

DENTAL TRIBUNE

The World's Dental Newspaper • United Kingdom Edition

PUBLISHED IN LONDON

APRIL 6-12, 2009

VOL. 3 No. 9

News in brief

Sugar-free eggs

A dentist in Trafford in Greater Manchester is giving out free 'Good Eggs' as a healthy alternative to Easter Eggs. The sugar-free Easter eggs contain a toothbrush, toothpaste and a guide to healthy brushing. Kailesh Solanki, of Kissdental Clinics in Flixton and Altrincham, has been giving out the eggs to patients who come in with children. He came up with the idea after wondering what to give his three-year-old daughter for Easter. The 'Good Egg' is similar to diabetic chocolate, and is hand-made using Belgian chocolate from a local chocolate manufacturer in Stockport.

Dental Showcase

More than 180 dental companies have already booked stands at BDTA Dental Showcase 2009, in a bid to provide dentists with a wide choice of products, services and technologies to assist day to day activities. Bookings continue to be received and the BDTA is expecting more than 500 companies to appear at the event in November 2009.

Tony Reed, Executive Director at the BDTA, said: 'A trip to Showcase is a worthwhile experience for all members of the dental team. The event offers a convenient opportunity for all the latest dental treasures to be discovered. It is the only time that you will see over 500 dental companies all together under one roof.'

BDTA Dental Showcase 2009 takes place 12-14 November 2009 at NEC Birmingham. To register in advance for your complimentary ticket visit www.dentalshowcase.com/visit, call the registration hotline on +44 (0) 1494 729959 or text your name, address, occupation and GDC number to 07786 206 276. Advance registration closes 6 November 2009. On-the-day registration: £10 per person.

Karting competition

Denplan has announced the launch of the 2009 Denplan Karting Challenge. Following the last two successful years the challenge has increased to nine heats throughout the UK. Regional heats begin in May in Edinburgh, where Denplan member dentists and other members of their practice team are invited to go head-to-head against other local practices to win a place in the September final.

www.dental-tribune.co.uk

News



Rocket man

Dental students are learning child-friendly language for children, and calling the dentist's chair a 'rocket man's chair' to help combat dentistry fears.

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Practice management



Customers rule

It is easy to forget that the customer is king as well as forgetting that it is more important than ever to deliver service than to be right at all times.

▶ page10

Practice management



Costly cliques

Staff cliques can be a very powerful undertow in your practice manifesting in poor morale, ongoing conflict and increased staff turnover which affects the profits.

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Interview



Dr Cockcroft

Neel Kothari talks to Dr Barry Cockcroft to find out how well he thinks the NHS system of dentistry is working and what standards it should be aiming for.

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Steele report exposed to all

Health minister, Ann Keen, has promised to publish the report on the independent review of NHS Dentistry in full.

Professor Jimmy Steele, is leading the review, which has been asked to report on increasing access across the country and how to improve quality of services.

The review group has also been asked to come up with recommendations on how the government can work towards reducing oral health inequalities. In an exchange in the House of Commons, Mike Penning, the shadow health minister, asked if the report will be published in full and whether the government will accept all the recommendations.

In a slip up, Mrs Keen, replied that 'the report, of course, will be accepted in full'.

Dentist cuts patient's cheek

A dentist in South London has been accused of cutting a patient's cheek from her mouth up to the corner of her eye.

A General Dental Council (GDC) fitness to practise hearing, heard how NHS dentist Oscar Miguel Frazao Alvim de Castro, formerly employed at Whitecross Dental Care surgery in Streatham, left his patient with the scratch from the instrument being used to do the filling, after his hand slipped.

Guy Micklewright, who is representing the GDC, described it as 'a quite extreme amount of travel (by the instrument) for an accident.'

The patient complained that the dentist did not apologise and carried on with the treatment as if nothing had happened.

She quickly corrected herself and said: 'No, it will be published in full; all of us on this side of the House are humble enough to say

'It will be published in full; all of us on this side of the House are humble enough to say when we have made an error.'

when we have made an error. Like any sensible government, we will look at the review when it is published.'

