Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

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News in brief

Swimming dentist

A dentist who swam the English Channel has raised nearly £3,000 for a local cancer charity.

Matthew Gormally, who runs the Lyndhurst Dental Practice in Burnley, with his wife, Lecia Jhagroo completed the 21-mile swim from Dover to France in 13 hours and 20 minutes.

All money will go to the Christie cancer hospital.

Dr Gormally called it 'an amazing adventure with many highs and lows'.

Equipment donated

An NHS Trust is helping provide dental treatment to disadvantaged people by donating its redundant equipment to hospitals in developing countries.

Cheshire and Wirral Partnership NHS Foundation Trust has donated two full dental suites including dental chairs, X-ray machines and other dental equipment to Aid to Hospitals Worldwide (A2HW).

The Trust's environment officer, Jeannie Metcalfe-Hall, said: "The equipment was inherited from a dental surgery which the Trust has now moved into.

A2HW have helped us to arrange for these suites to be used in West Africa to help provide dental treatment for disadvantaged people who can't normally access dental care.

It is very rewarding to help those in need and also help reduce our carbon footprint by recycling and reusing products that would otherwise end up in landfill."

A2HW cleans, refurbishes and packs equipment ready for shipping to hospitals, laboratories and schools all over the world.

Dental phobia

Dentists need to advertise that they deal with people having a phobia of dentists, according to a review of dental services in Nottingham.

A review of access to dental care in the city was carried out by Nottingham City Council, the Primary Care Trust, and a member of the City's Local Involvement Network (LINk).

The review looked at the oral health of people in Nottingham, the availability and quality of NHS dentistry services and what stops people from going to the dentist.

One of the main obstacles is that people believe there is a lack of NHS dentists, although the review found there are no waiting lists in Nottingham and there are plenty of dentists accepting new NHS patients.

The review also recommended that dentists should advertise that they will deal with a phobia of dentists sympathetically.

www.dental-tribune.co.uk

News

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Two dental teams raise thousands of pounds for charity in 'longest, highest & steepest' challenge

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The second part of Dr John Stropko's look at apical microsurgery

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Anti-fluoride campaigner in bid to become MP

An anti-fluoride campaigner has been selected as a Green Party candidate for the next general election.

John Spottiswoode, chairman of Hampshire Against Fluoridation, has been selected as the Green Party candidate for the Southampton Itchen seat.

He has been leading the fight to stop fluoride being added to Hampshire's water and will be running for MP against government minister John Denham and Southampton City Council deputy leader Royston Smith, who will be standing as the Conservative candidate. Mr Spottiswoode said: "Clearly there are many other issues of importance in a general election and the Greens have substantial policies on all of these."

"However, the big issue in Southampton of putting a known toxin in our water against our will goes to the heart of our democracy and what our politicians should do. What right does anyone have to force anyone else to drink what is widely considered to be a poison?"

"Further, by what right does an unelected health quango have to decide to add fluoride to our drinking water when a massive 72 per cent rejected the idea in the public consultation, despite the authorities running a very biased pro-fluoride campaign?"

Claims that health chiefs ignored public opinion when they approved plans to fluoridate parts of Hampshire are to be examined by the Royal Courts of Justice.

Mr Justice Mitting has given permission for a Judicial Review of the strategic health authority's (SHA) decision stating that the case raised important questions of public law. However the South Central SHA claims it is confident it followed the law.

The South Central Strategic Health Authority (SCSHA) board's decision was made in February, despite 72 per cent of 10,000 respondents in a public consultation opposing the move.

The judge accepted the SHA's defence it followed the law, which says it only had to 'pay regard' to public opinion, but wants the lawfulness of that approach to be looked at in court.

Government ministers had said that SHAs could only go ahead with fluoridation if they had the residents' support.

The application for a judicial review has been lodged by a Southampton resident, Geraldine Milner. The legal challenge argues that the SCSHA failed to have regard to the government's policy that mass fluoridation of drinking water should only go ahead in any particular area if a majority of the local people are in favour of it.

Leigh Day & Co claim in part of the Water Bill that became the Water Act in 2003, Lord Warner, the Junior Health Minister, stated in Parliament that it was government policy that 'no new fluoridation scheme would go ahead without the support of the majority of the local populations determined by local consultations conducted by strategic health authorities …'

The SCSHA said in a statement that the board is 'satisfied that, based on existing research, water fluoridation is a safe and effective way to tackle tooth decay and that the health benefits outweigh all other arguments against water fluoridation'.

If the SCSHA gets its way, Southampton will be the first place in England to introduce fluoridation since Health Minister Alan Johnson's 'fluoridation for all' proposal in February 2008.

The SHA remains confident that the decision that has been made by the SHA board was carried out in accordance with the relevant legislation laid down by Parliament, and is in the best interests of the health of local people.'

Health chiefs want to add fluoride to the water supplies of 200,000 households covering parts of Southampton, Eastleigh, Totton, Netley and Rownhams.

The law was changed in 2002 to allow SHAs, rather than water companies, to decide on fluoridation. Any result from a judicial review will not be known until February 2010.

Following the successful request for a Judicial Review of the South Central SHA decision on fluoridation, all proposals for schemes in the North West of England have been put on hold. DT

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Three dentists and a Fillin' help raise thousands of pounds for charity

Pictured (L-R) are Andy Lines, Mark Willings and John Moorhouse.

Two dental teams calling themselves Three Dentists and a Fillin' and the Devon Dumplings took part in England's 'longest, steepest and highest' outdoor event, raising thousands of pounds for a children's charity.

The Ford Ranger Great Lakeland Challenge is one of the Spoon Challenges, a series of major fundraising events organised by the charity Wooden Spoon, and held every year in the Lake District.

