DENTAL TRIBUNE

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

Fake dentist kisses patient
A fake dentist from Florida has been arrested for kissing his female patient's buttock. John Collazos had been practising dentistry without a licence, directing his sevices towards immigrants. A woman complained to police about Collazos after attending an appointment with him for toothache. According to the patient, Collazos gave her an injection in her buttock to relieve the pain, and subsequently kissed the wound. Collazos has been charged with four counts of practising without a licence, another four for using equipment without a licence, and one count of battery.

Dallas star dies of mouth cancer
TV star Larry Hagman, best known for his role as JR Ewing in the hit series Dallas, died of tongue cancer on Friday 23rd November, having been diagnosed with the disease in October last year. Chief Executive of the British Dental Health Foundation, Dr Nigel Carter OBE, hopes this latest high-profile case will help to spread the message and raise awareness about mouth cancer. Dr Carter said: "Larry's passing is a reminder of how deadly mouth cancer can be. Latest figures show more than 6,000 cases have been diagnosed in the UK. Without early detection, half of those will die.

Oral HIV test
According to Time magazine, OraQuick, the first in-home HIV test kit that received FDA approval for over-the-counter sale directly to U.S. consumers in July, is one of the best inventions of 2012. "With just a swab of saliva, OraQuick can identify the antibodies that signal HIV infection within 20 minutes. It's the first do-it-yourself test for HIV—the same one that health professionals use but without the trip to a doctor's office or the need to wait days for results," the magazine reported. Douglas Michels, president and CEO of OraSure Technologies, manufacturer of the kit, said "The OraQuick In-Home HIV Test is a breakthrough product in the fight against HIV and AIDS because it empowers more people to learn their HIV status in the comfort and privacy of their own homes," he said.

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OFT campaign gives patients 'Right to Smile'

Consumer and competition authority initiates drive to encourage patients to know their rights before visiting their dentist

The Office of Fair Trading has launched a new campaign to help patients understand more about their rights when visiting the dentist.

The *Right to Smile* campaign has come off the back of the report from the OFT earlier in the year, where it was claimed that patients do not always have the information to allow them to make informed decisions about their choice of dentist and treatments.

As part of the campaign the OFT is advising NHS patients:
• They are entitled to a wide range of treatment that is needed to get their mouth, teeth and gums as healthy and pain free as possible.
• If the dentist discusses a particular type of treatment, patients shouldn't be required to pay for it privately. Private options may be discussed, such as cosmetic alternatives or specialist treatments such as dental implants – which is up to the patient to decide if they want them.
• Even if treatment involves a number of visits, patients will only pay one charge for each complete course of NHS treatment, unless there was an emergency visit to the dentist first.
• Should NHS treatment fail within 12 months, the dentist should repair or redo most treatment free of harge, unless the patient was advised that treatment was unlikely to be a long-term solution. Advice for private patients includes:
• Ask what guarantees the dentist provides. In addition to any rights patients may have under guarantee, they will also have rights under the Supply of Goods and Services Act 1982.

The *Right to Smile* campaign is supported by organisations such as the BDA, Oasis, IDH, Which?, NHS Choices, the Department of Health, the Welsh Government, the Scottish Government and Citizens Advice.

Judith Frame, OFT Head of Campaigns, said: "While the UK has one of the highest standards of oral health in the world, and satisfaction levels among patients are high, our report found that people are often confused about what they're expected to pay, and don't always have the information they need.

This campaign aims to help patients be clearer about what to expect, and more engaged when making decisions about their choice of dentist and treatments."

Barry Cockcroft, Chief Dental Officer for England, said: "Giving patients good information is key to a high quality service. We are delighted to support the Office of Fair Trading's campaign. This material will help patients make informed choices about their dental care."

Dr Martin Fallowfield, Chair of the BDA's Principal Executive Committee, said: "As the OFT acknowledges, and research by the BDA and other organisations confirms, patients' satisfaction with dental care in the UK is high.

"Effective communication between dentists and patients is vital in improving oral health and the BDA is pleased to lend its support to this campaign which seeks to ensure patients have a full understanding of what to expect when receiving dental care."

