

DENTAL TRIBUNE

—The World's Dental Newspaper • United Kingdom Edition—

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News in brief

£200m sale

Integrated Dental Holdings, which has more than 250 practices in the UK, has been put up for sale for £200m.

The company offers both private and NHS dental services

David Hudaly, the former dentist who started IDH in 1996, owns about 29 per cent of the business and will make about £58m from any deal.

The Bolton-based business, which employs 2,000 staff, floated on the stock market in 2002 and was valued at £45m but was taken private two years later. Advisory firm Hawkpoint is auctioning the business.

Technician struck off

A dental technician is to be struck off the dental register after he was arrested for having child pornography on his computer.

John Stuart Martin was reported to police by his wife after she found child pornography on the family computer at their home in Shropshire.

Martin was called before the General Dental Council after magistrates in Shrewsbury convicted him on five counts of making indecent images of a child.

The GDC said its only option was to strike Martin off the dental register to 'protect patients and address the public interest'.

Martin was given 28 days to appeal.

Lib Dems

In his speech at the Liberal Democrats' conference, Shadow Health Secretary Norman Lamb, claimed that the Lib Dems 'will ensure there is an NHS dentist available to everyone who needs one'.

They will do this by "making sure that dentists who are trained by the NHS - work in the NHS for a minimum of five years. By reforming dentists' contracts so they're paid to take on more NHS patients, not just getting money for the number of treatments they provide."

He added: "And we'll prioritise areas where dental services are worst, by providing increased payments to dentists who operate in the areas of greatest need."

Amy Winehouse

Singer Amy Winehouse has had dental reconstruction to improve her teeth after her oral health deteriorated during her drug and alcohol binges. She has reportedly undergone several procedures, including fillings and extractions but is in so much pain from the work, she has been given medication to cope. She was forced to stop a recent concert because of the pain in her teeth.

www.dental-tribune.co.uk

News



Commended guidelines

BMA Medical Book awards has highly commended radiographic textbook written by two consultant orthodontists

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News



GDC to GPhC

Chief Exec and Registrar of the GDC to move to General Pharmaceutical Council

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Practice Management



Selling up

Chris Hindle looks at ways to maximise the selling potential of your practice

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Clinical



Microsurgery part I

Dr John Stropko offers practical tips on using apical microsurgery for great results

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One in four dental patients want to complain but don't



The Dental Complaints Service has received more than 20,000 calls

A quarter of dental patients want to complain about their dental care but don't according to a survey by the Dental Complaints Service.

The survey by the Dental Complaints Service (DCS) found that a third had actually complained about some aspect of their dental care.

'Thirty-five per cent of patients didn't complain because they thought it wouldn't be 'worth it'

However half of those who did complain to their dental practice felt their complaint wasn't resolved satisfactorily.

The most common cause of complaints (13 per cent) was ineffective treatment, followed by the cost of treatment (12 per cent).

But when it came to complaints that patients wanted to make but didn't, the most common reason was the cost of treatment (33 per cent), followed by ineffective treatment (14 per cent), inconvenient appointments (13 per cent) and unnecessary treatment (13 per cent).

Thirty-five per cent of patients didn't complain because they thought it wouldn't be 'worth it', while 17 per cent didn't because they lacked confidence and 15 per cent because they feared 'negative comeback'.

Nine per cent of those who failed to complain didn't know where to take their complaint.

'If you have a complaint about private dental care but don't know where to go, call us. We'll try to help resolve your complaint quickly and fairly,' said Hazel Adams, head of the Dental Complaints Service.

The DCS can also advise on where to go with complaints about NHS dentistry.

The DCS is free to use and has helped to resolve more than

5,000 complaints about private dental care since its launch three years ago.

In the last three years, the DCS has received more than 20,000 calls to its local rate 08456 120540 complaints hotline. Two thirds of complaints logged are resolved within a fortnight.

The DCS was set up by, but is independent of, the General Dental Council, which regulates dental professionals in the UK. Complaints that raise issues about patient safety and whether a practitioner should be allowed to continue practising continue to be dealt with by the GDC.

'Nine per cent of those who failed to complain didn't know where to take their complaint.'

To contact the Dental Complaints Service, call 08456 120540 (local rate), visit www.dental-complaints.org.uk, or email info@dentalcomplaints.org.uk

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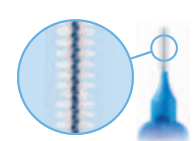
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Orthodontic authors, Keith Issacson (left), consultant orthodontist at North Hampshire Hospital in Basingstoke and Allan Thom (right), consultant orthodontist at Queen Victoria Hospital, East Grinstead are pictured holding the BOS book and the certificate.

BOS Radiology Guidelines ‘highly commended’

The British Orthodontic Society’s Radiology Guidelines has been highly commended by the BMA Medical Book Awards.

The BMA (British Medical Association) Medical Book Awards are presented annually and this year there were more than 600 entries in a variety of categories.

Each section is judged and awarded Winner, Highly Commended and Commended certificates.

In the radiology section the *BOS Radiology Guidelines* was one of only four Highly Commended books out of 27 entries.

The BMA called it an “excellent, well written and concise write-up on the background of clinical dental radiographs and indication for radiographs in clinical orthodontics. It is a must read for all clinical dentists especially those treating children”.

The guidelines were designed to assist the hospital practitioner, orthodontic specialist and the general dental practitioner on the choice and timing of radiographs in clinical orthodontic practice and reflect current best practice and selection criteria to comply with the IRMER (Ionising Radiations (Medical Exposures) Regulations) requirements.

