Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

Dentist fakes death

A dentist who was £395,000 in debt and faked his own death in a £1.8m life insurance scam has been summoned to appear at a disciplinary hearing of the General Dental Council later this month. Emmanouil Parisis admitted forging documents that showed he had died in a car crash while on holiday in Jordan, claiming a total of £1.85m in life insurance policies; he was sentenced last March for five years. The dentist, who reportedly started a new life in Scotland after his insurance scam, has also been accused of falsifying documents to obtain work in Britain. According to reports, Plymouth Crown Court was informed that Parisis faked his own death because he was £395,000 in debt. It was also revealed that because of a string of complaints against his name, he was about to be barred from working as a dentist. At the time of writing, Parisis was due to appear under the name of Neil McLaren at a hearing of the Professional Conduct Committee of the GDC in London on 24 February, accused of procuring entry on to the General Dental Council's dentists register in the name of Neil Edward McLaren with the use of faked documents.

Tackling tooth decay

NHS Cumbria has received extra funding of £1.5m to help in the battle to tackle tooth decay amongst the children in the region, health bosses have confirmed. The additional funding, which comes from the Department of Health in an effort to try and help reduce the rates of tooth decay in children, will be used to improve access to NHS dentists. The move will enable health bosses to ensure that all children are placed near a surgery close to their home and will help provide dental care for those children who have not seen a dentist for two years. According to a report, figures published in the local press last summer revealed that children in Furness and South Lakes had the highest levels of decay in the country, with 12-year-olds in the two districts having an average number of decayed, missing or filled teeth of 1.6, compared to the national average of 0.8 per cent. The Primary Care Trust has a database, which ensures that people who have been waiting the longest get seen first.

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Dentistry: is the future bright?

Leading figures debate the profession's future at event

With the recent controversy surrounding NHS reform, the programmes being presented by key government figures, such as Chief Dental Officer for England Barry Cockcroft, and other leaders in dentistry at The Dentistry Show, are all the more timely given the development of the new dental pilots.

Throughout the two day conference and exhibition, key policy makers will be informing dentists of what lies ahead for the dental profession, whilst leading figures from the dental profession will be sharing their strategies and advice on what lays ahead for the future. Kevin O'Brien, Chairman, The General Dental Council and Chief Executive and Registrar, Evlynne Gilvarry, will update delegates on the latest developments at the UK's dental regulator including the review of 'Standards for Dental Professionals' and 'Scope of Practice'. In addition, GDC staff will be on hand throughout the conference to answer any questions delegates may have about the regulator and how its work affects them.

It has also been announced that leading industry figures will be debating the trial of the new dental contract and the underlying issues concerning dentistry.

A series of discussions on the growth of cosmetic and private procedures, non-invasive approaches to cosmetic dentistry and the uncertain future for young dentists will also be discussed and debated in great detail.

Chief Dental Officer, Barry Cockcroft, who will be discussing the changing face of dentistry, said: "Dentistry is going through a period of significant change. The drives for this change are many and varied.

"The biggest challenge now is to tackle the inequalities between the significant majority with good oral health, no active disease and improving access to services and the minority who retain a high burden of disease and who to their own particular circumstances may still be unable to access appropriate care.

"Professor Jimmy Steele's review of NHS Dental Services in England highlighted the particular challenge of delivering care for the "heavy metal generation" whilst at the same time developing a workforce to meet the needs of the much more dentally fit generation that will follow.

"The vast majority of patients still access their care through the NHS but there has also been significant growth in the private sector, which in money terms is probably as large as the NHS sector at the moment.

"There have recently been well publicised articles about the long term impact on healthy teeth, of elective cosmetic surgery, and what is the future for that market sector as oral health continues to improve, and how "the prefect smile" is no longer seen as the perfect smile." DT

GDC to meet registrants in Wales

The General Dental Council will be in Deganwy Quay near Llandudno on 21 March for the fourth of its 2012 registrant events.