A Which? spokesperson said: "We support the 'Right to Smile' campaign to help consumers understand their rights when visiting the dentist. It's vital patients are given clear, timely and transparent information on the proposed treatment and the costs and how to complain if something goes wrong." DT

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Check your faulty defibrillators warns MHRA

First aiders are being asked to identify defibrillators made by HeartSine Technologies Ltd after two potential faults were found. The faults could lead to depleted batteries and hence the device being unavailable for use in the event of a person having a sudden cardiac arrest in a public place.

Some faulty samaritan® PAD 300/300P defibrillators turn on or off when not in use, draining the battery power. In addition, defibrillators with early versions of the battery management software may misinterpret a low battery voltage which could turn the defibrillator off.

The manufacturer, HeartSine Technologies Ltd, has issued a global correction notice for samaritan® PAD 300/300P defibrillators distributed from August 2004 to December 2010. Serial numbers for devices affected by these issues are below:

• 0400000501 to 0700032917 inclusive

• 08A00035000 to 10A00070753 inclusive

• 10C00200000 to 10C00210318 inclusive

HeartSine Technologies Ltd has distributed 1387 samaritan® PAD 300/300P devices with the serial numbers listed above in the UK. HeartSine are issuing affected customers with a reserve battery so that emergency care can be given to patients in the event of a low battery and instructions on how the software can be upgraded.

John Wilkinson, the MHRA's Director of Medical Devices, said: "People who are responsible for these public access defibrillators that are in use at shopping centres, railway stations, dental surgeries and other public places need to check the serial numbers and, if they have an affected device, follow the advice in the manufacturer's field safety notice.

"If the defibrillator is part of this corrective action, and you are unsure of what to do, you can contact the manufacturer HeartSine on +44 02 8 9093 9400 or the MHRA Adverse Incident Centre on 020 7084 3080 or aic@mhra.gsi.gov.uk DT

Teeth Whitening Salesman Jailed

A trader who was found to be selling illegal teeth whitening products over the internet was sentenced to prison at Chelmsford Crown Court.

Mr Barrington Charles Armstrong Thorpe was sentenced to eight months in prison followed by an additional eight months under license under the Consumer Protection from Unfair Trading Regulations 2008 (CPUTRs) for misleading consumers as to the legality of a tooth whitening product; and 10 charges for breaches of the Cosmetic Product Regulations 2008 for supplying a tooth whitening product that contained or released excessive levels of hydrogen peroxide.

Essex County Councillor Kevin Bentley, Cabinet Member with responsibility for Trading Standards said, "This conviction is great news for consumers. The products that were being sold over the internet were not only illegal, but also dangerous. This conviction should act as a warning to other traders that may be trying to make money by selling these illegal goods. You will be caught and potentially get a prison sentence."

Mr Thorpe has been involved in the sale of a tooth whitening product since at least 2005 through a company called Smile Brighter Marketing Limited. After the company was liquidated, Mr Thorpe continued to sell the product as a sole trader. He used several websites to sell this product including www.smile-brighter.co.uk; www.brightersmile.co.uk; and www.smilebrighternow.com.

It is understood that Mr Thorpe first became involved in selling this product on return from the USA after making an acquaintance with a supplier. In 2007 Mr Thorpe was informed by Bath Trading Standards that the tooth whitener he was selling was not compliant with the regulations. Nevertheless, Mr Thorpe continued to trade. In 2009 he was contacted by Essex Trading Standards, and an investigation into his business was undertaken. Mr Thorpe accepted a caution in 2010, acknowledging that the tooth whitener was illegal. Still, Mr Thorpe failed to cease trading and Essex Trading Standards launched a prosecution.

The jury found unanimously that Mr Thorpe was guilty of misleading consumers as to the legality of the product, and also for not providing information on the website that is required by law. Mr Thorpe pleaded guilty to the breaches of the Cosmetic Products Regulations. These charges included the supply of a product containing excessive levels of Hydrogen Peroxide and for deficient labelling of the tooth whitener. DT

Earthquakes responsible for teeth grinding

The stress of Canterbury's earthquakes could be damaging people's teeth, a Christchurch dentist says.

New Zealand Dental Association (NZDA) Canterbury president Donna Batchelor said the region's dentists had noticed a growing number of people seeking treatment for teeth grinding, with stress believed to be the cause of the problem.