Dental surgeons Mark Willings, John Moorhouse, Richard Graye from Huddersfield, manager Andy Lines calling themselves Three Dentists and a Fillin' completed the challenges in seven hours, 26 minutes and six seconds and scooped the Fastest Team Bowl. They also raised £4,010.

The Devon Dumplings, made up of orthodontist Zena Mills, dental nurse Lisa Curtis, (who works for Torrington Dental Practice in Great Torrington, Devon), plus pilates teacher Louise Banfield and medical student Harriet Whewell won the Mixed Bowl and finished thirteenth overall. They crossed the finish line in 10 hours, 10 minutes and 18 seconds and raised £3,900.

Mark Willings, team captain of Three Dentists and a Fillin' said: "We've taken part in the Ford Ranger Great Lakeland Challenge a number of times over the years, so knew exactly what to expect, but it was a welcome boost to our spirits to find the sun on our backs, because we usually have to get our heads down and battle driving rain and high winds.

Pictured (L-R) are Andrew Merryweather (Marketing Manager, Ford Commercial Vehicles), Andy Lines, Mark Willings, Richard Smith (Wooden Spoon Trustee), Richard Graye and John Moorhouse.

"It's always fun to renew old acquaintances but new blood is important too, so it was great to see that two thirds of the teams lining up this year were new to the event. Competing against a dental practice from Devon added an extra bit of spice."

Zena Mills from the Devon Dumplings said: "This was our first attempt at the Ford Ranger Great Lakeland Challenge and it was great fun, if exhausting."

Pictured (L-R) are Zena Mills, Louise Banfield and Lisa Curtis.

"In addition to our hard work to get into shape for the event, all the time we spent cajoling people to sponsor us was definitely worth it and we're delighted that Wooden Spoon will be able to use the funds to support disadvantaged youngsters and their families up and down the country."

The Devon Dumplings are still taking donations at ***www.justgiving.com/devon-dumplings*** and Mark Willings is also planning to take part in the John O'Groats to Lands End cycle ride. Any people interested in sponsoring him should contact him at Horbury Dental Care.

The Wooden Spoon is a children's charity that improves the quality and prospects of life for children and young people who are disadvantaged physically, mentally or socially.

The Ford Ranger Great Lakeland Challenge involves the team paddling a Canadian canoe the length of Windermere, England's longest lake and then cycling 26 miles over Wrynose and Hard Knott – England's steepest passes involving 1,200 ft climbs at gradients of 1:3.

For the final leg, they scale Scafell Pike, England's highest peak, and trek the eight miles from Wasdale Head into the Langdale Valley. DT

More job opportunities for dental nurses

NHS Direct is expanding its team to answer a rising number of dental enquiries – creating more job opportunities for qualified dental nurses.

Dental nurses are already a key part of NHS Direct's service, providing front-line advice and comprehensive nurse-led dental assessment and guidance to more than 20,000 patients with dental enquiries every month.

However, demand for dental advice has been growing, with tooth and jaw pain currently one of the top reasons for calling NHS Direct.

Bridget Thomas, regional director of nursing for NHS Direct said: "We need to respond to this demand by increasing the number of specialist advisors we have managing dental enquiries. Patients will benefit from receiving specialist advice 24/7 to manage their current symptoms and, if required, we can refer callers to a local dental practice for further treatment or advice."

The British Dental Health Foundation (BDHF) has been working closely with NHS Direct to expand the dental advisor service.

Dr Nigel Carter, chief executive of the BDHF said: "Since the beginning of NHS Direct, we have been working with the service to improve the experience for dental callers. Working on a helpline in this way provides an exciting, new opportunity for an experienced dental nurse to use and develop their existing skills and, as the service operates 24 hours a day 7 days a week, it also offers unique opportunities for flexible working to suit family and existing practice commitments."

Dental nurse advisor, Joanne Watts has been working at NHS Direct's contact centre in Mansfield, Nottingham for a year.

Before NHS Direct, she had worked in the same NHS dental practice for 14 years, starting her career as receptionist, then practice manager before training as a dental nurse.

She said: "I didn't know that NHS Direct employed dental nurses, so when a colleague told me about the opportunities available I was really surprised."

"I was ready for a new challenge and thought that this would be something totally different, which really appealed. I did wonder if speaking to patients over the phone instead of face-to-face would be too far out of my comfort zone, but any worries disappeared once I had done the initial training, which was exceptional."

Ms Watts has found that the work is much more varied than anything she has done before and added: "I like the fact that every day I speak to a wide range of people, instead of the regular contacts you get in a practice setting, and there are more opportunities to use my knowledge, skills and experience when talking to someone over the phone.

"Since working for NHS Direct, my clinical knowledge has definitely improved and I am encouraged to continue my personal development through training courses arranged by NHS Direct."

"There are a lot of benefits working for NHS Direct and I would certainly recommend the move to other dental nurses who are looking for a rewarding challenge in a new environment."

For more information and to apply for dental nurse vacancies at NHS Direct please visit ***www.nhs-direct.nhs.uk/dental*** DT

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Guest comment

Lies, damned lies, and statistics

Recent information released from the NHS Information Centre has shown that despite the nation being in the midst of a recession, the number of patients accessing taxpayer-funded NHS dental care is still less than pre-2006. The number of NHS dentists and treatments provided in England did rise in 2008/2009 from the previous year, however data also showed complex treatment have fallen dramatically. NHS Information Centre figures show that the number of crowns fell by nearly 50 per cent between 2004 and 2009, while the number of root canals fell 40 per cent over the same period, from nearly a million. The number of dentures has increased by nearly 14 per cent.