The review is independent from the Department of Health and is being led by Professor Jimmy Steele of the University of

She wrote a letter of complaint to the practice and took the matter to the GDC.

Mr De Castro, who is now living in Portugal, did not attend the hearing.

He claims he did nothing because the patient was wearing goggles, and did not show any pain during the remainder of the treatment.

Mr De Castro is also accused of giving the patient fillings without discussing or getting consent for the treatment, and keeping insufficient notes on the incident.

Mr De Castro, worked at the Streatham dentists surgery from May 2006 to April 2007 as a practitioner employed by Lambeth PCT.

The hearing continues. □

that is, £5m in 2009-10 and £5m in 2010-11.

She said: 'This investment will be used for building purpose-built practices as well as refurbishing community hospital sites to enable them to provide dental services, focusing on areas of most need in Gloucestershire.'

This investment has the potential to offer access to a dentist to approximately 95,000 people.'

Mr Penning said: 'The 90,000 extra places for patients that the Minister has just announced will go part of the way to addressing the issue of the 1.1m people who would like an NHS dentist.' □

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Don't miss CIC! Better oral health solutions

Dental professionals are being urged to book their places now at the Clinical Innovations Conference and Annenberg Lecture 2009.

The joint endeavour from Smile-on and Alpha Omega is expected to be very popular.

The Clinical Innovations Conference (CIC) takes place on 15-16 May at the Royal College of Physicians, Regent's Park, London.

Professor Nitzan Bichacho, a worldwide authority on aesthetic and implant dentistry and Dr Devorah Schwartz-Arad, a specialist in oral and maxillofacial surgery, will be presenting the lecture 'Success factors in dental implantation: a multi-disciplinary approach between the surgeon and the prosthodontist'.

On 16 May, there will be an impressive programme of lectures including presentations and hands-on sessions from Professor Nasser Barghi, head of the division of aesthetic dentistry in the Department of Restorative Dentistry at the San Antonio Dental School, leading expert in tooth whitening technology Dr Wyman Chan and prosthodontics specialist Dr Sia Mirfendereski.

Other speakers include Professor Eddie Scher, Dr Chris Orr and Professor Liviu Steier.

Delegates will earn Continuing Professional Development hours, making this event an invaluable educational experience.

For more information and to reserve your place, call 020 7400 8989 or email info@smile-on.com

A new e-learning solution showing dentists how to give good oral dental advice to their patients has been unveiled.

The two-hour programme, *Prevention in Practice: Using 'Delivering Better Oral Health'*, was launched by Smile-on at the British Association for the Study of Community Dentistry (BASCD) conference in Manchester.

Janelle Montgomery, project manager at Smile-on, said: 'The e-learning package can either be downloaded online or bought as a CD-ROM. It supports dentists in implementing the *Delivering Better Oral Health* toolkit, which was sent to all NHS practices in England in 2007, by the Department of Health.'

The programme aims to improve knowledge and under-

standing, and help consistent and effective delivery of evidence-based health messages by the dental team.



The e-learning package can either be downloaded online or bought as a CD-ROM

With the programme, dental professionals will be able to provide evidence-based health care interventions that impact on oral and general health and promote behaviour change in patients to improve self-care.'

The programme highlights the importance of communication skills when treating patients and looks at interventions dental professionals should take to improve patients' oral and general health.

It also looks at patient self-care and how practitioners can raise self-care issues with patients. This includes oral health messages as well as advising patients on healthy diets, sensible drinking, and smoking cessation.

The programme is for all dental professionals from dentists to orthodontists to hygienists.

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

Revitalising ageing teeth GDC calls for views

NovaMin products revitalises ageing teeth, decreases sensitivity, eliminates whitespots and decreases inflammation, according to research.

Dental treatment is undergoing a transformation worldwide and dental patients are more demanding and know what they want.

They are asking for minimal intervention therapies that conserve tooth and periodontal structures.



Fig. 1 Miradent nanosensitive hca dentifrice Powered by NovaMin

A spokeswoman for dental company, Hager & Werken GmbH, said: 'This is an excellent opportunity for the dentist. New therapies are now available which address these health issues.'