Some people were seeking treatment for fractured cusps, where the pointed chewing surface of the tooth was broken off from grinding.

"There's significantly more patients coming through with that," Batchelor said. "You can't stop it if it's something that's coming from an internal thing."

Dentists were working more closely with counsellors and family doctors to support stressed patients, she said.

The earthquakes had also seen dental work become less of a priority for some families.

"There's so many other things to worry about. A lot of people are possibly leaving things more until there's an issue," she said.

For elderly people, getting across town to their dentist had become a challenge, and more dentists were now taking the time to go to them, such as visiting rest homes to check on patients with dentures.

Batchelor said the region's dentists had been stressed since the quakes, with many losing their premises in the February 2011 quake.

Many were still working out of temporary premises or sharing space with other practitioners.

Others were worried about losing the premises they had. A Rangiora dental clinic was forced to move at short notice in March because its building was deemed to be quake-prone, she said.

World-renowned dentistry expert Professor Ray Bertolotti will speak to a group of Canterbury dentists today about alternative treatments.

Bertolotti, a clinical professor of biomaterial science at the University of California, is donating all proceeds, more than $18,000, to the Canterbury NZDA.

Batchelor said the branch would use the money to fund the Great Dental Day Out, an annual continuing education event for Canterbury dentists. DT

As reported in The Press

GDC suspend council member

The GDC have announced that they have suspended David Smith, a dental technician, from office as a Council Member.

This follows David Smith's referral to the Privy Council as a result of on-going Fitness to Practise proceedings.

The suspension was imposed at a meeting of the Council on 13 November 2012 in accordance with the GDC's procedures. The Privy Council has been notified of this decision and the suspension will remain until the Privy Council reaches a decision on whether or not to suspend or remove him under the General Dental Council (Constitution) Order 2009.

The GDC will not be making any further comment at this stage. DT

David Smith

Editorial comment

As you will have seen from the news on the front page (or did you turn straight to this to see what I had to say?) the Office of Fair Trading has backed up its report (first reported in DT Vol.6 No.15, June 4-10, 2012) with patient awareness campaign highlight patient's rights to treatment at the dentist.

This is being complemented with videos and an information sheet, tailored to each country in the UK. To see the video, go to the OFT's YouTube channel and take a look – probably worth it as you can bet your patients probably will!

Last week saw the ninth annual BACD conference in Manchester. It was an exceptional conference with some really world class names speaking at the event. I have to say my favourite (and I did go to more than one, I promise) was a lecture by Rafi Romano on *Current Innovations in Aesthetic Orthodontics*. I am hoping to get a clinical case study from him for an upcoming 2013 issue of *Dental Tribune*, watch this space! DT

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Dental association launched

Dental Fusion Organisation (DFO), a new association with the mission to support and represent dental professionals working in primary dental care, improve oral health and provide social and clinical training for members, was launched on 9th November.

The association has no governing body as DFO members vote directly on every major issue through Web and postal voting. If the members approve, one of the first campaigns will be to reverse the demise of the small independent family practice. Membership is open to all dental professionals and there is also a tight integration between the association and dental suppliers.

Any company can gain direct access to Dental Fusion members by putting goods or services on their Web site free of charge. The association's margin is recycled back to the members in the form of Reward Points.

"In addition to dental health and business success, training and assistance with compliance will be a major theme of the new association", says Chief Executive Derek Watson. "This will be delivered mainly through a series of Webinars which enable dentists to learn at any Web-enabled PC, tablet or smartphone."

So far fifteen lunchtime Webinars have been organised, including Management Monday, Financial Friday and a course on improving your IT skills. These are open to all, but DFO members are entitled to priority registration and verifiable CPD. DT

Stevenage dentist struck off

A dentist based in Stevenage in Hertfordshire has been struck off by the General Dental Council (GDC) following a public hearing into allegations of dishonesty.

The allegations heard by the GDC's Professional Conduct Committee are in connection with incidents that occurred between January 2009 and October 2010 when Jonathan Anyetei (Registration No. 58109) was practising as sole principal at the Dental Surgery, 15 Town Square Chambers, Stevenage, Hertfordshire SG1 1BP.

The Committee found, among other things, that Mr Anyetei had:

• Failed to ensure that appropriate cross infection control standards were adequately complied with – for example clean and dirty areas in the surgery were not clearly defined.