To emphasise the importance of the legislative requirements and to strengthen the sections of radiation safety, the guidelines were co-authored by experts in dental and maxillofacial radiology.

The guide contains invaluable step-by-step information to help with assessment and treatment planning including four ‘at a glance’ charts which graphically illustrate the indications of when patients should or should not be subjected to radiographs.

Copies of the guide can be obtained for £15.00 (inc p&p) online from the BOS – www.bos.org.uk or by calling 020 7353 8680. [DT](#)

Wales gets its first state of the art dental training unit

A new state of the art dental teaching unit has been officially opened in Wales.

First Minister Rhodri Morgan officially unveiled the Dental Teaching Unit in Porth, the first of its kind to open in Wales.

Patients will be able to benefit from some of the best technology available in dentistry with treatment provided by foundation dentists based at the multi-purpose unit.

The Dental Teaching Unit, has been funded as a joint initiative by the Welsh Assembly Government, Rhondda Cynon Taff Teaching Local Health Board and the School of Postgraduate Medical and Dental Education at Cardiff University.

It will be home to 10 recently qualified dentists while they complete a two-year longitudinal Dental Foundation Training Scheme.

A Central Decontamination Unit has been installed in the building to improve infection control, while cutting edge technology has been imported from America and used to fully equip eight dental surgeries.

The newly qualified dentists will work under the guidance of experienced dental surgeons and will benefit from versatile working stations, which allows the dentist to work ambidextrously with their equipment.

Electronic charting and digital imaging systems will also save valuable time for both dentists and patients, enabling more patients to receive comprehensive care in all aspects of NHS dentistry.

The Dental Teaching Unit also features an air-conditioned conference centre with 120 seating capacity.

A large screen linked to video-cameras located in one of the surgeries will allow members of the dental team to watch live procedures.

After viewing the procedures they can enhance and develop their own skills in a specialised dental training room fully equipped with 18 individual work stations.

First Minister Rhodri Morgan said: “This Dental Training Unit will be the first of its kind in Wales and it will make a significant difference to the quality of our dentistry.

Not only will it provide invaluable training for our future and current dentists it will improve access to dentistry in the area, so that every patient will have access to a dentist.

This is a real red letter day for dental patients and trainee dentists in Wales.”

The surgery is also equipped with a surgical operating microscope.

Jeremy Hayes, senior dental surgeon, will use the micro-

scope to provide specialist endodontic treatment for patients of the Dental Teaching Unit along with referrals from local practitioners under the terms of the NHS Dental Services.

The Dental Postgraduate Section within the School of Postgraduate Medical and Dental Education has been instrumental in bringing these ambitious plans for dentistry in Wales to fruition.

Alan Griffiths, dental programme director, said: “This Dental Teaching Unit will provide our newly qualified dentists with an invaluable opportunity to begin their careers in dentistry. This is the start of a promising career pathway in an environment where they can gain practical experience and benefit from high-tech operating and learning tools.” [DT](#)

More and more adults opt for braces

More and more adults are choosing braces to fix their wonky teeth, according to prosthodontist, Dr Farid Monibi.

The growing popularity of smile beauty procedures has seen cosmetic dentistry sales rise by 76 per cent between 2006 and 2008.

Despite the economic downturn, the industry continues to grow and Britons now spend around £350m a year on treatments with many parents seeking treatment at the same time as their children. The number of Britons who opted for braces to fix their crooked teeth was up by 345 per cent to 1,164 in 2007, according to the latest research figures.

Dr Monibi, principal specialist at Central London dental practice in Harley Street said he had seen an increase in adults booking brace fittings in the run up to Christmas.

He said: “Husbands are buying their wives braces for Christmas

and vice versa. We have even had one teenager arrange for her mother to be fitted with them as a Christmas present. I think people are increasingly recognising the gift of the perfect smile. Our teeth are central to the way we feel about ourselves – they determine how much we smile and how others see us.”

He added: “Parents are seeing the benefits braces are bringing their children, and are asking themselves why they aren’t doing it as well. A beautiful smile is good for everyone’s self confidence, young or old.”

Research from the industry’s governing body, the British Academy of Cosmetic Dentistry, found that a third of the population were concerned by the look of their teeth’ whilst only one in five would always smile in photographs.

Over a quarter of the population believe that cosmetic dentistry could improve their quality of life. [DT](#)

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Editorial comment

A professional image

There seems to have been a recent spate of dental professionals behaving badly. From dealing Class A drugs (see news pg8) to copping a feel of pretty patients or nubile nurses (pg4), it seems to be the season for these stories to be getting the public's attention.

Whilst we may have a secret desire to read about a fellow professional colleagues' misdeeds, there is a concern that these types of stories, especially when they all seem to arrive at once, can damage the image and integrity of the profession. I would really like to know *Dental Tribune* readers' opinion on this – do you think that cases such as those recently seen in the news harm the reputation of the dental profession in the eyes of patients, or does the old adage of 'Today's news, tomorrow's fish wrap' apply? Email

me (lisa@dentaltribuneuk.com) and give me your views.