At this point, these statistics do little more than illustrate many of the known failures within NHS dentistry. Conservative shadow health minister Mike Penning said: "The very fact that the Government was forced to set up such a detailed review of their contract only shows how flawed it was in the first place. We now learn that the type of treatments patients are receiving is changing – with increases in dentures and a fall in the amount of bridges provided. It is vital that Labour ensures dentists are properly supported to give patients the most appropriate care."

Dr Cockcroft's response, however, was less pessimistic and said the decline in complex treatments was: "evidence that the new system is freeing up time that dentists can use to deliver more preventative care".

The question we must now be asking is what standard is NHS dentistry aiming to set for patients, should it be a basic core service or a world-beating healthcare? And if NHS dentistry is aiming to provide more than a basic service, has the Government fairly allocated funding for complex treatments?

Finally, moving on from issues with the new dental contract, I am looking to put together a compilation of useful clinical tips that will help newly qualified (or even more experienced) practitioners within modern – day practice. If you have particular gems on *any* aspect of general dental practice which works for you and would like to share these with other dentists please e-mail this to **neelkothari@hotmail.com** and I will do my best to get these published for all to see. Provide some information about yourself and if possible photos to illustrate your tips. Now I appreciate this all sounds like a lot of work, but try to remember that since the introduction of the new dental contract, your time should now be a lot freer. DT

About the author

Neel Kothari
qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL's Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice.

Clarification

In the article *Reflection from Northern Ireland* (Dental Tribune Sept 14-20 2009 Volume 3 Issue 22 page 6) it was erroneously implied that the new Primary Dental Care Contract had already been applied. *Dental Tribune* would like to make it clear that the contract has not been implemented yet. Development of the new contract continues and the DHSSPSNI and BDA are working towards piloting the new contract in the near future.
Dental Tribune apologises for any confusion caused.

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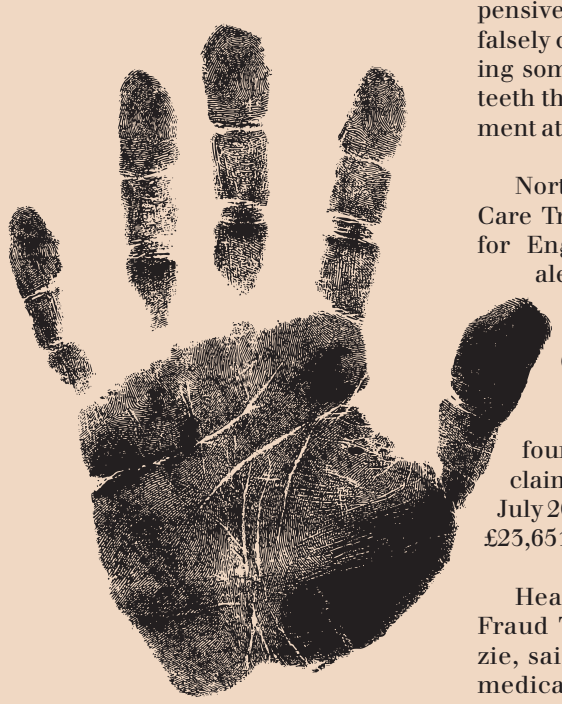
VOCO THE DENTALISTS

Dentist suspended after being jailed for fraud

A dentist who was jailed for defrauding the NHS, has been suspended by the General Dental Council.



Geoffrey O'Sullivan, who owns the Princel Lane Dental Surgery in Dehdam in Essex, was jailed for four months earlier this year after making more than 400 false claims for treating NHS patients. It resulted in the Dental Practice Board overpaying him by £10,000.

A NHS Counter Fraud expert dentist examined a number of children registered at O'Sullivan's surgery and found that expensive fissure sealant had been falsely claimed for many, including some with perfectly healthy teeth that had received no treatment at all.

North East Essex Primary Care Trust and Dental Services for England and Wales were alerted to some suspicious claims for payment by a former employee of O'Sullivan's.

NHS Counter Fraud found a total of 447 false claims were made between July 2000 and April 2006, worth £23,651.32.

Head of the NHS CF Dental Fraud Team, Stephen McKenzie, said: "People who provide medical and dental treatment to our children are rightly expected to have the highest integrity.

"This case is a reminder that dentists are being monitored and, if they do commit fraud, can expect NHS CF to pursue all available sanctions against them."

At a disciplinary hearing, the General Dental Council Professional Conduct Committee decided he should be suspended from work for five months. O'Sullivan conceded that his fitness to practise is currently impaired.

The committee agreed and its chairman told him: "To your credit, you admitted the offences immediately once they had been detected and you repaid the full sum which was liable for repayment.

"You have demonstrated insight and remorse for your actions, which you realise reflect badly on your profession. You have served a prison sentence. The consequences for you and on your family have already been severe."

The chairman added that testimonials revealed that O'Sullivan has the support of his Primary Care Trust as well as strong support from his local community, which relies on him to provide dental services mainly under the NHS. It was decided that to strike him off the register 'which would effectively end your career in dentistry, would be disproportionately harsh and wholly punitive'. DT

Survey shows child visit delay

Most American children don't see their family dentist until they are well over two years old, far later than is recommended by both dental and medical professionals.

That's one of the key findings from a survey of American Children's Oral Health, conducted on behalf of Delta Dental Plans Association, an American provider of dental benefits.

The survey of primary caregivers revealed that, for those children who had seen a dentist - and 34 per cent had not - the average age at the initial visit was 2.6 years. The American Academy of Paediatric Dentistry (AAPD) recommends that a child go to the dentist by age one or within six months after the first tooth erupts.