• Failed to ensure that legal requirements relating to health and safety in the workplace were satisfied – for example The Fire Precautions (Work Place) Regulations 1997.

• Failed to ensure that dental nurse staff working in the practice were adequately protected against Hepatitis.

In addition, on 30 July 2010, the Hertfordshire Primary Care Trust terminated Mr Anyetei's General Dental Services Contract, under which he provided NHS dental services, but he continued to hold himself out to patients or potential patients as providing NHS dental services. The Committee found that his conduct in that respect was dishonest, unprofessional and not in his patients' best interests.

The Committee said:

"Dishonesty is a serious matter in any person. In the case of a dentist, dishonesty is a betrayal of trust which sits at the heart of the dentist/patient relationship. The public and profession have the right to trust a dentist's integrity. The public also rightfully expect a dentist to maintain a clean surgery with appropriate measures in place for sterilization and to prevent cross infection. You placed staff and patients at totally unnecessary risk of serious harm. The Committee noted the seriousness of the charges proved, and was in no doubt that this constituted misconduct."

In the circumstances the Committee determined that the only appropriate and proportionate sanction to maintain the standards of the dental profession and public confidence in it, was that of erasure.

Mr Anyetei's registration was immediately suspended and unless he exercises his right of appeal, his name will be erased from the register. DT

Effects of tooth whitening under inspection by EU

The Council of European Dentists (CED) is currently conducting a one-year survey on possible negative side-effects of tooth whitening and bleaching products. The committee has called upon dentists in the EU to report their own and their patients' observations.

The survey includes tooth whitening and bleaching products that are not freely available on the market to consumers, that is, those that contain between 0.1 and 6 per cent hydrogen peroxide. It runs until 31 October 2013. The initial results will be reported to the European Commission by the end of next year.

Dentists can access the survey anonymously and voluntarily online through the website of their national dental association. According to the CED, only a summary of all responses will be published once the survey has been completed.

The research is being carried out in accordance with an agreement between the CED and the European Commission that was signed in March 2010 owing to the increasing availability of tooth whitening products on the EU market. The agreement was signed to ensure appropriate tooth whitening treatment through qualified dental professionals and to improve patient safety.

About one year ago, the Council of the European Union passed an amended directive on tooth whitening products, which resolved that tooth whitening or bleaching products containing more than 0.1 per cent and up to 6 per cent hydrogen peroxide will only be sold to dentists. Products with concentrations of up to 0.1 per cent continue to be freely available on the market.

The CED is a non-profit organisation, which represents over 340,000 dentists across Europe. It is aimed at the promotion of high standards of oral health care and effective patient-safety-centred professional practice in Europe. DT

GDC sets out new guidance for employers

The General Dental Council (GDC) has put new guidance in place for anyone employing trainee dental nurses or dental technicians.

The previous guidance in this area was put in place during the transitional period for dental care professionals – meaning they could register with the GDC without having a formal qualification. This ran from 31 July 2006 to 30 August 2008.

Since then what was meant by the term "in-training" has been reviewed and new guidance has now been agreed.

The guidance contains a number of key points, including what defines a student/trainee dental nurse or dental technician:

They are either:

1. Employed and enrolled or waiting to start on a recognised programme that will lead to GDC registration; or

2. Studying on a recognised programme that leads directly to GDC registration.

The full guidance document can be found on the GDC website: www.gdc-uk.org/dentalprofessionals/education/pages/dcpsintraining.aspx DT

Polar bear enters dentist's chair

A team of vets at a Scottish wildlife park have given a polar bear root canal treatment.

The vets were called in after the usually-playful Arktos was feeling subdued, leading staff at the park to discover a problem with his upper left canine tooth.

Arktos, who weighs 75 stones, was sedated and placed on an operating table made up of scaffolding poles and thick planks. His tooth had become damaged at the tip and rotted through, causing the polar bear to need root canal treatment.

After three hours, the treatment was successfully completed.

Douglas Richardson, animal collection manager at the park, said the vets and park staff were pleased with how the operation went.

He said: "Arktos really is a lucky bear and we were delighted to be able to save his tooth.