On an unrelated note – whilst walking to work today I glanced, as I do, at a certain well known

corporate chain dental practice situated in the grounds of an 18th Century ruined church. Musing on the fact that the ground is reputedly haunted, I wondered if the team there had had any

strange experiences. This led me to wondering if there were practices around the country who had residents who simply refused to leave, even in death? As a fan of all things paranormal I would love to hear your tales of ghostly patients, strange noises or anything which would make the hair stand up on the back of your neck! The best ones will have a chance to be printed in the October 26th-November 1st issue of *Dental Tribune*... [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: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1N 8BA.

Or email: lisa@dentaltribuneuk.com

Adequate indemnity

A growing number of dental professionals are forming companies to bid for contracts from PCTs and other bodies and the Dental Defence Union is urging them to ensure their company has adequate indemnity in place.

Dental professionals' individual indemnity will not cover their company if they are sued because of a failure in a company procedure or the actions of a staff member for whom the company has vicarious liability.

For example, if there is inadequate provision of infection control facilities by a dental corporate which leads to a patient acquiring a blood borne infection.

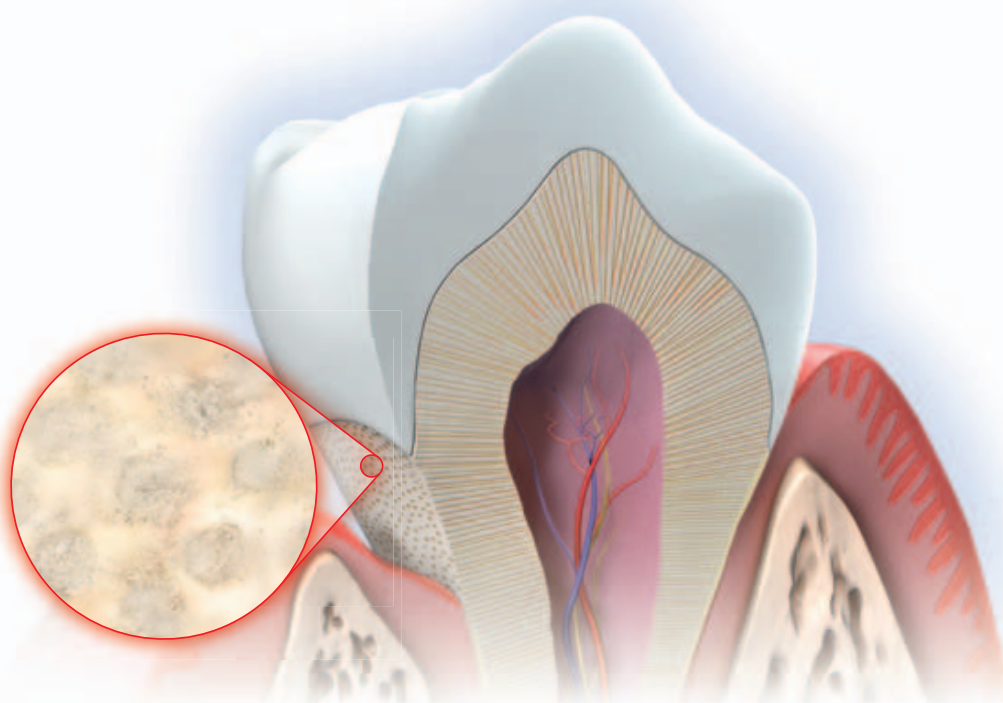
Consequently, the Medical Defence Union, the Dental Defence Union's (DDU's) parent organisation, has introduced an insurance policy for companies which dovetails with the policy that individual members receive to ensure all their clinical negligence claims are covered.

Rupert Hoppenbrouwers, head of the DDU, said: "While an individual dental professional may be sued for a delay in diagnosing an oral cancer, the company could also be sued if, for example, errors in the company's system for following up referral letters were found to have contributed to the delay."

For more information on the MDU's corporate indemnity solution visit www.the-mdu.com/corporate, email corporate@the-mdu.com or telephone 0800 716 376. [DT](#)

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1 Nathoo S et al J Clin Dent 2009; 20 (Spec Iss): 123-130
2 Ayad F et al J Clin Dent 2009; 20 (Spec Iss): 115-122
3 Schiff T et al J Clin Dent 2009; 20 (Spec Iss): 131-136

4 Docimo R et al J Clin Dent 2009; 20 (Spec Iss): 17-22
5 Ayad F et al J Clin Dent 2009; 20 (Spec Iss): 10-16
6 Docimo R et al J Clin Dent 2009; 20 (Spec Iss): 137-143

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Gum disease linked to mouth cancer

Mouth cancer campaigners are urging people to get checked out by their dentist for gum disease - after researchers linked periodontitis with mouth cancer.

Research published in the American Association for Cancer Research journal 'Cancer Epidemiology, Biomarkers and Prevention' revealed that chronic gum disease may present a high risk for mouth cancer.

Chronic gum disease, or periodontitis - caused by a build-up of plaque in the mouth and characterised by long-standing inflammation of the gums and eventual tooth loss - was linked to mouth cancers in both smokers and non-smokers.

The news could provide a clue to the rise in mouth can-



Research shows gum disease is a high risk factor for mouth cancer

cers where none of the traditional risk factors - tobacco, excessive alcohol and the human papillomavirus (HPV) - were present.

The British Dental Health Foundation's (BDHF) chief executive Dr Nigel Carter said: 'This fascinating study underlines the importance of a good dental routine.'

Preventing gum disease is as simple as brushing twice a day with fluoride toothpaste and cleaning between the teeth with an interdental brush or floss.