NovaMin therapy uses a clinically proven ingredient, calcium sodium phosphosilicate, made from the same naturally occurring elements in bone and teeth that are critical for their mineralization.

Calcium sodium phosphosilicate has been used to repair bone

since the late 1960s. More recently, researchers have adapted the same technology for tooth remineralization.'

She added: 'NovaMin therapy is ideal for this function. Demineralization is stopped, white spots are eliminated, and the sealed dentin stops sensitivity. An added benefit of the NovaMin particle is its antibacterial effect on oral microorganisms, leading to enhanced gingival health.'

Hager & Werken GmbH has launched two new products in their Miradent prophylaxis line that use the innovative NovaMin technology:

Miradent nanosensitive hca is a NovaMin containing dentifrice for at-home treatment. Clinical studies have shown a 90 per cent reduction in sensitivity, durable remineralization and long term protection of hard tissue surfaces.

Miradent nanosensitive hca dental-kit was developed for in-office treatment of patients with acute sensitivity. This product delivers the same NovaMin technology at a higher dose for professional application. It is recommended after tooth cleaning and periodontal treatment when sensitivity often increases.

The General Dental Council is asking dentists, wishing to become specialists, for their views on flexible training opportunities.

The General Dental Council (GDC) has 13 Specialist Lists covering fields such as orthodontics and paediatric dentistry.

Patients, as well as dentists wishing to refer patients, can check its website to see whether or not a dentist is a specialist.

The Specialist Lists indicate registered dentists who meet certain conditions and are entitled to use a specialist title. A dentist does not have to be entered

onto a Specialist List to carry out the practice of any particular specialty; but may only use the title 'specialist' if they are on the list.

To ensure standards have been achieved, anyone on the lists must have had appropriate training and experience – and they are the only dentists who are entitled to call themselves specialists.

A spokeswoman for the GDC said: 'Our goal is to provide guidance to training providers on allowing flexible opportunities for those wishing to train as specialists. So, we want to find out whether you agree in principle to making training more flexible. How could we do this? What limits

are there? We would like to hear from as wide a range of people as possible, including professionals wanting to undertake training and those who will deliver it.'

The consultation opened on 18 March and will run until 10 June.

The consultation can be found on the GDC website at <http://www.gdc-uk.org>

A copy of the consultation document and questions can be requested from Amanda Little on 020 7887 3812.

You can also email: alittle@gdc-uk.org or write to: Amanda Little, Consultation on Specialist Lists, General Dental Council, 57 Wimpole Street, London, W1G 8DQ.

More money for Wiltshire

An extra £5.1 million is to be spent on increasing the number of NHS dentists in Wiltshire.

The new funding from the South West Strategic Health Authority will increase provision to an NHS dentist from the existing 45 per cent of the 457,490 population with access to an NHS dentist to 52 per cent.

The extra money will be used from April for the coming year.

The extra provision will be in towns in Wiltshire including Calne, Chippenham, Devizes, Malmesbury, Marlborough, Pewsey, Tidworth and Wootton Bassett.

NHS Wiltshire, which commissions dental services, is negotiating with existing practices in Calne, Devizes, Marlborough and Pewsey, to take on the extra NHS work. It is also hoping to attract new practices in Chippenham, Malmesbury, Wootton Bassett and Tidworth.

The biggest increase will be in Chippenham where NHS Wiltshire plans to increase the coverage of NHS dentistry from the existing 22 per cent of the population to 47 per cent.

In Wootton Bassett the plan is to increase it from five per cent to 18 per cent and in Malmesbury from ten per cent to 27 per cent.

In Marlborough, NHS patients will increase from 26 per cent to 35 per cent while in Devizes the number will rise from 39 per cent to 44 per cent.



£5.1 million will be spent on NHS dentists

In Calne it will rise from 78 per cent to 84 per cent.

Janet Stobart, manager of The Market Place Dental Practice and the High Street Dental Practice in Devizes, expressed her delight at the extra funding and said: 'Our waiting list for NHS patients is closed but we are being asked on a daily basis by members of the public if they can join the practice.'