"In the wild the infection would have tracked through his system, causing him a great deal of pain and discomfort and, over the longer term, it could eventually kill him." DT

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Dental practice wins at MyFaceMyBody Awards

The team at Perfect 32

Beverley-based NHS and private dental practice, Perfect 32, has won an award for recognition of its contribution and commitment to community and charity projects at the inaugural MyFaceMyBody Awards held at The Landmark Hotel in London on 3rd November.

Perfect 32 was presented with The Best Community and Charity Award for its work in raising awareness of oral cancer and for its mouth cancer screening initiative in practice. The practice is also working alongside the award winning UK charity, The Mouth Cancer Foundation, to develop and launch a mouth cancer accreditation scheme for dentists across the UK.

The evening had an international guest list as well as celebrities and some of the best dental and aesthetic practitioners in the world.

Stephen Handisides, owner of MyFaceMyBody, said: "The competition was fierce so even making the shortlist was an accomplishment. These awards were voted for by consumers – the people actually using these products and services, so they mean so much more.

"The awards showcased the commitment of businesses to reach exemplary standards and demonstrated our popularity amongst consumers."

Perfect 32's Practice Manager, Nicki Rowland, said: "We are absolutely delighted to win this award. I am immensely proud of my team. Everyone works beyond the call of duty to provide a top-notch dental service but also to give back to patients and the community by raising awareness of mouth cancer and screening for it in practice. We are very honoured to be working with the Mouth Cancer Foundation in introducing a national accreditation scheme for general dental practice. The scheme will help in ensuring that every dental practice has a robust system for the screening and referral of all patients over the age of 16. Earlier detection and intervention will ultimately save many lives every year".

Coverage of The MyFaceMyBody Awards can now be viewed on YouTube at www.youtube.com/results?search_query=MYfacemybody+awards. DT

Businesses pledge for more fruit and veg

More fruit and veg will be added to ready-meals, and supermarket fruit and veg sections will be expanded as part of a new drive to encourage everyone to get their 5-a-day, Public Health Minister Anna Soubry announced today.

The move comes as part of the latest Responsibility Deal pledge, aiming to encourage action across the food industry to help people eat more fruit and vegetables. This includes foods right across the board - fresh, frozen, canned, dried and juiced products, as well as fruit and vegetables in pre-prepared food, such as ready-meals.

Eating five portions of fruit and veg a day helps to lower the risk of serious health problems, such as heart disease and some cancers, but figures show that two thirds of people still don't eat enough.

The new pledges include:

• ALDI will increase the amount of store space dedicated to fresh produce and feature their discounted 'Super 6' fruit and vegetable lines in their promotional activities including TV advertising.

• Iceland will offer coupon deals on fruit and vegetables, increase their promotion to its customers using new website and social media features, as well as introduce new fruit and vegetable products.

• LIDL will rebrand its entire fruit and vegetable range making it more appealing – particularly for children – with fun characters and jokes on kids' packs.

• Subway will launch a new campaign fronted by elite athletes Louis Smith and Anthony Ogogo, two of Subway's Famous Fans, to promote their choice of a Low Fat Sub personalised with their favourite extra salad items.

Co-operative Food, Morrisons, M&S, Sainsbury's, Tesco, Waitrose, General Mills, Mars, caterers 3663, Brakes, CH & Co Catering and the British Frozen Food Federation have also signed up to the pledge.

Public Health Minister Anna Soubry said:

"Getting your 5-a-day can help lower the risk of serious health problems, such as heart disease and some cancers, but we know that can be a challenge. That is why we want to work with the food industry to help everyone make healthier choices." DT

Parents responsible for dental fears

A new study conducted by scientists at the Rey Juan Carlos University of Madrid highlights the important role that parents play in the transmission of dentist fear in their family.

Previous studies had already identified the association between the fear levels of parents and their children, but they never explored the different roles that the father and the mother play in this phenomenon.

América Lara Sacido, one of the authors of the study explains that "along with the presence of emotional transmission of dentist fear amongst family members, we have identified the relevant role that fathers play in transmission of this phobia in comparison to the mother."

Published in the International *Journal of Pediatric Dentistry*, the study analysed 183 children between seven and 12 years and their parents in the Autonomous Community of Madrid. The results were in line with previous studies which found that fear levels amongst fathers, mothers and children are interlinked.