Dental visits are absolutely vital. Check-ups look for potential problems, screen for mouth cancer and professionally clean to help control gum disease. As our campaign tagline goes - 'if in doubt, get checked out.'

November's Mouth Cancer Action Month run by the BDHF aims to raise awareness of the disease and risk factors.

Mouth cancer is diagnosed in more than 5,000 people each year - a 40 per cent rise in cases in just 10 years.

Avoiding risk factors such as tobacco, alcohol and HPV - transmitted via oral sex - are vital.

Early detection improves survival chances from around half of cases to more than 90 per cent.

Self-examination can help identify warning signs such as ulcers which do not heal within three weeks, red and white patches and unusual changes in the mouth. [DT](#)

Dentist struck off after sexual 'thongdoing'

A married dentist took off his trousers and paraded in front of a dental nurse in a leopard-print thong, a tribunal at the General Dental Council heard.

Dr Anthony Barton, who worked at the Red Rose Dental Group in Wigan in Greater Manchester, told the nurse to 'get a load of that'.

The 36-year-old had an affair with the dental nurse between 2002 and 2007.

Dr Barton is was found guilty of 'inappropriate, unprofessional and indecent' behaviour with her and three other young nurses - aged 19 and 22 - over a period of eight years.

He resigned from the Red Rose Dental Group last August and denied misconduct.

Another young dental nurse told the tribunal that the dentist repeatedly groped her bottom and on one occasion grabbed her between the legs as she tried to work.

She also said he would tell her 'vulgar' details about his sex life and ask her about hers.

On one occasion when she said she had a sprained thigh, he made her sit down, spread her legs, put one thigh up on a table and began massaging her.

She said: "I was highly embarrassed, it was high enough up my leg to be very uncomfortable. I didn't say much, I just tried to pull my leg away."

Another nurse claimed Dr Barton would pull at her knickers as she bent over and try to undo her bra through her tunic.

Lydia Barnfather, for the GDC, said: "These allegations concern some inappropriate, unprofessional and indecent behaviour towards four dental nurses and cover the period from 2000 to 2008."

The conduct towards these dental nurses, the council said, shows a pattern of behaviour sexually motivated to transgress both the verbal and physical boundaries and standards to be expected of an individual in his professional position.

Dr Barton faces being struck off if the GDC finds that his fitness to practise is impaired by his conduct. [DT](#)

Supermarket applies to open dental surgery

A Sainsbury's supermarket in Bolton has applied for planning permission to open a dental surgery in the store.

The Sainsbury's dental surgery in Trinity Street in Bolton would be private.

The company has so far successfully set up dental surgeries in stores in Heaton Park and Sale in Manchester.

Sainsbury's professional services manager, David Gilder said: 'There is a shortage of dental practices in the UK and the launch of this new service goes some way to providing local people with greater access to dental advice and a range of procedures.'

We have a long history of providing health care services in our stores which have been enormously popular with customers

wanting access to health care professionals at convenient locations and at flexible times.'

If the application is given the go-ahead, the surgery will be open from 8am to 8pm Monday to Friday, 10am to 6pm on Saturdays and 12pm to 4pm on Sundays and bank holidays.

A decision is expected to be made by Bolton Council next month. [DT](#)

'Groping' dentist faces retrial

A dentist accused of groping three female patients faces a retrial, after the jury hearing the case against him were discharged.

Dr Adrian Heath, a former Liberal Democrat parliamentary candidate in Lincoln, has denied three charges of sexual assault which were alleged to have taken place between June and August last year.

The incidents were said to have taken place at the Genesis Dental Care practice in Gainsborough.

On the third day of his trial, the jury in the case was discharged for legal reasons which cannot be reported.

Judge Michael Stokes, QC, ordered a retrial on a date to be fixed. Dr Heath has been granted bail until then.

It is alleged that Dr Heath touched the women in the examination chair at his surgery in a way that had 'no clinical justification'.

He allegedly told one of them he was looking for swollen glands and needed to compare her breasts and even asked her to remove her trousers after saying 'this is serious'.

Dr Heath has denied three charges of sexual assault, which are said to have taken place between June and August last year.

The court heard that he touched one of the women's breasts. Another woman claimed he stood behind her and touched her jaw on both sides before sliding his hands under her arms and down her top.

Both women came forward and accused Dr Heath after an alleged incident involving a third patient emerged. The third patient claimed he removed both of her breasts from her bra and invited her to compare them 'to see if there was anything wrong'.

When he was later arrested Dr Heath of Roseberry Avenue, Lincoln, told police he had treated all three women 'in an appropriate, clinical way'. [DT](#)

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* The Government reduced VAT by 2.5% in December 2008. They have committed to return the VAT rate to at least 17.5% from 1st January 2010

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Dental nurses celebrate their success

A presentation and luncheon to celebrate the success of the first dental nurses to achieve the 'Certificate in Oral Health and Application of Fluoride Varnish' was recently held in Rochdale.

This course is the result of an innovative partnership between North Western Deanery, The University of Central Lancashire (UCLan) and Colgate in producing a portable university accredited course for registered dental nurses to deliver evidence-based oral health advice and apply fluoride varnish. Heywood Middleton and Rochdale PCT commissioned this course as part of their workforce development initiative within their local PCT.

Leslie Mort, executive director for Primary and Community Care in Heywood Middleton and Rochdale, opened the proceedings, stating how pleased she was that this course, the first of its kind in England, had been delivered in partnership with NHS Heywood Middleton and Rochdale. She commented: "Following the success of this



Dental nurses with Barry Cockcroft (centre, front), North Western Postgraduate Dental deanery, UCLan and Colgate.

programme, our nurses will be able to positively contribute towards improving the oral health of patients in the borough with advice on oral health and the application of fluoride varnish."