International Imprint

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DENTAL TRIBUNE
The World's Dental Newspaper - United Kingdom Edition

Published by Dental Tribune UK Ltd

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Guest comment

The way forward

Despite en masse criticism and anger about the new contract the government have described this transitional phase as merely 'turbulent times'. Recent access data showing a 0.4 per cent (99,000) increase in access have been seized upon by the DH as a sign that the reforms are working, even though the number of patients seen was still 1.1 million (3.9 per cent) fewer than the 28.1 million seen in the two-year period immediately prior to the introduction of the new NHS contract in March 2006.

We all know the NHS is a budgeted system and that if we want to provide work outside of the NHS it must fall under the vain banner of being 'cosmetic', because surely if it is needed the NHS will provide it. DH literature aimed at both patients and dentists is filled with unspecific phrases such as; 'In April 2006 the NHS introduced new rules which mean that orthodontic treatment is only given to people who need it for clinical reasons' and my personal favourite is the term 'clinically necessary'.

The words 'clinically necessary' and 'clinical reasons' seem to be an interpretation for 'working within a budget', so why is the DH reluctant to talk to patients and dentists about the reality of working within a budget? Are we now as a profession surely to believe that children who fall outside of the IOTN requirements do not clinically need orthodontic treatment, unless their parents have the means to go private? Whilst I agree that funding needs to be rationed so that the optimum number of people can benefit from the NHS, where is the

honesty about the real financial reasons behind why these decisions have been made?

In my recent interview with CDO Barry Cockcroft I asked him

what NHS dentistry is aiming to provide. I was given a barrage of friendly sounding words such as clinically effective and evidence and outcome-based treatment. But after probing a little bit further I was told 'It's about clinical and cost effectiveness, and that's a judgment dentists have to make.' Initially this sounds like a nice non-specific phrase which with simple treatment makes a lot of sense; why should the NHS provide white fillings on back teeth when silver metal ones will

suffice at a fraction of the cost? But what about more complicated treatments? Can we really have a situation where all treatments are both clinically and cost effective?

In many cases certain treatment options such as large span fixed bridges or implants can be very clinically effective but a removal partial denture may be the most cost effective option. So surely now is the time the DH opens a proper dialogue about

how the NHS can provide more complex treatments or are we stealthily moving to a basic core system where the emphasis on seeing more and more patients to improve statistics is given priority over providing high level care to the whole population? Whatever the case lets hope the DH starts to give clear guidance as to the direction of NHS dentistry, maybe then NHS dentistry can deliver realistic results based upon realistic aims. [DH](#)

About the author



Neel Kothari

qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL's Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice. Immediately post graduation, he was able to work in the older NHS system and see the changes brought about through the introduction of the new NHS system. Like many other dentists, he has concerns for what the future holds within the NHS and as an NHS dentist, appreciates some of the difficulties in providing dental healthcare within this widely criticised system.

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Wii learning for dental students

Dental students in Glasgow have adapted the Wii, a gaming device, to simulate operating techniques on a virtual dental patient.

Their proposal has won first prize in the Dental Innovation Technology Ideas Award.

The competition challenged final year students to develop an idea for a new piece of technology or innovation in the dental field.

The students, due to graduate from Glasgow University dental school this summer, suggested adapting the Wii console so it could be used to simulate operating techniques.

The wireless controllers are used to replicate the use of instruments on a 'virtual patient' on the screen. The controller could also be used to provide sensory feedback to the user.

Dr David Watson, a lecturer at the dental school, said: 'Simulation of clinical procedures is normally carried out in the operative techniques lab. However, dental students sometimes have limited opportunity to practise their techniques outside of the lab.'

The use of Wii technology could be a really innovative and cost-effective solution which students could use to improve their manual dexterity. There is considerable research to back up the concept of using video games to improve dentist's coordination and the Wii-based application would comple-

ment the simulation technology already used in dental schools worldwide.'

The students, Pearse Hannigan, David Lagan and Adam Gray, were presented with a cheque for £500 and a glass obelisk by Craig Leaver, chief executive of Dental Innovation, which sponsored the competition.