The authors confirmed that the higher the level of dentist fear or anxiety in one family member, the higher the level in the rest of the family. The study also reveals that fathers play a key role in the transmission of dentist fear from mothers to their children as they act as a mediating variable.

"Although the results should be interpreted with due caution, children seem to mainly pay attention to the emotional reactions of the fathers when deciding if situations at the dentist are potentially stressful," states Lara Sacido.

Consequently, transmission of fear from the mother to the child, whether it be an increase or reduction of anxiety, could be influenced by the reactions that the father displays in the dentist.

Amongst the possible implications of these results, the authors outline the two most salient: the need to involve mothers and especially fathers in dentist fear prevention campaigns; and to make fathers to attend the dentist and display no signs of fear or anxiety.

"With regard to assistance in the dental clinic, the work with parents is key. They should appear relaxed as a way of directly ensuring that the child is relaxed too," notes the author. DT

Tooth whitening company prosecuted

The General Dental Council (GDC) has prosecuted illegal teeth whitening company Pearl Teeth Whitening Limited.

The Company, trading as Pearl National, was charged under section 43 of the Dentists' Act 1984, which states:

"A body corporate commits an offence if it carries on the business of dentistry at a time when a majority of its directors are not persons who are either registered dentists or registered dental care professionals."

A representative of Pearl National pleaded guilty at Doncaster Magistrates' Court on Friday 23rd November.

During sentencing, District Judge Bennett said:

"It is clear from their website that Pearl National operated from a large number of locations and from the facts of the case presented to me, that they employed unqualified people to provide teeth whitening to their customers."

He added that it occurred to him that the company "must have received a lot of money and had never filed accounts at Companies House."

The court has fined the firm £3,500 and ordered them to pay £4,000 towards the GDC costs. DT

Relationship between dental health poverty

Children below the poverty line face challenges

Obesity and dental cavities increase as children living below the poverty level age, according to research from the Case Western Reserve University and the University of Akron.

Researchers found that as body mass index (BMI) increased with age, so do the number of cavities. These findings were published in the online Journal of Pediatric Health Care article, *"Childhood obesity and dental caries in homeless children."*

The study examined the physicals of 157 children, from 2 to 17 years old, at an urban homeless shelter. Most were from single-parent families headed by women with one or two children.

While studies in Brazil, New Zealand, Sweden and Mexico have shown a relationship between obesity, dental health and poverty, few US studies have examined how the three factors are linked.

The findings support reports from the Centers for Disease Control and Prevention that obesity and poor oral health have doubled since 1980, raising the risk of diabetes and other health problems, as well as issues with self-esteem.

Poverty contributes to poor dental health by limiting access to nutritious food, refrigerators to preserve food and even running water in some homes, said Maguerite DiMarco, associate professor at the Frances Payne Bolton School of Nursing at Case Western Reserve University.

"Many people do not realise," she said, "that dental caries is an infectious disease that can be transmitted from the primary caregiver and siblings to other children."

Another problem for children of poverty is access to dental care, where families lack the financial means and transportation to make and keep an appointment. And some working poor may not qualify for Ohio's Childhood Health Insurance Program, which subsidises health and dental care reimbursements to providers.

"There are no easy solutions," DiMarco said, "especially with the homeless population." DT

GDC makes patient information more accessible

The General Dental Council (GDC) has launched more accessible versions of its patient information.

The *'Smile EasyRead'* patient information leaflet explains the role of the GDC; what patients can expect at their visit to a dental professional; and what they can do if they're unhappy with their experience.

It features larger font, pictures to support and help explain the text, shorter sentences and language that sounds natural when spoken.

The GDC established a register of Special Care Dentistry specialists in 2008. Special Care Dentistry is concerned with improving the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of these factors.

Sukina Moosajee, the most recent registrant on the GDC's Special Care Dentistry specialist list and a Locum Consultant in Special Care Dentistry at King's College Hospital NHS Foundation Trust, said: *"Smile EasyRead"* is comprehensive and easy to understand. It will help raise awareness among vulnerable patients and their carers about the standards of care they should be receiving from the dental team."