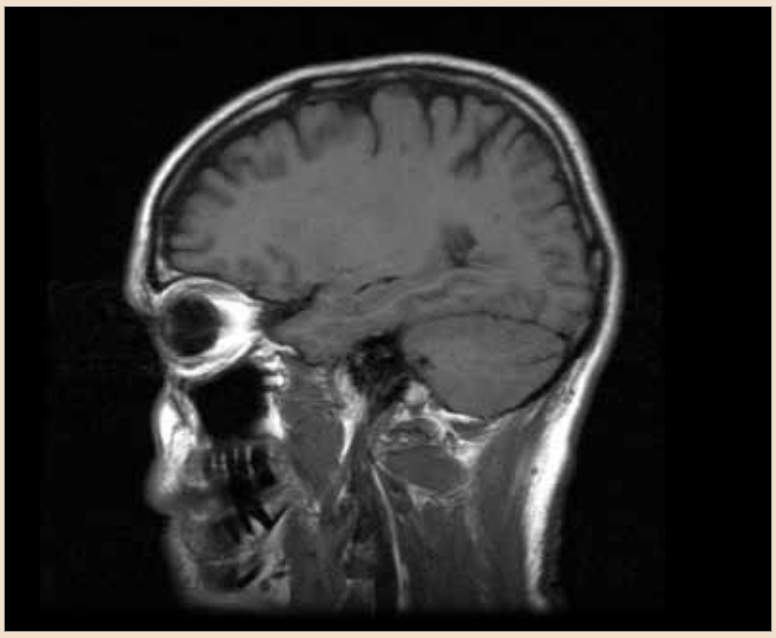
Dental professionals from in and around the town are being asked to come along to the Quay Hotel, Deganwy Quay, Conwy, LL31 9DJ to find out about how the GDC's work affects them. They will also have the chance to take an active role in one of two workshops; one on the responsibilities of being a dental professional and one explaining our current fitness to practise procedures and the proposed changes to them.

The event is free and participants will be awarded two hours of verifiable Continuing Professional Development (CPD).

Director of Policy and Communications at the GDC Mike Browne says these events are a good chance to get face-to-face feedback: "We have already held events in Bristol and Derry/Londonderry this year and we will be in Glasgow on 28 February. We have found that speaking directly to registrants is a valuable way for GDC staff to find out what people are concerned about. And as we continue to review CPD and Standards, we're keen to know exactly what dental professionals think."

Any dental professionals interested in attending can book online here. It should be noted that places are limited, so early booking is advised. DT

Illegal handheld dental x-rays flood online market



The x-ray devices could prove harmful

Dental professionals have been warned by the US Food and Drug Administration (FDA) of a batch of potentially unsafe handheld dental x-ray units that are being sold online.

The warning comes after growing concerns that the devices are both unsafe and ineffective; according to one report it is believed that the devices could expose users and patients to unnecessary and potentially harmful x-rays.

The safety of the devices was also alerted by The Washington State Department of Health, who stated that the devices did not comply with x-ray performance standards.

In a press release issued February 10, the FDA confirmed that the handheld x-ray units did not meet FDA radiation safety requirements.

As a result, the FDA is investigating the devices and are continually notifying organisation about the safety risks.

All units that have been cleared by the FDA bear a permanent certification label/tag and an identification (ID) label/tag on the unit. It should also display a warning label, the full name and address of the manufacturer of the unit, the month and year of manufacture, and finally the place of manufacture.

"Healthcare professionals using these devices should verify they are purchasing and using those that have been reviewed and tested to meet FDA's standards," said Steve Silverman, director of the Office of Compliance in the FDA's Center for Devices and Radiological Health in a recent report. DT

Bacteria, don't fall in the wrong crowd

A new study published in the journal Microbiology, has suggested that stopping certain mouth bacteria from accessing gangs of other pathogenic oral bacteria could help prevent gum disease and tooth loss. The study suggests that this 'access key' that bacteria use, could hold the answers for people who are at high risk of developing gum disease.