Mr Leaver said: 'We received over 40 entries for the competition all of which were of an extremely high standard. The judging panel were impressed by the depth of research and hard work which had gone into the submissions which made it very difficult to choose an outright winner. However we were struck by the inventiveness of adapting an ex-

isting piece of technology in a very novel way.'

He added: 'We are absolutely delighted that Glasgow Dental School has given us the opportunity to host this annual award. As more dental practices become reliant on digital systems, it is vital that students are up to speed with the latest technologies. We hope the award will inspire them to think about how technology can be applied in practice for greater efficiency and better patient care.' ■



The wireless controllers are used to replicate the use of instruments on a 'virtual patient' on the screen

**NEW INNOVATION
IDS 2009**

Dental problems generate more calls

In Lincolnshire, emergency dental problems generated more calls to the NHS helpline, NHS Direct, than any other medical problem.

More than 7,000 patients called NHS Direct complaining of dental-related issues last year.

It was the second consecutive year that the issue came top in the calls made to the free advice and information service.

A total 15,453 people called about it in two years – 7,192 in 2008 and 8,261 in 2007.

The figures, released to the Lincolnshire Echo under the Freedom of Information Act, show that 55,443 calls to NHS Direct were from Lincolnshire in 2007 and 2008. Last year they increased slightly from 81,516 to 83,786.

Rashes, abdominal pain, vomiting and fever made it into the list of top 10 complaints for both years. ■

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The NLGN wants dentists to dedicate more time to NHS work

'Limit private dentistry' says report

A thinktank wants a quota imposed, forcing NHS dentists to spend at least half of their time, on NHS dental work.

Dentists should be limited to the amount of private work they can do, said the New Local Government Network (NLGN), which specialises in public service reform.

Its report *People Power - How Can We Personalise Public Services?* claims imposing such a quota would help improve access to NHS dentistry.

The thinktank claims taxpayers are getting a poor deal as it costs £175,000 to put dentistry students through five years of training, after which they only have to spend the first year of their career as a qualified practitioner within the NHS.

The move would bring dentists into line with hospital consultants, who are not allowed to earn more than 10 per cent over their NHS salary in private practice.

In an open letter to Sir Jimmy Steele, chairing the Independent Review into NHS dentistry, Chris Leslie, director of the NLGN, said: 'There is clearly a problem with a lack of basic NHS capacity on dentistry, despite valiant attempts by the government at a national level injecting an additional 8.5 per cent of resources this year following the extra 11 per cent increase granted in 2008/9.'

When the typical dentist has received the benefit of around £175,000 of taxpayer investment in their training and development, we feel that there should be a greater obligation on those individuals to give more back to the community and dedicate a greater proportion of their time to NHS work. This should go beyond the current obligations for twelve months within the NHS context.'

However, the British Dental Association (BDA) is against the

idea and pointed out that it is the funding available to primary care trusts (PCTs) to commission primary care dentistry that determines the amount of NHS dental care available.

Susie Sanderson, chair of the BDA's executive board said: 'Since reforms to NHS dentistry were imposed in England and Wales in April 2006, care has been commissioned directly from dentists or dental practices by primary care trusts. Contracts are based on the completion of, and funding for, a fixed amount of care. This amount is expressed in a currency called units of dental activity (UDAs). It is these UDA-based contracts that are the real factor determining the amount of NHS care that can be provided.'

She claims that many dentists would like to do more NHS work but are unable to and added: 'The size of these contracts varies greatly, with some practices commissioned to provide significant amounts of NHS care and others holding much smaller contracts. Those with smaller contracts will normally also provide private care. This often opens up treatment options to their patients that are not available on the NHS.'

In some instances dentists have either not been awarded NHS contracts at all, or been awarded NHS contracts that are for smaller NHS commitments than they would have liked.'

The BDA also pointed out that newly qualified dentists emerge from a five year degree having incurred a significant amount of debt.

According to the BDA's most recent survey of final year dental students, the average debt a new graduate owes is just under £25,000.

It is not the first time the idea of a quota has been floated.