Alison Keens, Head of Nursing and Therapies - Adults with Learning Disabilities at Guy's and St Thomas' NHS Foundation Trust said: "People with learning disabilities need information to be provided in an accessible format. This excellent document will enable more people with learning disabilities to have a better understanding of and make more decisions about their own dental care."

As well as EasyRead, *Smile* is available in print in Plain English, online in Welsh, Bengali, Chinese, Punjabi and Urdu, and as online audio files in English.

Dental professionals can also access audio and Large Print versions of the GDC's 'Standards for dental professionals', as well as accessible continuing professional development and employment advice.

GDC Chief Executive and Registrar Evlynne Gilvarry said: "We are committed to providing accessible information and services. We want all patients to be aware of what they should expect from their dental professional and how we can help if something goes wrong."

Free copies of *Smile* and *Smile EasyRead*, and download translations and audio files can be downloaded from the GDC website: www.gdc-uk.org DT

Is your dental partnership legal?

NASDAL are advising all dentists to think twice before going into a dental partnership with a family member.

Some smaller practices comprise a partnership between a dentist and their spouse, but if the spouse is not a General Dental Council (GDC) registrant, this may be illegal.

Nick Hancock is a Chartered Accountant and a NASDAL member who was recently asked for advice by a dentist in partnership with his wife who was the practice manager. "Regrettably, I had to inform the dentist that he should dissolve the partnership. Under The Dentists Act 1984 it states '... an individual who is not a registered dentist or a registered medical practitioner shall not carry on the business of dentistry ..."

Damien Charlton, a member of the NASDAL Lawyers Group says there is one exception. "When the practice holds a General Dental Services (GDS) contract, the National Health Service Act 2006 permits certain non-GDC registrants - including a GDS practice employee - to enter a GDS contract. The Dentists Act specifically states that receiving income under a GDS contract is not deemed, for the purposes of that Act, to be carrying on the business of dentistry."

He added: "It's essential that the partnership formed for the purposes of the GDS contract is kept separate from any private work carried out by the practice because it is only receipt of income under a GDS contract that falls within the exception to the definition of "the business of dentistry. This means (amongst other things) keeping separate sets of accounts and ensuring that the non-GDC registrant does not receive any income from the non-GDS parts of the practice."

Dentists in an 'illegal partnership' are strongly advised to dissolve it. Once the partnership has been dissolved, the registered dentist can continue to trade in a different format. This could be as a sole trader, a limited liability partnership or as a limited company. It is essential that you seek expert financial and legal advice to ensure that the structure you choose complies with the complex rules and regulations which govern the practice of dentistry. DT

BDA Scotland welcomes new director

Pat Kilpatrick has been appointed as the new Director of the British Dental Association (BDA) for Scotland. She will take up her post in January 2013 and brings to the post extensive experience in the healthcare sector including operational and strategic management, policy development, and postgraduate teaching and research.

Graduating from the University of Dundee, Pat joined the Graduate Training Scheme for NHS management before going on to senior roles within NHS Scotland including Director of Clinical Development at NHS Argyll and Clyde and Director of Planning at North Glasgow University Hospitals Trust. She led the National Task Force on the development of Primary Care Trusts in Scotland in 1997.

As Academic Director in the School of Management at the University of Stirling, she developed the first MBA postgraduate degree programme designed to develop the management skills of both doctors and dentists.

Latterly her career has been in consulting. She joined Tribal Consulting in 2006 as a Director within their national advisory team, before going on to launch her own business in 2010.

Pat said: "Dentistry in Scotland faces a complex set of challenges. I look forward to playing my part in helping the profession overcome them and advancing the cause of oral health in Scotland." DT

Regulations and relative risks

The only thing worse than over regulation is bad regulation, says Neel Kothari

My biggest pet hate at the moment is the sheer number of unenforceable policies designed to induce a culture of fear and promote the practice of defensive dentistry. In my opinion the only thing worse than overeregulation is bad regulation and by keeping the profession at a safe distance from the construction of such regulations, this not only renders the policies as 'short term', it severely erodes the profession and its ability to self regulate.

The promise of a cut in bureaucracy by the incumbent government has quickly evaporated, leaving dental practice managers trying to understand complex protocols and policies designed for small hospitals and clinics rather than a general dental practice.