She acknowledged the hard work and dedication that the nurses had shown in being successful in achieving their certificate, adding: "It is a credit to them and to their trainers and dentist

mentors that they are here to receive their certificate from Barry Cockcroft, Chief Dental Officer, England. The PCT is delighted to have participated in this project and looks forward to encouraging skill mix in our dental practices, and to further support around innovative projects of this kind."

Rebecca Craven, Consultant in Dental Public Health for NHS Heywood, Middleton and Rochdale,

gave a presentation on the background to the scheme, highlighting the need for prevention within the local population. Having been involved in delivering the course locally, she also outlined that this approach was aligned with Delivering Better Oral Health – An evidence-based toolkit for prevention launched by the DH 2007.

Dr Barry Cockcroft offered his congratulations to NHS Hey-

wood, Middleton and Rochdale and to the Dental Nurses, in being the first to complete this course. The CDO went on to say that "The two main forms of dental disease, periodontal disease and caries, are almost 100 per cent preventable by patient action; this programme, which includes evidence-based oral health advice, delivered by dental nurses, will help patients along that path. The application of fluoride varnish is one of the most effective, evidence based measures of preventing decay; this additional training is allowing the competencies of dental nurses to grow into a much greater role of preventing dental disease."

This course is open to registered dental nurses in current employment with the support of their employer and PCT. For further information within Cumbria and Lancashire contact UCLan Course Enquires on 01772 892400. For all other areas outside Cumbria and Lancashire, please contact the Portable Training Team on 0161 665 2882. [DT](#)

GDC Chief Exec moves to pharmaceutical regulator

The General Dental Council (GDC) has announced the resignation of chief executive and registrar, Duncan Rudkin, who is moving to head up the new General Pharmaceutical Council.

Duncan Rudkin was appointed chief executive and registrar in June 2006. Duncan's tenure has seen him lead the GDC staff team through the opening of a new Dental Care Professionals Register, the implementation of significant changes to the GDC's fitness to practise procedures and the introduction of CPD for the dental team.

Hew Mathewson, GDC president said: "Duncan was appointed as chief executive and registrar back in June 2006. I am very grateful for the strong staff leadership he has provided in this role through a period of significant change for the Council. I would like to add my personal thanks to him for his support during my presidency. I, on behalf of GDC Council members and staff, wish Duncan the very best in his new role as chief executive of the new General Pharmaceutical Council."

Speaking of his decision, Duncan Rudkin, said: "I would like to

thank the members and staff of the GDC for their encouragement and support during my time at the Council, particularly during the last three years as chief executive. This new post with a new regulatory body presents a new and exciting opportunity for me and I look forward to working to develop a positive role for the new regulator both as a champion for quality and standards in the professions and an organisation that puts patients and the public at the centre of its work".

Duncan joined the GDC in 1998 as Director of Legal Services, and was tasked with set-



Duncan Rudkin

ting up the GDC's first in-house legal department. He has also held other senior management

roles at the GDC prior to his appointment as chief executive, including director of Professional Standards, deputy chief executive and acting chief executive.

Duncan Rudkin will leave the GDC at the end of the year to take up the post of chief executive of the new General Pharmaceutical Council, the new independent regulator for pharmacists, pharmacy technicians and pharmacy premises from 2010.

Arrangements are now in hand to recruit Duncan's successor. [DT](#)



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Dental professionals vote on research

Dental professionals can now vote online, on what research they would like commissioned, at the newly redeveloped Shirley Glasstone Hughes Trust Fund website.

The website www.dentistryresearch.org puts research commissioning into the hands of the primary dental care team and members of the site can vote online for the questions they need answers to, to help their practice.

The new voting system is designed so that dental teams can choose a 'question of the month'.

Each month, the question with the most votes will form the subject of a critical appraisal of relevant literature and a short summary of conclusions drawn from existing published evidence will be posted on the website.

If there is poor or little existing evidence, the question will be a priority for research funding from the Shirley Glasstone Hughes Trust Fund.

This mechanism allows members to ensure that the research funded by the Trust is focused on issues which are salient to practice.

Ultimately, it enables practice to be based on research

that dental practice is based on evidence."

"This exciting new feature of the Shirley Glasstone Hughes Trust Fund site enables dentists and dental care professionals at the frontline of patient care to direct research activity by voting for the questions they'd like to see answered."

"We look forward to seeing what really interests those in practice and doing our best to answer their questions, by either revealing what is already known or funding research which addresses practitioners' real issues."

The Primary Care Dentistry Research Forum will provide guidance for funding applications later this year when the first call for research tenders is anticipated.



Online focus for frontline research – Photo: Yuri Arcurs

evidence, which the website will present in an easy-to-access way.

Professor Liz Kay, chair of the trustees, said: "It's important

For further information, please contact Beth Caines at b.caines@bda.org, or by phone at 02920 436 184, or log-on to www.dentistryresearch.org [DT](#)

Cornish town to join NHS access void – temporarily

A town in Cornwall is to lose its last NHS practice after the surgery decided to go private.

Saltash Dental Surgery in Saltash has told its patients it can no longer carry on with its NHS dental contract and is to go private in November.

The surgery has been operating as an NHS practice for about 14 years.