Kevin Barron, chairman of the House of Commons Health

Committee, has also backed the move in the past, saying dentists had a 'moral obligation' to treat NHS patients.

The government is also against a quota.

Dr Barry Cockcroft, England's chief dental officer, said: 'The NHS is now under a legal obligation to provide dental services for their local population.'

'We have also appointed an independent review team to help us understand what more needs to be done to ensure that every person who wants to visit an NHS dentist can do so and all NHS dental services meet the highest standards of care.'

'We feel that the measures we have taken are a better approach than a quota system for NHS dentists.'

Mr Leslie, director of NLGN, also said in his open letter to Sir Jimmy Steele, that

PCTs should be encouraged to be far more innovative in the nature of their service commissioning.

He said: 'For example, we would like to see a broader array of dental services so that particular hotspots can be targeted more intensively, perhaps with mobile dentist working or peripatetic dentistry. Opening hours should be considered so that, in time, the service can revolve more around the convenience of the patient than the profession.'

And we would also like to see an extension of the 'walk-in dentist' service which has proved popular in some areas. Furthermore, we believe the time has come for PCTs to pool resources and commission training facilities or even direct dental practices under the auspices of the NHS itself, hiring their own series of dentists rather than always 'outsourcing' these contracts. A diverse market of provision should be the ultimate goal.' ■

‘Rocket man’s chair for children

Dental students are being told to use child-friendly language, and call the dentist’s chair a ‘rocket man’s chair’, in a drive to stop children being scared of the dentist.


The move comes after eight-year-old Sophie Waller died of starvation and dehydration after suffering from a phobia of dentists.

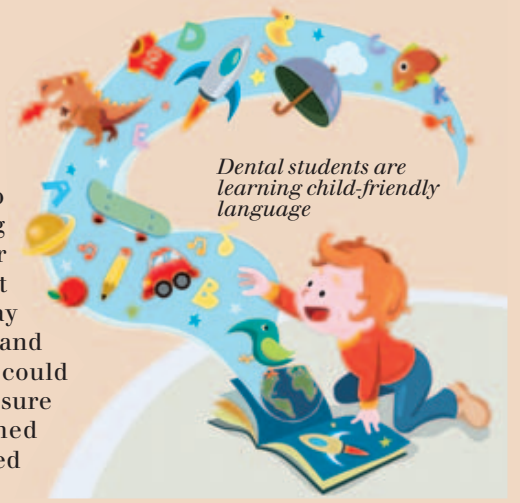
Professor Liz Kay, dean of the Peninsula Dental School in Plymouth focuses on teaching dental students a broad range of skills which encompass technical skills and communication plus psychology and sociological skills.

Dental students are encouraged to understand the root causes of a patient’s anxieties.

Professor Kay claims that learning the basics means 99.9 per cent of children would feel at ease.

She advises dental students to use the words ‘rocket man’s chair’ instead of dental chair and make it fun so instead of saying ‘open your mouth’ say ‘let’s count your teeth’.

She would like to see dentists making surgeries friendlier places by putting out games for them to play while they are waiting and added that parents could help by simply making sure their children cleaned their teeth and avoided sugary food. 



Dental students are learning child-friendly language

Looming deadline for GDC fees

The deadline for all dental care professionals to pay the General Dental Council’s Annual Retention Fee is fast approaching.

The date for the fee has changed from December every year to 31 July.

The General Dental Council (GDC) has taken the decision not to increase the fee this year.

So it remains at £96 for dental nurses, dental technicians, dental therapists, dental hygienists, clinical dental technicians and orthodontic therapists.

GDC director of operations, Edward Bannatyne said: ‘This means a change for thousands of dental hygienists, dental therapists, clinical dental technicians and orthodontic therapists, who are used to paying in December each year.’

We are doing all we can to make sure people know about the deadline. Letters are being sent out and we’re also hoping you will spread the word among your colleagues. Please don’t ignore the deadline as you need to pay your fee in order to remain on the register.’


The deadline for dentists to pay their Annual Retention Fee (ARF) is still 31 December each year.


The GDC is hoping that dental care professionals will sign up to an annual Direct Debit.