For instance, let's look at the costs and the risks associated with Legionnaires disease and the need for a risk assessment and regular water testing. If you get a 'professional company' (apologise for the inappropriate use of the word professional) to carry out a full risk assessment and test the water sources you could easily pay more than £300 for the privilege. Money well spent or a complete waste of time? I guess that's a matter of opinion.

Low risk

A risk assessment of dental unit waterline contamination carried out by Caroline Pankhurst in 2003 concluded that 'the risk to respiratory health from bacterial contaminants in dental unit waterlines is very low' and at the Second Annual All Island Symposium on the Public Dental Services the reports state that one in three homes contain Legionella, but there is a very low attack rate in an outbreak, just 2-5 per cent. Legionella flourishes in all water types in temperatures of 20-45 degrees Celsius, and likes stagnation, sediment and scale. It goes on to further state that 'There are no proven cases of Legionnaire's disease linked to dental treatment'. The question then becomes, is forcing dental practices to adhere to Legionella testing a cost effective way to promote public policy? And should practices really divert time and money away from front line services?

> *'The promise of a cut in bureaucracy by the incumbent government has quickly evaporated'*

Relative risk is something that seems to be completely absent from the architects of HTM01-05, which may go some way to explain why the DH review of HTM 01-05 has been further pushed back to 2013-14 and why the BDA as our trade union has pressed for the immediate removal of the unnecessary and burdensome restriction on instrument storage times, which the DH has conceded is not evi-

dence based on a number of occasions.

On my recent CQC practice inspection I was told by my CQC inspector that I should have a sign saying 'dirty' to indicate which side of the clearly marked dividing tape that dirty instruments are to be placed. My immediate response was, no. Even though this is probably a show of personal defiance, I really do not want a sign saying 'dirty' anywhere in my room. Now some of you may think stop being silly and just play the game, whilst others may agree with my position, but either way, what a complete waste of time and money to make dentists mark the areas of their surgery 'clean' and 'dirty' and then pay someone else to enforce this.

The reality of modern day dentistry is that central government is far more concerned with the perception of how clean our instruments look and feel rather than the skill with which we use them. The move towards getting our instruments to be 'sterile' rather than 'clean' is not only expensive and time consuming to achieve, but does not address the fact that the relative risks of using 'clean' instruments is very low. After all restaurants don't steam sterilise their knives and forks, yet we are all happy to put them in our mouths. Now I am not trying to compare a night out with dental treatments, but aren't the relative risks to people still the same?

Outcomes

My understanding is that the CQC is monitoring things on an 'outcomes' basis. So let's look at things on an outcomes basis. Since the introduction of the nGDS, CQC and HTMO1-05, dental practices have seen a massive reduction in morale, a hike in practice expenses, a reduction in profits and a ridiculous amount of time wasted formulating policies and protocols that neither stand little chance of actually being enforced nor have any solid evidence that they actually improve outcomes. When will central government realise that you simply cannot legislate dentists to do the right thing when it is debatable whether there is anything wrong with what we are currently doing.

As I have already mentioned, in my opinion the ever increasing burden of legislation being forced onto general dental practices is really designed for small hospitals and not for family practices. Whether or not they are actually enforceable is debatable; if you go into any busy A&E on a Saturday night I bet you will see a number of 'breaches of cross infection compliance' ranging from nurses taking bloods without gloves and smoking outside whilst wearing hospital tunics. Let's not forget that they are treating people who are seriously sick and not simply carrying out dentistry in relatively healthy patients.

The relative risks to patients are clearly much higher compared to a general dental practice, yet nevertheless I have to spend my lunch breaks debating whether I should have a sign saying 'dirty' in my surgery, which until I absolutely have to I will not be doing. Furthermore, why am I told that I need a sign showing me how to wash my hands every time above my sink? This is one of the first things that we learnt at dental school and simply just adds to the clutter of useless posters that do little to improve standards for patient care. Why not get dental nurses to hold open a textbook every time we prepare a cavity or a crown for a tooth?

Apologies for the rant. I will try to cheer up in time for my next article. DT

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Sawston, Cambridge as a principal dentist at High Street Dental Practice. He has completed a year-long postgraduate certificate in implantology and is currently undertaking the Diploma in Implantology at UCL's Eastman Dental Institute.

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