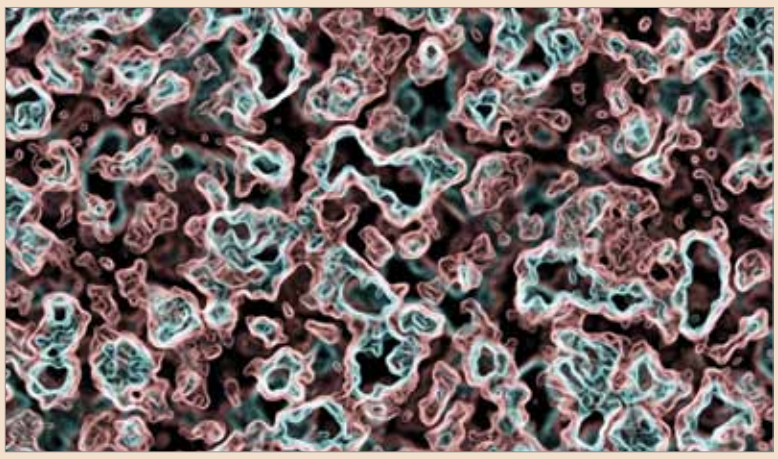
The study explains how oral bacteria, such as Treponema denticola, frequently 'gang up' with other pathogenic oral bacteria to produce destructive dental plaque, causing bleeding gums and gum disease. It is believed that this interaction between the bacteria is crucial to the development of periodontal disease.

Researchers from the University of Bristol discovered that during this interaction the molecule CTLP acts as the access key, allowing bacteria to latch onto oral bacteria, leading to blood clotting and tissue destruction.

Professor Howard Jenkinson, who led the study, said in a report: "Devising new means to control these infections requires deeper understanding of the microbes involved, their interactions, and how they are able to become incorporated into dental plaque."

"CTLP gives Treponema access to other periodontal communities, allowing the bacteria to grow and survive. Inhibiting CTLP would deny Treponema access to the bacterial communities responsible for dental plaque, which in turn would reduce bleeding gums and slow down the onset of periodontal disease and tooth loss."

"If a drug could be developed to target this factor, it could be used in people who are at higher risk from developing gum disease," explained Professor Jenkinson. DT



Oral bacteria can 'gang up' with other bacteria

Contraceptive injection linked to poor periodontal health

According to research in the *Journal of Periodontology*, injectable progesterone contraceptives may be associated with poor periodontal health.

The study found that women who are taking depotmedroxyprogesterone acetate (DMPA) injectable contraceptive are more likely to have indicators of poor periodontal health compared to women who have never taken the contraceptive; the same is true for those women who have taken it in the past.

In the past research has associated gum disease with other chronic inflammatory diseases such as diabetes, cardiovascular disease, and rheumatoid arthritis.

For the study the participants were non-pregnant, premenopausal women aged 15-44. Each participant provided information on whether they wereusing DMPA, had used it in the past, or had never used the contraceptive injection at all.

Following this, the participants received dental examinations; the examination noted clinical attachment (CA) loss, periodontal pocket assessment and whether there was presence of gingival bleeding.

After taking into consideration issues such as age and smoking status, the study found that those participants who were either using or had used DMPA had a significant increase in periodontal pockets, gingival bleeding, and CA loss compared to those women who have never used DMPA. The study also found out that those women currently using DMPA were more likely to have gingivitis, while past DMPA users were more likely to have periodontitis.

According to a report, Dr Pamela McClain, President of the American Academy of Periodontology (AAP) said: "These findings suggest that women that use, or have used, a hormone-based injectable contraception such as DMPA may have increased odds of poor periodontal health. DT

Editorial comment

Well here we are the week of the first big event of the year – the Dentistry Show!

I am looking forward to making my way to Birmingham's NEC for a great line-up of speakers discussing topics from all around the dental sphere. The news hound in me is very much looking forward to the Future Dentist conference, where speakers such as Barry Cockcroft and Evlynne Gilvarry will detail how they see the future of dentistry. I am also looking forward to hearing Eddie Crouch and John Renshaw debate the topic *The Government Knows Best!*

I am also looking forward to meeting, or tweeting, up with friends and colleagues connected by Twitter! The dental 'tweet-up' is becoming a focal point at dental shows, and it gives a chance for those who have connected or reconnected using Twitter to meet face to face. By the way, if you are so minded, follow @dentaltribuneuk for the latest news and offers from your favourite dental newspaper; or if you are interested in the ravings of a dental editor, follow @lisaeditor!