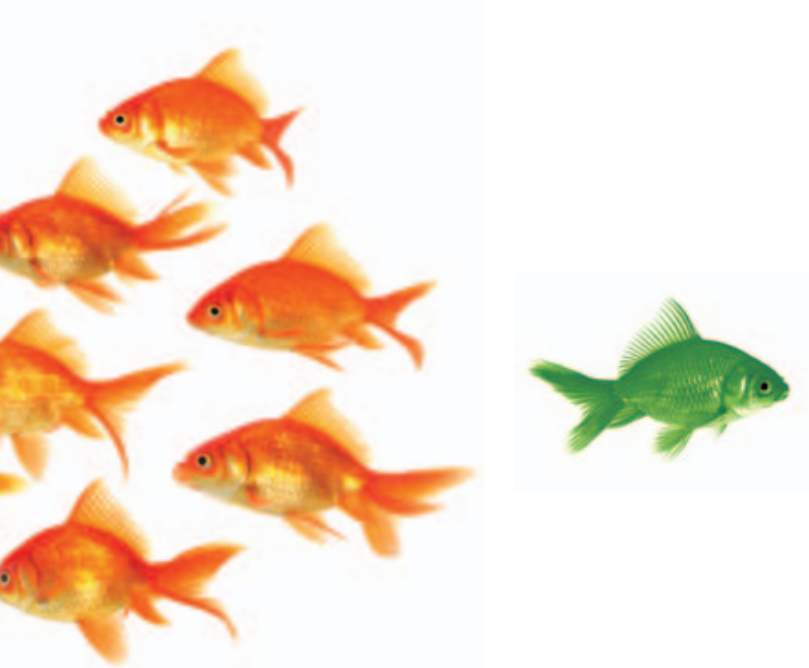
They can do this by downloading a form from the GDC website via the ARF pages.

For those registered online, the eGDC self-service website at www.gdc-arf.com can be used to set up a Direct Debit in April.

Dental care professionals who are not yet registered online need to wait for their ARF letter which will give them an ID verification code for the process.

Any questions, please contact the GDC Customer Advice and Information Team on 0845 222 4141. Or email CAIT@gdc-uk.org. 





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Free dentistry for India



Can you offer any sponsorship for Teeth for Life India?

A dentist from Dumfries in Scotland is flying out to a remote part of India to give people in the region free dental treatment.

Laura Kerr, a general dental practitioner, with ID Peacock and Associates in Bank Street, Dumfries, will be providing dental care in a rural area of Rajasthan in North West India.

It will be the second time, the 27-year-old has gone out to pro-

vide humanitarian aid, as part of the project *Teeth for Life India* in this impoverished part of Rajasthan

Ms Kerr went out at the end of 2007 and was given a 'thank you' trophy for her work. The trophy is now on show in Ms Kerr's Dumfries surgery room.

She will be spending two weeks based at the Eye Hospital in Bisalpur, which also has a dental clinic. There is no permanent

dentist based in the clinic and it is only in use when dental volunteers come from all over the world to work at the clinic for up to two months.

The lack of a permanent dentist can leave people in the area without dental cover for up to six months at a time.

Lack of oral hygiene led to Ms Kerr extracting 270 teeth and treating more than 300 patients, during her three week visit in 2007.

Many had walked over 10 miles to see her.

Fellow dentist, Beth Young, who works at Glasgow Dental Hospital is accompanying Ms Kerr on her trip.

The pair will have to raise money to pay for their flights as the dental volunteers pay their own expenses for the trip. They will also be working in temperatures of over 40 degrees centigrade.

They are also currently trying to raise money for specialist dental equipment as the only equipment the hospital has is a dental chair.

Ms Kerr is keen to hear from any organisations or businesses who would like to offer sponsorship or raffle prizes and is willing to give talks on her adventure. She can be contacted on 01387 268739.

The project *Teeth for Life India* began in 2000.

Once dates are fixed regarding the arrival of a visiting volunteer dentist, people in the area are informed by leaflet drops, newspaper adverts and loud-speaker vans. It is then a matter of waiting for the patients to turn up.