The former town mayor Bob Austin, who is still a Cornwall

councillor, called the situation 'crazy'.

He said: 'We're the sixth largest town in Cornwall and here we are, we haven't got one NHS dentist left.

Ten years ago we had three or four that were NHS-supported, but they've gradually just dwindled to nothing.'

Julia Cory, associate director of the PCT said that in a few months the town will have a new NHS practice and that patients

had other options in the meantime.

She said: "They have currently have the option of a dental practice in Torpoint and also the option of emergency NHS treatment at the primary care dental service at St Barnabas Hospital in Saltash."

She added: "We have this under control and we have plans for a new dental practice for next spring, so the actual time that people would have to wait would be from November until next spring." [DT](#)

Dental school gives free books to children

The Peninsula Dental School in Plymouth is giving away more than 600 books to encourage children to visit the dentist.

The Peninsula Dental School has launched the 'Happy Reading: Healthy Smile' campaign to encourage children aged between two and five years of age to visit the dentist.

The school's Dental Education Facility has contacted nearby primary schools, children's centres

and nurseries and will be giving away the books in bags containing leaflets on oral health and a voucher for a family oral health pack that can be redeemed at the Devonport Dental Education Facility.

The books have been bought from funding granted by the Devonport Regeneration Community Partnership (DRCP).

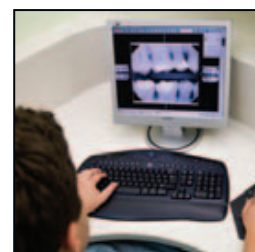
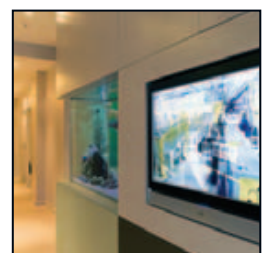
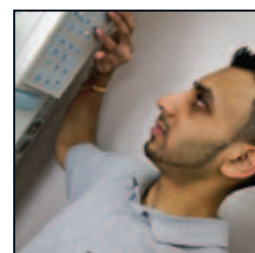
Wendy Smith, community development officer at the Peninsula Dental School, said: "We aim to encourage more people to read to

their children, feel more positive about going to the dentist and help them to access the wide range of services available at our Devonport Dental Education Facility – which is already a popular resource in the area and which has seen a great number of patients since it opened in April. We are grateful to DRCP for its support and the funding which has helped us to achieve this initiative."

The scheme was launched at the Green Ark Children's Centre in Devonport. [DT](#)

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Ex-dental nurse turns drug dealer

A woman who turned into a cocaine drug dealer after losing her job as a dental nurse has been jailed.

Laura Davies, of Lincoln Drive, Watford was jailed for 21 months after she was stopped in her Vauxhall Tigra and police found 29 wraps of cocaine stuffed inside one of her boots and £600 cash in her bra.

The 25-year-old started dealing class A drugs after losing her job as a dental nurse. St Albans Crown Court heard that Davies, who had worked as a dental nurse for seven years, was sacked after a row with her boss over being late.

She pleaded guilty to possession of class A drugs with intent to supply and possession of criminal property at the magistrates court and was committed to the crown court for sentence.

Davies has no similar previous convictions, but has a conviction for common assault and a warning for a similar matter.

Judge John Plumstead said: “I am afraid you are going to prison for 21 months.”

“Half of that will be served in custody.”

“I have sympathy for your family and some sympathy for you. It is never a pleasure to send someone to prison that

has otherwise led a useful life, but it cannot be dealt with in any other way.”

He added: “You lost your job and got in debt.

“It is no coincidence that you had been using cocaine as a recreational drug and that is no doubt why you stopped being the reliable and helpful dental nurse you were and turned up late for work and had an argument and lost your job.”

SETTING THE PACE IN ANALGESIA

Septanest 1:100,000
4% articaine with 1:100,000 epinephrine injection solution. 2.2 ml cartridge

Septanest 1:200,000
4% articaine with 1:200,000 epinephrine injection solution. 2.2 ml cartridge

- Fast onset to avoid delay before effective analgesia is achieved
- No-methylparaben formulation to avoid allergic reactions on sensitive patients
- Latex-free plungers and seals
- Terminal sterilisation of product/cartridges for safe use
- Milar label covered glass cartridges to minimise risk of injury in the event of a cartridge breakage
- Box containing 5 blisters of 10 x 2.2 ml cartridges