Among children who have never visited the dentist or who have not seen a dentist in the last 12 months, the most mentioned reason (62 per cent) was that "the child is too young" or "doesn't have enough teeth yet." Lack of insurance coverage was cited by 12 per cent of the caregivers.

The American Academy of Family Physicians recommends that care for a child's gums should begin at birth. According to the survey, 35 per cent of caregivers clean their baby's gums just a few times a week, or less.

"Many Americans don't understand how important their children's baby teeth are to lifelong oral health," said Jed J Jacobson, DDS, MS, MPH, chief science officer and senior VP at Delta Dental. "There's a continuing need for more education to teach practices that will ensure life-long oral health. And, since people overwhelmingly prefer the dentist and dental hygienist as their primary oral health information sources, dental benefits that encourage visits to the dentist are crucial." DT

Dentists urged to keep accurate, up-to-date records

Dentists must keep accurate and up-to-date records in order to defend themselves against patients who are increasingly seeking compensation, warns the Medical and Dental Defence Union of Scotland (MDDUS).

The advice comes in the wake of the publication of the revised edition of *Clinical Examination and Record-Keeping* by the Faculty of General Dental Practice.

The main alterations to the text update the areas of radiography, consent, and computerised records. Andrew Hadden, dental adviser with the UK-wide MDDUS said: "In dento-legal claims, where patients seek compensation, the outcome can be severely hampered by the poor quality of record-keeping. This often jeopardises the situation and the dentist is immediately disadvantaged in defending the case."

MDDUS urges that dentists adopt the 'best practice' approach described in the book – by examining patients efficiently, provide realistic and relevant treatment options, carry out treatment to a high standard, and record all the information.

Mr Hadden warns that all dentists should be aware of the benefits of keeping good records. "With increasing litigation, it has become more important for dentists to be able to defend themselves. A key to this is the examination of, and the treatment record of, a patient. The old adage 'poor records, poor defence; no records, no defence' is very apt," he said. DT

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Brush up on oral health with 'Teeth the Musical'

Children and adults with learning difficulties can now brush up on their oral health with the help of an animated film, 'Teeth the Musical'.

The 13-minute animated film has been produced by Somerset Primary Care Dental Service along with students at Bridgwater College and a Somerset video production company.

The DVD called 'Teeth the Musical', aims to help children and adults with additional needs gain a better understanding of the importance of brushing and caring for their teeth.

Students from Bridgwater College on the 'Towards Independence' course, were given the task of making a film which explains why brushing and care of their teeth is important.

They worked with Somerset-based video production company JUMPcuts and over a period of four months they got together with professional animators and musicians who incorporated their ideas, drawings, and voices into the completed animation.

The film features a young boy called Fred as he avoids a visit to the dentist. His teeth talk and sing about the way he fails to brush his teeth or go to the dentist. Songs such as 'Acid Attack' are included and Fred's teeth warn him what will happen if he has too many sugary snacks or fizzy drinks. Fred gets the clean teeth message in the end.

Rob Munday, clinical director of the Somerset Primary Care Dental Service, said: "Our oral health promotion team is skilled at developing innovative ideas into award-winning projects to improve the oral health especially of children and adults with additional needs."

"Once again in linking with Bridgwater College and JUMPcuts, we think we have produced a winner, which communicates an old message in a fresh and somewhat surreal way which will not only will appeal to the peers of the young people who produced it, but with its colourful animation and catchy songs will break through preconceived ideas about oral health and bring a smile to all who view it."

Free copies of the DVD will be given out to local special needs schools and facilities, supporting the learning disabled and the Somerset Primary Care Dental Service hopes to promote the film as an educational aid to mainstream primary schools and children's centres in Somerset and beyond.

Stephen Clark, a co-director of JUMPcuts, said: "As a film company which has had a lot of experience working with community film projects, we were delighted to support the production of this film. The Bridgwater College students who took part in its development and production thoroughly enjoyed themselves and I believe we have created an enjoyable animated film, which really engages young children and their parents."

Organisations interested in obtaining copies of the DVD 'Teeth the Musical' should contact the Somerset Primary Care Dental Service by e mailing: OHPOffice@somerset.nhs.uk or telephoning 01278 436622. A sample of the film's animation has also been posted on YouTube. Watch by going to: *www.youtube.com/watch?v=SueViKHYlVM* DT