The visiting dentists are given a place to stay while working at the dental clinic but are expected to pay for their own flights. [DT](#)



GDC suspends dentist

Dr Colin Howell is being held at Maghaberry Prison, County Antrim

A dentist in Northern Ireland, accused of murdering his wife and his ex-lover's husband, has now been suspended by the General Dental Council.

Dr Colin Howell, has had his registration suspended for 18 months at a special hearing in London.

It followed an application by the General Dental Council (GDC) to its interim orders committee.

The hearing was held in private and Dr Howell was legally represented.

A GDC statement said: 'The hearing was held in private following a joint application amid concerns publicity could prejudice the interests of justice.'

The Interim Orders Committee (IOC) can suspend or impose conditions on a dental professional where there is a need to protect the public, the public interest or the registrant themselves, pending the outcome of a case public hearing by one of the three practice committees.

The IOC does not make any decision over the allegations which the professional may face.

We will not comment further at this stage as court proceedings and a police investigation are ongoing.'

Dr Colin Howell is currently being held at Maghaberry Prison, near Lisburn, County Antrim.

He will appear before the court again on 6 April, the same day as his co-accused, Hazel Stewart, 45, who is also facing a double murder charge.

It has been claimed they were having an affair at the time of the deaths.

Colin Howell has been charged with murdering his wife Lesley Howell and former RUC officer Trevor Buchanan nearly 18 years ago.

Police are investigating two more deaths in connection with Howell.

Police are now re-examining the death of Lesley Howell's father, Henry Clarke, who died 12 days before his daughter's death - apparently from a heart attack or some form of seizure.

They are also looking into the death of mother of two, Alexandra Hickman-Smith, 27, who was found dead at her caravan in Castlerock last November. Her family were told at the time that she had died from diabetes.

Ms Hickman-Smith owned a caravan at the same site where top dentist Colin Howell had been staying after leaving his luxury home in the seaside town last year.

Howell has also been charged with sexually assaulting a number of women.

Howell, who had surgeries in Ballymoney and Bangor, is seen as one of the foremost dental practitioners in Northern Ireland.

Dr Howell has lectured at implant conferences in Jordan and tutored final year dental students at Queens University Belfast. He also ran a cosmetic implant course for dentists who wished to restore their own implants.

He was the course tutor at Queens for core teaching of final year dental students on Dental Implants and a mentor for the Association of Dental Implantology (ADI) and the University of Salford Degree Programme. [DT](#)



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You've all heard countless stories about the actress and the bishop, or about the judge and the blonde. What follows is a story that would have made Basil Fawlty, green with envy.

On a recent Saturday night, I went out for dinner. My Significant Other, hereafter referred to as my SO, had invited two of her friends of long standing (and, I might add, also of high standing) to join us at a restaurant where she had dined very satisfactorily on several occa-

sions. The food, my SO said, was passing fair, the atmosphere good, the ambiance pleasant, and the prices reasonable. What I looked forward to most was getting to know her friends, the judge and the psychologist.

Tempers frayed

The SO and I arrived a couple of minutes late, to find a somewhat irate judge rising from the basement, where he had gone (unsuccessfully) to find a table in a position less drafty than that allocated on a freezing cold night. OK, the owners can't control the weather, but they could improve on design and provide a two-door entrance hall – but hey, space is money even in cut-price London.

As the ebullient young blonde owner showed us to our table, we offered our coats for hanging, to be told that they no longer did coat-stands because someone's jacket had recently been stolen, and that was what backs of chairs were for – an unimaginative solution to a problem that required an innovative one. We were however luckier than our companions, whose coats were earlier accepted and unceremoniously dumped on the floor downstairs.

Or were we?

Due to the poor layout of fixtures, every time a waiter walked in the narrow space behind me to the service area, he knocked heavily into the back of my chair from where my coat was suspended, never once apologising. However, I was in a good mood and not about to allow such trivia annoy me. Not so the judge, who appeared testy, stating that one should not go to restaurants on a Saturday night. Little did he know that the best (or worst) was yet to come.

The waiter delivered us each of two quarter slices of bread which proved to be more than a little stale, proving that too