Abridged Prescribing Data

Septanest 1:100,000
COMPOSITION: Articaine Hydrochloride 4% plus Adrenaline (INN: epinephrine) 1:100,000. THERAPEUTIC INDICATIONS: For dental anaesthesia only. Local or regional dental anaesthesia in patients of at least 4 years in case of classic or muco-gingival operations. Dental surgical procedures where bone removal is necessary. DOSAGE AND ADMINISTRATION: For most common operations, one filtration is sufficient. Do not exceed the equivalent of 7 mg articaine hydrochloride per kilo of weight. Dosage in children should be commensurate with their weight. The recommended dose in 20 kg child is about 1/2 cartridge of 2.2 ml, and in 40 kg child is about 1 cartridge of 2.2 ml. CONTRA-INDICATIONS AND PRECAUTIONS FOR USE: Hypersensitivity to any local anaesthetic agent or any component of SEPTANEST. Deficiency in plasma cholinesterase activity. Patients receiving MAOI or tricyclic anti-depressants. Patients in whom there is a possibility that general anaesthesia might be required to complete the procedure. SPECIAL WARNINGS: Intra-vascular injection is strictly contra-indicated. Due to the presence of adrenaline, the product is not advised for patients with diabetes or thyrotoxicosis. Caution should be exercised in patients with epilepsy, cardio-vascular diseases and cardiac conduction abnormalities. USE IN PREGNANCY AND LACTATION: No clinical experience: the product should only be used when the benefits are considered to outweigh the risks. It is not known if articaine is excreted in breast milk. Therefore, breast feeding should be avoided for 48 hours after use of SEPTANEST. ABILITY TO DRIVE AND USE MACHINES: No demonstrated effects upon motor coordination, however subjects who suffer adverse effects should not drive or use machines until symptoms have resolved. UNDESIRABLE EFFECTS: Hypersensitivity, overdose or intra-vascular injection may result in excitatory or depressant manifestations of the CNS and depressant cardio-vascular reactions. Rarely, hypersensitivity reactions to articaine may occur or allergic-type reaction to sulphites. OVERDOSE: Stimulation or depression of the cerebral cortex and medulla may occur after systemic absorption. Slow onset symptoms may include nervousness, dizziness, blurred vision, nausea, tremors, convulsion, hypotension, cardio vascular depression and respiratory arrest. Rapid onset symptoms may include depression of the respiratory system, cardio vascular collapse and cardiac arrest. Supportive treatment, particularly to cardio-vascular and respiratory systems may be required and should be readily available. PHARMACEUTICAL PRECAUTIONS: Store below 25°C. Protect from light. PHARMACEUTICAL FORM: Solution for injection contained in 1.7 and 2.2 ml dental cartridges. LEGAL CATEGORY: POM. FOR FURTHER INFORMATION CONTACT THE PRODUCT LICENCE HOLDER: SEPTODONT LTD, Units R&S, Orchard Business Centre, St Barnabas Close, Allington, Maidstone, Kent ME16 0JZ, UK. PL 08313/0039

Septanest 1:200,000
COMPOSITION: Articaine Hydrochloride 4% plus Adrenaline (INN: epinephrine) 1:200,000. THERAPEUTIC INDICATIONS: For dental anaesthesia only. Local or regional dental anaesthesia in patients of at least 4 years in case of classic or muco-gingival operations. DOSAGE AND ADMINISTRATION: For most common operations, one filtration is sufficient. Do not exceed the equivalent of 7 mg articaine hydrochloride per kilo of weight. Dosage in children should be commensurate with their weight. The recommended dose in 20 kg child is about 1/2 cartridge of 2.2 ml, and in 40 kg child is about 1 cartridge of 2.2 ml. CONTRA-INDICATIONS AND PRECAUTIONS FOR USE: Hypersensitivity to any local anaesthetic agent or any component of SEPTANEST. Deficiency in plasma cholinesterase activity. Patients receiving MAOI or tricyclic anti-depressants. Patients in whom there is a possibility that general anaesthesia might be required to complete the procedure. SPECIAL WARNINGS: Intra-vascular injection is strictly contra-indicated. Due to the presence of adrenaline, the product is not advised for patients with diabetes or thyrotoxicosis. Caution should be exercised in patients with epilepsy, cardio-vascular diseases and cardiac conduction abnormalities. USE IN PREGNANCY AND LACTATION: No clinical experience: the product should only be used when the benefits are considered to outweigh the risks. It is not known if articaine is excreted in breast milk. Therefore, breast feeding should be avoided for 48 hours after use of SEPTANEST. ABILITY TO DRIVE AND USE MACHINES: No demonstrated effects upon motor coordination, however subjects who suffer adverse effects should not drive or use machines until symptoms have resolved. UNDESIRABLE EFFECTS: Hypersensitivity, overdose or intra-vascular injection may result in excitatory or depressant manifestations of the CNS and depressant cardio-vascular reactions. Rarely, hypersensitivity reactions to articaine may occur or allergic-type reaction to sulphites. OVERDOSE: Stimulation or depression of the cerebral cortex and medulla may occur after systemic absorption. Slow onset symptoms may include nervousness, dizziness, blurred vision, nausea, tremors, convulsion, hypotension, cardio vascular depression. Slow onset symptoms may include nervousness, dizziness, blurred vision, nausea, tremors, convulsion, hypotension, cardio vascular depression and respiratory arrest. Rapid onset symptoms may include depression of the respiratory system, cardio vascular collapse and cardiac arrest. Supportive treatment, particularly to cardio-vascular and respiratory systems, may be required and should be readily available. PHARMACEUTICAL PRECAUTIONS: Store below 25°C. Protect from light. PHARMACEUTICAL FORM: Solution for injection contained in 1.7ml and 2.2 ml dental cartridges. LEGAL CATEGORY: POM. FOR FURTHER INFORMATION CONTACT THE PRODUCT LICENCE HOLDER: SEPTODONT LTD, Units R&S, Orchard Business Centre, St Barnabas Close, Allington, Maidstone, Kent ME16 0JZ, UK. PL 08313/0038



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You will go to the ball!

Dental professionals attending this year’s British Dental Trade Association Showcase can dance the night away at the Bridge2Aid Charity Ball.

The Bridge2Aid Ball is on 13 November at the Hilton Metropole Hotel in Birmingham.

The evening begins at 7pm with the British Dental Trade Association’s (BDTA’s) traditional Exhibitors’ Drinks Reception.