Our sister company Smileon will be launching the newest educational resource for dental professionals – *On the Record*. The package, developed in association with Dental Protection, aims to help dental practices keep and maintain high quality patient records, ensuring a standard of care and consideration for patients as well as having that all-important back-up should the unthinkable happen and you find yourself in front of the GDC!

Come to stand K11 to see *On the Record* for yourself and meet the team. I look forward to seeing you there. DT

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don't hesitate to write to:
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King's crown up for auction

Buying teeth once belonging to famous icons has been a popular choice of purchase at auction houses recently, and it doesn't seem to be stopping anytime soon, with the latest famous tooth going up for grabs once belonging to Elvis Presley!

What has been jokingly called the King's Crown, the item is actually a mould of Elvis' mouth with a spare crown in place.

The crown was created by the former King of Rock n' Roll's dentist in case he chipped his front tooth whilst on tour.

The dentist in question was former Memphis dentist Henry Weiss, who was Elvis's dentist up until 1971. According to a report, he used to do all his dental work and was even called away on tour when Elvis cracked his crown on a microphone while performing at the International Hotel, now known as the Hilton Hotel, in Las Vegas.

Paul Fairweather from Omega Auctions, Manchester, said in a report: "Following on from Lennon's tooth back in November which sold for £19,500, we were extremely excited on the consignment of this truly unique item from the King of Rock & Roll." DT

The 'Kings Crown'

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Severe dental erosion link to eating disorders

Eating disorders can be physically and emotionally destructive, but the results of a new clinical study indicate oral health is also destroyed by the condition.

The study by the University of Bergen in Norway revealed patients with an eating disorder – such as Anorexia and Bulimia - had significantly more dental health problems than those without, including tooth sensitivity, facial pain and severe dental erosion.

The report highlighted that more than one in three of those with an eating disorder (36 per cent) had 'severe dental erosion' compared to just 11 per cent of the control group. Those with an eating disorder also self-reported higher daily tooth sensitivity, higher occurrence of facial pains and of dry mouth.

It is estimated eating disorders affect 1.1 million women and men in the UK, although many more do not come forward with their problems. While vomiting is often associated with eating disorders, the results of the research reveal oral health is likely to suffer too.

Chief Executive of the British Dental Health Foundation Dr Nigel Carter discussed the reasons behind the apparent poor oral health and offered some advice for sufferers.

Dr Carter said: "When you vomit repeatedly, as with certain eating disorders, it can severely affect oral health.

"The high levels of acid in the vomit can cause damage to tooth enamel. Acid attacks of this sort on a frequent basis means the saliva in your mouth won't have the opportunity to naturally repair the damage done to your teeth by the contact with the acidic vomit, hence the increased severity of dental erosion witnessed in the study.

"People suffering with an eating disorder should look to, wherever possible, rinse their mouth as soon as possible after vomiting to help reduce acid effects. Do not brush immediately after vomiting as this may brush away softened enamel. The use of a fluoride toothpaste will help to protect teeth over time, and by chewing on sugar free gum it will help to increase saliva flow and neutralise acids in the mouth. Your dentist can also prescribe high strength fluoride toothpaste which will help to protect your teeth.

"We would highly recommend more frequent visits to the dentist to ensure the problem does not deteriorate further and to identify whether any treatment would be required. If the problem persists, don't be afraid to discuss your problems."

Support groups such as Anorexia and Bulimia Care *www.anorexiabulimiacare.org.uk/* are on hand to provide advice and support. The Foundation's own 'Tell Me About' *www.dentalhealth.org/tell-me-about/topic/mouth-conditions/dental-erosion* leaflet on dental erosion also gives some advice on how you can continue to look after your oral health. DT

Research points to possible association between oral bacteria and bowel cancer

The bacteria associated with the most common cause of tooth loss in adults could be a pre-curser for the development of bowel cancer, according to a team of scientists.