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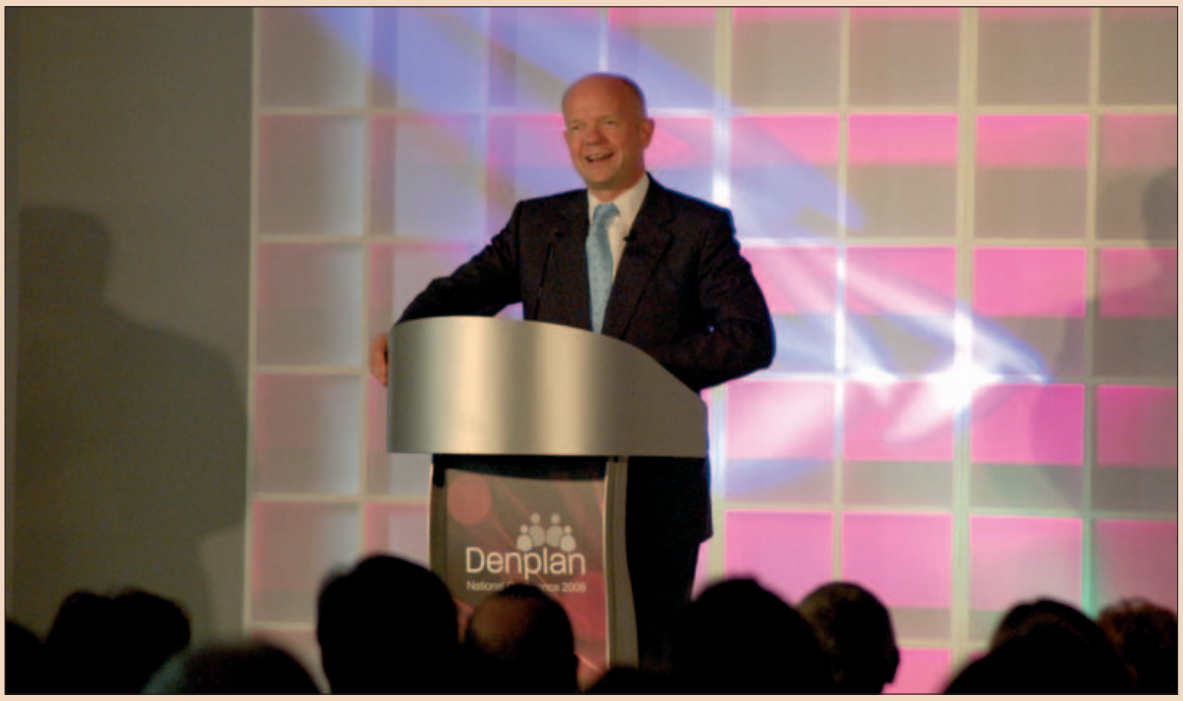
Back to the future for anniversary event

Dental Tribune editor Lisa Townshend looks back on the recent Denplan National Conference held in the Forest of Arden

The Denplan National Conference, held last month at the luxurious Forest of Arden Marriott Hotel near Birmingham Airport, was the tenth anniversary of the event.

Always popular with the member dentists, the conference was full which gave the whole event a buzzing feel. As always team members and families had been thought of, with a full practice team programme and family activities, including horse riding, archery and a visit into the heart of Birmingham.



The Right Honourable William Hague MP entertains delegates at the conference

Managing director Stephen Gates kicked off proceedings with a lively presentation looking at what's been happening at Denplan over the last 18 months. Tying it in with the fifties theme of the Friday evening entertainment, Stephen borrowed heavily from the 'Back to the Future' film to illustrate the changes since the last Denplan conference.

Following Stephen was Denplan's Chief Dental Officer, Roger Matthews. Roger spoke of the latest developments in the political situation. He discussed the release of the review into NHS dentistry by Prof Jimmy Steele and his team, and the work being done on the Dental Access Contract by Mike Warburton and his team. In addition he spoke about the implementation of the HTM 01-05. Finally Roger presented the launch of Denplan's new training programme Stairway. This is a structured postgraduate development initiative, relevant to all dentists in every sector of general practice, it gives clinicians an opportunity to gain vCPD and earn educational credits towards an MSc from Birmingham University in Primary Dental Care.

Biggest draw

But of course the biggest draw on the Friday was the guest speaker, the Right Honourable William Hague MP. I am not the biggest fan of political speakers, but this was no ordinary speech! It was the first time I really appreciated Hague's extremely sharp mind behind the facade of the easy-going Northerner. He gave some extremely amusing anecdotes, not only from his time in politics; but as an extremely keen historian he related stories he had discovered in his research for his historical books. He then answered questions from the audience – there was a real mix of serious political questions about the chances of the Conservatives at the next General Election, to slightly less staid questions about whether a bald man will ever lead the country again!

The evening informal dinner was on a fifties theme, so there were plenty of Pink Ladies and T-Birds in attendance. With the emphasis definitely being on fun, there was a barbeque buffet to keep your strengths up for several hours of enthusiastic dancing, Rock 'n Roll style of course! The band 'Johnny and the Zephyrs' kept the Jerry Lee, Chuck and Elvis coming, and were very well received. R'n'R is definitely not dead!

Unfortunately the morning after the night before soon came along; and the sore heads and aching feet were clear to see all over the breakfast room. This didn't stop there being a packed conference room for the beginning of the clinical programme.

Prof Phillip Newsome kicked off the day with a look at the technological advances in dentistry and how it has affected treatment considerations. Prof Newsome graduated with honours in 1976 from Leeds Dental School. After five years in general practice he returned to Leeds as Lecturer in Conservative Dentistry, before moving to Hong Kong in 1986 to work in the Faculty of Dentistry at the University of Hong Kong where he is currently Associate Professor in Comprehensive Dental Care.

One interesting point he looked at was the quest for aesthetics over longevity in modern restorative dentistry; where the way a restoration looks can often be the first concern with durability left behind. He discussed the gradual change to a patient-centred dental environment, with an emphasis on evidence-based care.

Following the refreshment break, where delegates had an opportunity to look at the stands in the trade exhibition, was Martin Kelleher. Martin is a consultant in Restorative Dentistry at Kings College, London

Dental Institute. Not only is Martin on the board of Dental Protection and chair of the Dental Claims Advisory Board, he is also on the GDC specialist lists in Restorative Dentistry and Prosthodontics. An expert in his field, he also continues to work in private practice in Bromley.

Land of the Fee

I had heard some interesting things about Martin, so was looking forward to his presentation, which he had titled Makeover Myths from the Land of the Fee. And he certainly didn't disappoint; he has a very direct style to his presentation and was almost evangelical about the preservation of natural tooth structure. He showed pictures of makeovers and asked the uncomfortable question: "Would you do this to you own daughter/son?" Following vigorous shakes of the head he asked: "Then why do it to someone else's?"

