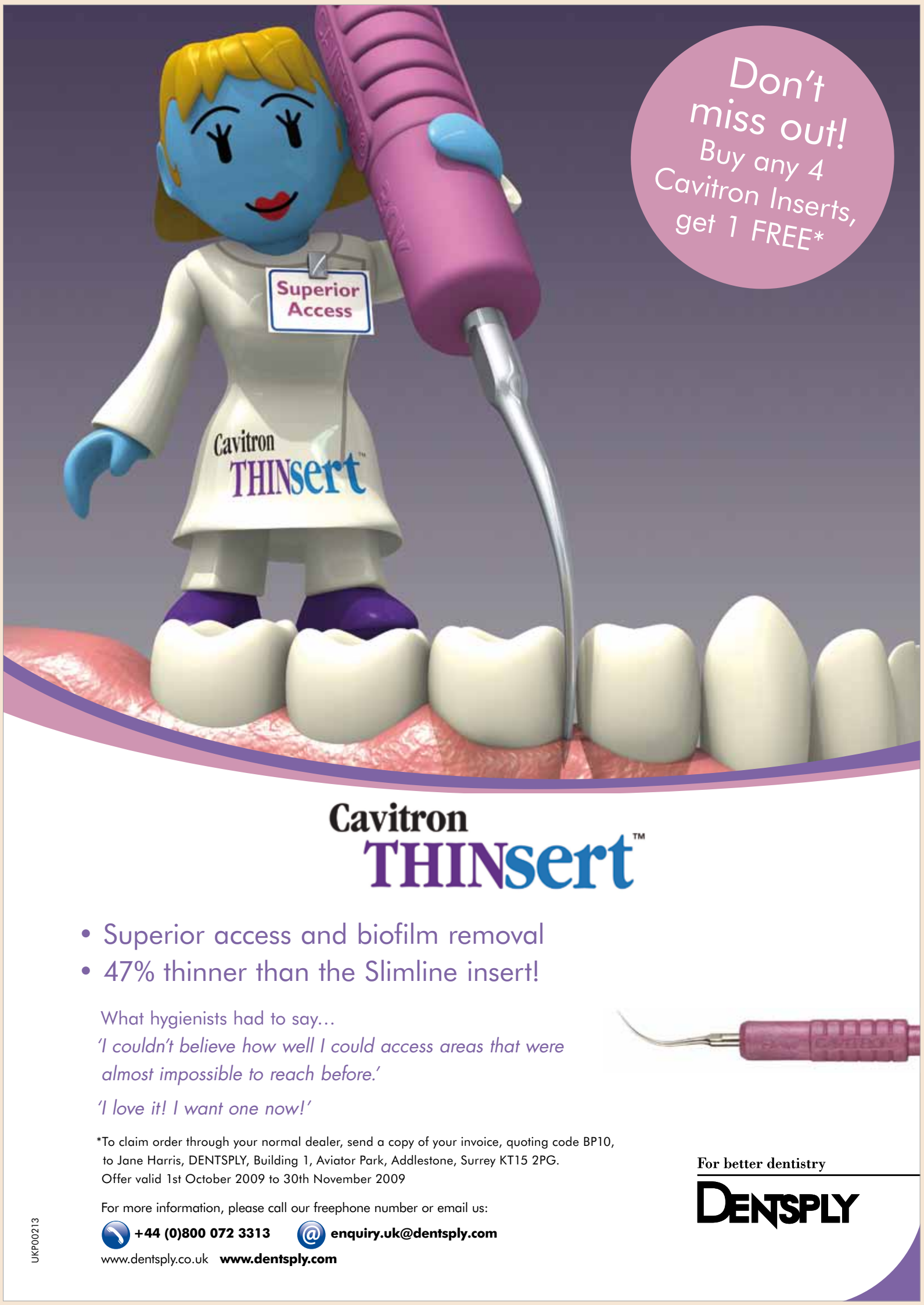
> *'Recent discussions have raged about the various communications regarding HTM 01-05'*

During the month, there were some polls of GDPUK membership; about 80 per cent responding were male, and 73 per cent practice owners. When asked about source of income, practitioners are polarised – very few earn 50 per cent of their income from NHS, the large majority of respondents earn either mostly from NHS, or mostly private fees. The polls on the GDPUK forum software only allow one vote per member per poll, so they cannot be manipulated.

A kind soul had posted some video footage on YouTube immediately after the recent Manchester United v Chelsea football match, a young man could be clearly seen in the crowd, chewing on a toothbrush during the match. This was linked from the forum, and there was much surprise, even from a group of dentists, at this behaviour. DT

About the author

Tony Jacobs, 52 is a GDP in the suburbs of Manchester, in practice with partner Steve Lazarus at 406Dental (www.406dental.com). He has had roles in his LDC, local BDA and with the annual conference of LDCs, and is a local dental adviser for Dental Protection. Nowadays, he concentrates on GDPUK, the web group for UK dentists to discuss their profession online, www.gdpuk.com. Tony founded this group in 1997 which now has around 7,000 unique visitors per month, who make 35,000 visits and generate more than a million pages on the site per month. Tony is sure GDPUK.com is the liveliest and most topical UK dental website.