This will be followed by a three-course meal, a charity auction, and music provided by The Deloreans.

The evening will be compered by comedian Tim Vine.

A spokeswoman for the BDTA said: “After being on your feet all day, the Bridge2Aid Charity Ball is a perfect opportunity to relax and have some well earned fun whilst also raising money for this extremely good cause.”

“This event is sure to be a night to remember and offers a perfect substitute to organising your own staff event and has the added benefit of knowing that you’re helping to build a sustainable future for one of the world’s poorest communities.”

“The dress code for the evening will be smart/glam, and although it’s not a black tie event, there will be a no jeans policy.”

Tickets to the Bridge2Aid Charity Ball cost £42 each.

Further information on Bridge2Aid is available at www.bridge2aid.org

All profits from ticket sales and fundraising activities will be donated to Bridge2Aid.

Touting your wares

It's in your interest to advertise the cosmetic procedures you offer at your practice, says Tracy Stuart

It is perhaps a testament to the professionalism of UK dental practitioners that they balk at opportunities to 'sell' cosmetic treatments to patients who might benefit from them. In truth, it is a mixture of a concern to preserve the ethics of the profession and a lack of confidence when it comes to marketing their services.

These days, everyone in the public eye has a nice smile. Usually this is the result of very expensive dental work that is out of the reach of most people. However, significant leaps in technique and technology have enabled dentists to offer cosmetic treatments at an affordable cost, to meet the rising demand for improved aesthetics.

Quality of life

Traditionally, dentists were found in the same club as undertakers and the taxman – people you didn't ever want to see. The caricature of the visit to the dentist, of dental pain being relieved by a cathartic dose of surgical pain, no longer rings true. Now, many people visit the dentist to improve their quality of life by helping them achieve a healthy, straight smile. Sometimes, even a straightforward cosmetic procedure can make the world of difference to a patient.

In order to meet this need, dentists are investing a great deal of time and money in developing the skills and installing the equipment to provide a range of restorative and cosmetic dental treatments. The most forward thinking advertise these new treatments on their websites and literature. However, there is more that can be done.

Dentists, who have invested in a multidisciplinary approach and extended their treatment list to cater for the many needs of the patient base, may well treat patients who could benefit greatly from a particular procedure. The trick is, how to broach the subject with the patient without seeming pushy. There is a certain resistance against the blurring of boundaries between 'health-care' and 'sales and marketing', but in the competitive modern dental industry, few dentists can afford to ignore the fact that maximising opportunities increases profits.

Patients do not always know what treatments are being offered, and there are many reasons why it's useful to advertise them. For example, if you don't, your patients might resort to travelling abroad for treatment – where they are especially vulnerable and may not be able to

explain to the dentist exactly what they want, because they don't speak the language.

Learning to communicate

Dentists do not want to be pushy, and many are concerned that any efforts to introduce a patient to further treatment options may be misconstrued as 'the hard sell', which is not suitable in dentistry. So, what can they do to confidently suggest other items on the treatment list to patients who might benefit from them? It is all a question of developing new skills in effective communication.



Improving patients' quality of life. Photo: Monika Olszewska

Solutions are available that include a patient care co-ordinator programme that helps the dentist and the dental team achieve a gold standard in customer service. Improved lines of communication do not just run between staff and patients, making patients more relaxed and informed, and ensuring that dentists know exactly what they want; the lines of communication also run between staff members, enhancing efficiency of the working systems and reducing stress.

The patient care co-ordinator programme has a training plan that comprehensively covers the patient's journey through the practice in its entirety, from telephone conversations with the front desk or receptionist, and what should be covered in that first appointment.

The treatment plan contains useful advice to help staff communicate more effectively and with greater confidence. This is achieved by looking at greeting strategies, and phrases that are useful and ones that should be avoided. The role of body language is also examined. By mastering verbal skills and tone of voice, using methods including role-play to sharpen those skills and provide experience, and repeated practice using scripts, the dental team will be better equipped to deal with patient queries.

Of course, armed with these improved communication skills,

the dentist will be able to introduce other items on the treatment list confidently and competently, without being pushy or aggressive, retaining a strong sense of professionalism.

There is more that dental professionals can do besides implementing proven communication methods. A regular report on patient flow can provide crucial information that can be used to market particular treatments more effectively.

Improving efficiency

In the current competitive climate, with the credit crunch threatening everyone, it is strange that many dentists do not examine the statistics of their practice more often. How else will they know how to improve the efficiency of their business?

For instance, how many dentists know how many patients contact the practice per month? How many of those decide to attend? How many still go on to accept treatment? Finally, how many come back in the future, and become loyal patients? It is impossible to reap

the full rewards of training and marketing without knowing this information.

Wouldn't you like to know how that patient who just accepted an expensive cosmetic treatment found out about it, and why they chose you and not your main competitor? You can use this information to reach out to more patients, making the most of your skills, meeting their needs, and of course boosting sales!

Find out what your conversion rate of new inquiries is, and then look to improve it. If the rate is lower than 80 per cent, you might need to think about investing in training.

With first-rate communication, you can keep your patients informed, and by examining data about your patients, you will be able to market your treatment list more effectively, leading to greater success. [DT](#)

About the author

Tracy Stuart

of Frank Taylor & Associates Consulting, with her experience of practice development, helps dentists achieve their full potential and make the most of their skills and resources. For more information, call Frank Taylor and Associates Consulting on 08456 123454, fax 01707 643276 or email team@ft-associates.com.

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