The link comes as scientists at the Dana-Farber Cancer Institute and the Broad Institute in America found an abnormally large number of Fusobacterium, a bacterium associated with the development of periodontal (gum) disease, in nine colorectal tumour samples, pointing to the possibility the two could be associated.

Bowel cancer, also known as colon cancer, is one of the top three deadly cancers in the UK. Around 35,000 people get diagnosed with bowel cancer every year and around half of them die.

Although lead author Matthew Meyerson, MD, PhD, co-director of the Center for Cancer Genome Discovery at Dana-Farber and a professor of pathology at Harvard Medical School believes further research is needed to discover the extent of the link, the research suggests the bacterium could be a factor in the development of cancer.

Dr Meyerson stated: "At this point, we don't know what the connection between Fusobacterium and colon cancer might be. It may be that the bacterium is essential for cancer growth, or that cancer simply provides a hospitable environment for the bacterium. Further research is needed to see what the link is."

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, believes the research further highlights the importance of good oral health.

Dr Carter said: "This research, although at an early stage, is more evidence of the systemic links between oral and overall health. Everyone sufferers from gum disease at some point in their lives, which could potentially endanger thousands of people if they persist in neglecting their oral health.

"If you have swollen gums that bleed regularly when brushing, bad breath, loose teeth or regular mouth infections appear, it is likely you have gum disease. To avoid further deterioration in your oral health, visit your dentist for a thorough check-up and clean."

The research, presented in Genome Research (October 18 2011) made the discovery by sequencing the DNA within nine samples of normal colon tissue and nine of colorectal cancer tissue, and validated by sequencing 95 paired DNA samples from normal colon tissue and colon cancer tissue. Analysis of the data turned up unusually large amounts of Fusobacterium's signature DNA in the tumour tissue. DT

UMD Professional celebrates a record number of qualified practice managers

The successful managers at the ceremony with John Tiernan of Dental Protection (front centre left) and Fiona Stuart-Wilson of UMD Professional (front centre right)

A record number of dentists and dental practice managers from all over the UK celebrated achieving a nationally recognised management qualification with UMD Professional at an awards ceremony in London last month.

72 managers and dentists achieved an Institute of Leadership and Management qualification with UMD Professional in the last year, the highest number to date, and 23 of them came together in London to celebrate their success at an awards reception.

The successful candidates were presented with their certificates by John Tiernan, Director of Educational Services for MPS and Dental Protection Limited.

Fiona Stuart-Wilson, Director of UMD Professional said: "We are delighted not only to celebrate everyone's success but also to mark a record number of passes in the last year. We are very pleased to see in so many cases that practices are willing to continue investing in their managers' development by supporting them through the course, and to reap the benefits of the training they have undertaken."

UMD Professional is currently taking applications for their regional workshop courses and distance learning programmes, and grants are still available in some areas. DT

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Elderly woman dies due to contaminated dental equipment

Legionnaires disease

An article recently published in *The Lancet* describes a case report of an 82-year-old woman in Italy who died of Legionnaires disease due to contaminated dental equipment.

The report describes how the elderly woman was admitted to the intensive care unit "G.B. Morgagni-Pierantoni" Hospital, Department of emergency Anaesthesia and Intensive Care Unit, Forlì, Italy with fever and respiratory distress.

Although the elderly lady had no underlying disease, after a chest radiography and a Legionella pneumophila urinary antigen test, the woman was promptly diagnosed with Legionnaires' disease. Although she was immediately given oral antibiotics the patient developed fulminant and irreversible septic shock and unfortunately died two days later.

The case report prompted an investigation into to finding the source of L pneumophila, and after enquiring about the patient's whereabouts during the incubation period, it was revealed that she had attended two dental appointments.

As a result, samples were taken from both the woman's home and the dental surgery that she visited in order to investigate possible L pneumophila contamination. According to the report, samples from her home tested negative for L pneumophila, however, samples from the dental practice tested positive and showed genomic matching between L pneumphila in the dental unit waterline and in the women's respiratory secretion.