Dealing with stress in the 21st century - a perspective for the dental profession

Ros Edlin looks at the issue of stress in the lives and careers of busy dental professionals and how you can help to minimise stress in your day

Ask the average man in the street for his opinion as to whether or not dentists experience stress, and your query will, in all probability, be met with a look of incredulity and a snort of derision. After all, isn't stress in the domain of the poor patient rather than the high- earning, fast-living, , Porsche- driving dentist?!

A media-fuelled opinion such as this may be true for a minority of dentists, but for the majority this is an entirely inaccurate assessment of dentistry today.

What is true, however, is that dentistry has been identified as one of the most stressful of the health professions.

A recent study by HL Myers and LB Myers conducted using an anonymous cross-section of 2,441 UK GDPs, found that 60 per cent of GDPs reported being nervy, tense or depressed, 58.3 per cent reported headaches, 60 per cent reported difficulty sleeping and 48.2 per cent reported feeling tired for no apparent reason[1] – all signs possibly related to work related stress.

So why are dentists so susceptible to stress? Not only are they required to work in an intricate manner in a sensitive and intimate part of the body, sitting in the same position for long periods of time, but they also have to be responsible for the smooth running of the practice with regard to both staff and patients, as well as managing the financial aspect. Added to this are the ever-increasing demands and expectations of patients and the constant awareness of running behind schedule. As if this wasn't enough, they have to ensure that they maintain clinical excellence in the eyes of a Regulatory Body.

Faced with all these factors, and for the most part, not having received any particular training in, for example, people skills or financial management, it is little wonder that many dentists fall victim to stress - related illnesses, either mental, physical or both.

Stress itself is not an illness but is, according to the Health and Safety Executive [HSE] definition, 'the adverse reaction people have to excessive pressure or other types of demand placed upon them'. The HSE also "makes an important distinction between the beneficial effects of reasonable pressure and challenge (which can be stimulating, motivating and can give a 'buzz') and work- related stress, which is the natural but distressing reaction to demands or 'pressures' that the person perceives they cannot cope with at a given time". The concept of perception is particularly relevant in that, faced with the same situation, a difficult procedure or a demanding patient, one dentist may relish the challenge and yet the other be trembling in their shoes!

Also pertaining to the definition of stress are the notions of control and change.

It is clear that we function best when we are in control of our circumstances; when we feel we are responsible for our successes or failures due to our own personal attributes. This could also include the responsibility of the welfare of both patients and staff. As is often the case however, the bureaucracy of the NHS mitigates against this feeling of control which could result in work-related stress.

> *'Stress itself is not an illness but is 'the adverse reaction people have to excessive pressure or other types of demand placed upon them'.''*

The recent NHS Dental Contract is a prime example where it can be argued that dentists have a loss of control of their own destinies. It also illustrates the importance of involvement in the process of change for the best results to be achieved. 'Today's dental environment is not going to change to accommodate the individual. It's the individual who needs to learn to accommodate to the environment if he or she does not want to pay the price of chronic stress.'[2]

There is no doubt that we all need pressures and challenges in our lives to get us up in the morning and to keep us going. These can galvanise us into achieving great things; to work at our most productive level, but we have to be aware that having unrealistic goals or expectations can possibly result in the 'law of diminishing returns' ie the more we push ourselves to reach that elusive goal, the less well we can sometimes perform. This is not to underestimate the thrill of achievement, but it is worth paying heed to the warning signs.

These warning signs are like traffic lights in our lives. Green means that everything (or nearly everything) is going well with us. We are enjoying our work; the practice is flourishing; we have a great team and the patients are appreciative. Home and social life is good; the children are behaving themselves and the sun is shining. Then perhaps things start to go slightly awry - your valued nurse leaves, creating extra work for the rest of the staff, and leaving you feeling is if you've lost your right arm. You find yourself staying later at the surgery to catch up and you are aware that you are feeling more tired than usual. At the surgery you feel your concentration slipping slightly and you are becoming tense and irritable. This situation may carry on for a while with perhaps other events occurring to add to the mix – a complaint or family illness for example. At home, your evening glass of wine is turning into two or three. You are sleeping badly, relationships are suffering and you are starting to feel that you can't cope. The red light is beckoning! If the symptoms continue to intensify to the extent of absolute exhaustion, ill health and the inability to cope, it could be advisable to seek help.

Personality can also have a bearing on the dentist's ability to cope with stressful situations. A study carried out by Professor Cary Cooper et al[3] suggested that dentists had a tendency to exhibit 'Type A' behaviour. People with 'Type A' personalities tend to be driven, highly ambitious, impatient, aggressive and intolerant. They have high expectations of themselves and those around them. 'Type B' personalities although they may be equally ambitious and successful, are able to perform in a calmer and more relaxed manner. People can fluctuate between these two behaviours which are said to be on a continuum.

A successful practice is one where effective stress management strategies are firmly in place. This contributes to the atmosphere of well-being and competence within the practice. Its positive effect emanates throughout - the staff feel valued and motivated and the patients feel more relaxed and welcome. A 'win-win' situation for all concerned.

Achieving this ideal situation does not come naturally to many practitioners who may require guidance. It may be necessary to consider what your goals and aspirations are in relation to both yourself and your practice. Hopefully some of the coping strategies that follow will be of assistance.

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