After the lunch break, there were two sessions by Prof Hien Chi Ngo. Prof Ngo has extensive experience in private practice, research and education. He has completed a Master of Dental Surgery in fixed prosthodontics and a PhD. In research, he is active in the areas of dental materials and cariology. At Adelaide University he was appointed Visiting Research Fellow in 1998; Research Director of the Colgate Australian Clinical Dental Research Centre in 1999 and Research Consultant of the Centre in 2003; Associate Professor, working in the fields of Dental Biomaterials and Minimal Intervention Dentistry in 2003.

Prof Ngo discussed the philosophy of minimal intervention; putting the patient in control of the disease process. He was very entertaining speaker, with some self directed humour at how he got into the research side of dental materials and cariology, which kept the audience engaged. Much of what he discussed was about behavioural change and being able to help the patient to comply with a treatment regime. He advocated the 'traffic light' method of explaining what was going on in the mouth of the patient with regards to dental disease and helping the patient decide what they could do to maintain good oral hygiene.

High-class reputation

Unfortunately I was unable to attend the rest of the conference – the Saturday evening gala dinner and entertainment and the following day's clinical programme – but from the feedback received the event maintained its high-class reputation in terms of speakers, organisation and relevance to attendees.

The Saturday programme consisted of two split sessions by Dr Avjit Banerjee and Dr Richard Pilkington, which delegates could choose which one to attend. Dr Banerjee qualified from Guy's Hospital in 1993 and after completing Max-fac SHO jobs in Portsmouth and the Mount Vernon rotation, he came back to Guy's as a MRC Clinical Training Fellow to study Cariology at PhD level. He then obtained FDS RCS (Eng) in 1995, followed by a Masters from UCL in 1996. After completing his PhD in 1998, he became Clinical Lecturer in Conservative Dentistry at Guy's and started his Consultant training, culminating in his current position as Senior Lecturer / Hon Consultant in Restorative Dentistry, with a special interest in the restorative rehabilitation/ management of Head and Neck oncology patients.

One of the family activities included falconry

Dr Banerjee is currently Head of Pre-clinical Conservative Dentistry at the KCL Dental Institute and holds a visiting Chair in Restorative Dentistry at the Oman Dental College. He also works as a specialist practitioner in four NHS/private practices, on a sessional basis.

Dr Pilkington is currently working as a General Practitioner in Tyne & Wear. He also writes and lectures postgraduates on musculoskeletal problems in dentistry and teaches a "Happy backs for dentists" postgraduate course. This covers back pain rehabilitation, dental ergonomics and four handed training for the dental team. Dr Pilkington has published research from the Biomechanics Department and Dental School, University of Newcastle after assessing posture in dental students before and after they have been ergonomically trained. He has written numerous articles in dental literature in respect of this subject and has presented more than 100 postgraduate courses throughout the UK.

This is the third Denplan conference I have attended and the team have always organised a fantastic conference with lively and engaging speakers, and this was no exception. I look forward to the next one in 18 months time! DT

Making the most of the autumn sunshine

GDPUK round-up

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

Undoubtedly, it's got to be said that the most recent hot topic on GDPUK has been the discussion surrounding the so-called "Warburton" contract. Repercussions continue to appear, followed by John Milne's letter stating that a consequence of termination of this new contract, spurned by the BDA and the corporates, is the transfer of ownership of the practice [but not the property] to the PCT commissioning the service in the first place.

'Apparently cases of vCJD in humans in the UK have fallen again to zero'

Rumours now abound that the DH are trying all sorts of tactics to make this contract stick. Hopefully these will be exposed, and any fall out will blame only the DH. Apparently Professor Steele has been quoted as saying these contracts are not pilots at all, full stop.

Some clinical topics have arisen lately:

- How long do colleagues wait after completing root treatment before crowning? Some advocate as soon as possible, some cautiously wait for six months. A considered view seems to be around three months.
- Chat about what materials are best for the repair of abfraction cavities led to a discussion of how they form and theories about their formation.
- Front surface mirrors, their cost and benefits.
- Peer advice on the best set up of camera and lens for high quality dental macro pictures. Views did converge, and colleagues illustrated their comments with their own results.

Dentists are still up in arms about HTM 01-05. Words cannot express the deep feelings of anger felt in the profession over what seems to all to be an unscientific, unproven document, which will be forced on the profession at massive cost, with no proven benefit to patients. Apparently cases of vCJD in humans in the UK have fallen again to zero, there is no proof prions can be transmitted on dental instruments, and still no proof prions can be removed from dental instruments. A colleague from abroad asked about coming to the UK and practising here. This brought forth a flurry of disdain for the UDA system, and the princely sum of zero that NHS dentists earn for the complex skill of providing endodontic treatment. There were also warnings of future unemployment of dentists when the flood of new graduates emerges from the dental schools. Plus, to completely put the poor guy off, he was told that this summer, in Britain, it rained every day of June, July and August. DT

About the author

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

DENTAL TRIBUNE United Kingdom Edition · October 12–18, 2009

Word-of-mouth 2.0

Dr Lorne Lavine talks about how leveraging your online reputation can help you to attract new patients

It is an undisputed fact that in the world of dentistry, no amount of expensive advertising or fancy marketing can beat the power of word-of-mouth referrals from your satisfied patients. What your patients say about you is the ultimate driver of business success.

Today, consumers increasingly turn to the internet to locate and select a dental practice. Understanding this phenomenon and using the right tools will help you create and maintain the most relevant, valuable practice builder you'll ever have: the experience and feedback of your own patients, shared with millions of prospective patients actively seeking a new dental practice. It's up to you to choose: will your online reputation consist of a single thread of random gossip, or will it become your most valued asset, carefully managed and nurtured to give you the best return on your investment?

Reputation is your lifeline

Everyone knows consumers will share a good experience with a few people, but they'll make a point of telling the world about a negative one. As a service provider, you and your staff *are* your brand. You don't sell widgets; you sell your skills, experience, specialties, personalities, hours and location – and your very existence and livelihood depend on your reputation. We all work hard to ensure we ask our patients for the referrals of their friends and family when they have a good experience. Now, take that most valuable scenario, expand it to hundreds and even *thousands* of potential patients, and you've just moved from the world of offline word-of-mouth referrals to the sophisticated new world of online reputation-based marketing – or word-of-mouth 2.0.

Your online reputation

We know in the growing world of online reviews, consumers want and expect to find the local user information they seek, whether it's a great Italian restaurant or a top-notch cosmetic dental practice. As the internet has come of age, our universe of availability for goods and services has exploded. The advent of local reviews provides a return to neighbourhood intimacy – and neighborhood reputation.

'There are many dental practices that bid more than £4 for every click, resulting in thousands of pounds spent on Adwords each month.'

It is highly likely you already have an online reputation, and may not even know it. Through online websites, consumers can review and rate your business. There is no way to know if their comments are legitimate. In fact, these people may have never seen your dental chair. Like it or not, these consumers are establishing your online reputation – without your knowledge, without your control – and there was nothing you could do to manage this exposure, until now.

Driving patient volumes

As you probably know, the largest and most powerful search engine is Google. Today, 67 per cent of all online searches are conducted using Google. Google sees 3.2 billion visits per month. As a dental practice, you can optimise your website to come up in the free, natural search results. If you choose to pay for exposure, you can subscribe to Google Adwords (***https://adwords.google.com/select/Login***), paying for each "click" generated from Google to your website. The higher you bid for a click, the higher your placement in the sponsored section of Google.

There are many dental practices that bid more than £4 for every click, resulting in thousands of pounds spent on Adwords each month. One particular practice I am aware of spends more than £2,000 a month on Adwords and claims the cost is "worth every penny." As with all advertising it has limitations, even beyond expense. Ads are companies promoting themselves, and today's savvy consumer recognises this and filters information accordingly.

However, even the world's search engine leader recognises the extreme power and relevance of word-of-mouth feedback. Google recently expanded its offerings to enable consumers to search for and compare local businesses online. Try searching for a dentist in your area by typing in your post code followed by the word "dentist" in the Google search box. A map with a listing of 10 dental practices is displayed above all other natural search results. To the far right of each listing is a link to "reviews." This is where a consumer can view what your patients say about your practice. Google has hit the referral jackpot: this functionality *leverages consumer relationships and capitalises on the inherent credibility of the first-person testimonial.* This is a priceless intangible – something advertising dollars just can't buy.

Build your reputation

So how do you, as a dentist, take advantage of this new tool to guide and shape your online reputation? It is important to remember that this is not a practice snapshot in time, but rather a reputation built and sustained *over* time. Your best chance of securing and maintaining a "top 10" placement is to be among the first to populate your Google profile – and to keep a steady stream of relevant reviews and quality practice information flowing in to Google. You can do this one of two ways: passively or actively.

The passive approach – You can hope the patients who visit your practice have the wherewithal to create a Google account, find your Google profile, and submit a review. This requires time and effort on your patients' part, and staff time to inform patients and promote the process. Even if your staff is dedicated to making your patients aware of the online review process, you can only hope they remember to follow through once they go back to their busy schedules at home and work. If history is any guide, a passive approach will result in one or two reviews posted *over the course of several months*.

The proactive approach – Today, the only integrated approach to proactively managing your online reputation in Google is through companies such as Demandforce (***http://demandforce.com/***), an online patient communication company. They recently announced a data integration agreement with Google that enables dental practices to easily populate their Google profiles, including posting reviews, directly from data originating from their communication system. With Demandforce, each patient is automatically sent a thank you email message after each appointment. As part of the thank you, they can choose to submit a confidential survey of their visit as well as a public review. Practices can read the reviews and post a response or ask for a review to be removed if it does not meet standard posting requirements. After seven days, the data is automatically sent to Google to populate your profile.

This proactive approach results in *dozens* of reviews being posted to your profile *every month*. In addition to Google review management, Demandforce will optimise your profile and submit additional information such as specialties, languages spoken, insurance accepted, hours of operation and affiliations. You can also choose to integrate online scheduling directly into your profile. The new Google review functionality is included at no additional cost with a standard monthly subscription.

'This proactive approach results in dozens of reviews being posted to your profile every month.'

Whether you opt to take a passive approach or more of a proactive approach to build your online reputation, I highly recommend you take charge to ensure it accurately reflects and therefore benefits your practice. Your online reputation is your business and those practices that realise it early on will have a significant head start over their peers.

Bread and butter

Solicited or not, online reviews are here to stay. Our patients' satisfaction and their resulting word-of-mouth referrals will always be our bread and butter; only the serving plate has changed. What are you doing to shape your online reputation? Have you "Googled" your practice or your competitors lately?

Dr Lorne Lavine will be speaking at the British Academy's sixth Annual Conference, titled 'The Future of Dentistry' on 19 to 21 November 2009 at the Edinburgh International Conference Centre (EICC). To reserve you place, visit *www.bacd.com* or contact Suzy Rowlands on 0207 612 4166 or by emailing info@bacd.com. DT

About the author

Dr Lorne Lavine
is founder and president of Dental Technology Consultants, focusing on the specialised technological needs of the dental community. A consultant and integrator with extensive hands-on experience with software and technology vital to dentistry, he writes for many well-known industry publications, lectures widely and has served as the Indian health service's former technology consultant.

Microscopes under the... microscope

With a multitude of applications, it's essential you consider introducing a dental microscope to your practice if you haven't already, says Philip Bolton

All dental practitioners, whether they provide specialist treatment or general dentistry, can benefit from the advances that have been made in dental microscopy. In order to meet the needs of patients and achieve a high standard of clinical excellence consistently and efficiently, the dentist needs access to the most effective and reliable equipment.

At Oak Lodge Dental Practice we focus on general dentistry, providing a wide range of treatments including cosmetic and restorative procedures and have a strong working relationship with a local orthodontic specialist. Maintaining a firm grasp of the latest advances in technology and techniques is vital, so that we can continue to offer the state-of-the-art service our patients expect.

A useful tool

Dental microscopes have an almost infinite application in general dentistry; procedures that can be facilitated include endodontics, aesthetic composites, appraising crown margins or the base of fillings, and examining teeth for cracks. The right selection facilitates superior restorations, aesthetics, crown and bridgework, making procedures such as margin finishing much easier.

Many dental professionals take full advantage of the wide array of courses and conferences available throughout each year to enrich their skills and knowledge. Such events are ideal for those among us keen to explore the opportunities offered by new developments in the industry.

Having used loupes for almost a decade, I found that I was constantly increasing the magnification in order to achieve a more comprehensive diagnosis; being able to examine tooth structure more closely, for instance, ensures that no cracks are overlooked due to the limitations of the magnification devices used. While attending an informative course on Endodontics at the Eastman Dental Institute, I was able to take part in a practical demonstration in the use of a dental microscope.

Consider the factors

It is crucial to consider all of the factors before making an investment in new equipment. Cost is not the only consideration; there is also the question of reliability, intuitive use and easy integration into the surgery. These are all aspects that need to be reviewed before a final decision is made.

Visiting the Nuview stand at a major exhibition presented the opportunity to explore the features of a cutting edge microscope designed exclusively for dentistry. The OPMI Pico, from Carl Zeiss, impressed me with its quality of build. As the Nuview team explained, 'You can't treat what you can't see', and microscopes are now available that offer users vital features such as superb depth orientation and contrast, whilst the application of apochromatic technology ensures reliable focus.

Key features

The facility for variable magnification makes dental micro-

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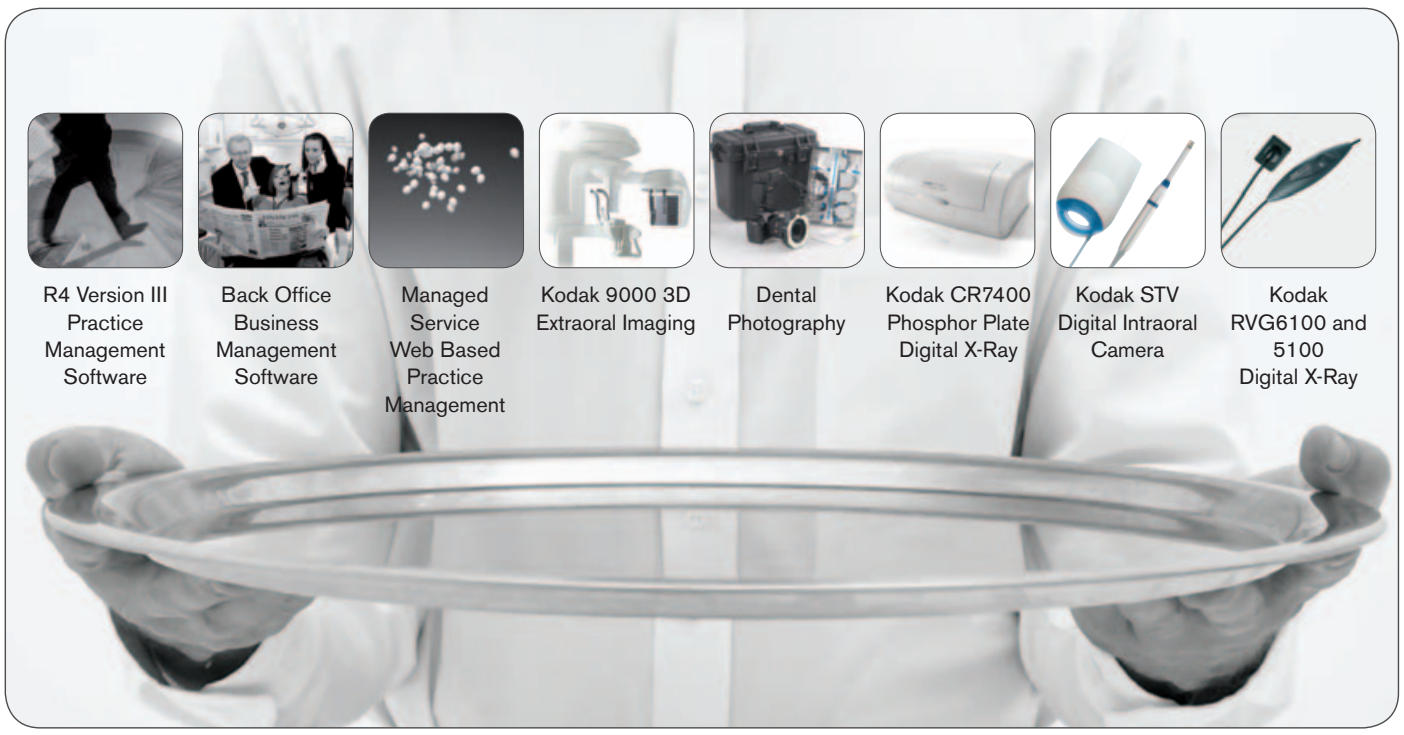

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