The authors have called for various control measures at dental surgeries to prevent similar incidents.

The authors explain: "The case here shows that the disease can be acquired from a dental unit waterline during routine dental treatment. Aerosolized water from high-speed turbine instruments was most likely the source of the infection. Legionella contamination in dental unit waterlines must be minimised to prevent exposure of patients and staff to the bacterium.

"We suggest several control measures: use of anti-stagnation and continuous-circulation water systems; use of sterile water instead of the main water supply in the dental unit waterline; application of discontinuous or continuous disinfecting treatment; daily flushing of all outlets and before each dental treatment; use of filters upstream of the instruments; and annual monitoring of the waterline. Further useful procedures to prevent legionellosis within dental surgeries can be obtained from [already available] dedicated guidelines." DT

Could oral blood be used to screen for diabetes?

A recent study has suggested that oral blood samples taken from pockets of periodontal inflammation can be used to measure a patient's diabetic status.

The NYU nursing-dental research team found that the technique, which works by using oral blood samples to measure hemoglobin A1c (which is widely used to test for diabetes), compares well to blood samples taken from the patients finger.

Samples of oral and finger-stick blood were taken from 75 patients with periodontal disease; the NYU researchers then compared the hemoglobin A1c levels from the oral and finger-stick blood. The results that produced a reading of 6.3 or greater in the oral sample corresponded to a finger stick reading of 6.5 in identifying the diabetes range.

"In light of these findings, the dental visit could be a useful opportunity to conduct an initial diabetes screening - an important first step in identifying those patients who need further testing to determine their diabetes status," said the study's principal investigator, Dr Shiela Strauss, associate professor of nursing and co-director of the Statistics and Data Management Core for NYU's Colleges of Nursing and Dentistry, in an online report.

Throughout the year-long study, dentists and dental hygienists were able to collect finger-stick blood samples and send them to a laboratory for analysis thanks to a hemoglobin A1c testing kit that was designed specifically for the study.

"There is an urgent need to increase opportunities for diabetes screening and early diabetes detection," Dr Strauss added in the report. "The issue of undiagnosed diabetes is especially critical because early treatment and secondary prevention efforts may help to prevent or delay the long-term complications of diabetes that are responsible for reduced quality of life and increased levels of mortality risk."

The study was funded by an NYU CTSI (Clinical and Translational Science Institute) grant, which was awarded to the research team last year. The findings were then published in the Journal of Periodontology.

According to the report, the research is part of a series of NYU nursing-dental studies examining the feasibility of screening for diabetes and other physical illnesses in the dental setting. DT

NEBDN calls for examiners

The National Examining Board for Dental Nurses (NEBDN) is seeking to recruit new members to its Panel of Examiners in order to deliver the new NEBDN National Diploma in Dental Nursing examination.

Featuring Objective Structured Clinical Examinations (OSCEs), NEBDN has completely revised the format of the qualification in order to provide a more modern approach to the assessment of Dental Nurses.

To become an Examiner with NEBDN you must:
• Have previous experience of assessing OSCEs within dental training
• Be registered with the General Dental Council
• Be currently practicing as a Dental Surgeon or Dental Care Professional
• Have two years' experience since qualification
• Be well organised and able to maintain high quality standards
• Be passionate about Dental Nurse Education and helping people reach their full potential

Becoming an Examiner will help you to:
• Improve your personal development and professional status
• Develop your skills and understanding of Dental Nurse Education and training
• Gain verifiable CPD through on-going support and training
• Network with other professionals with a commitment to improving Dental Nurse Education

For further information please contact sarah@nebdn.org.

Full training and support will be provided. Successful applicants will be invited to an assessment day in April / May 2012. DT

'VSS Mentor' launched

Visiting Specialist Services (VSS) has announced the launch this month of 'VSS Mentor', a new UK wide mentoring programme in implant dentistry for GDPs. This new programme provides clinicians undertaking implant training with support in their own practices from an experienced mentor. Practitioners can choose from a range of levels of support to best suit their needs, from a single mentoring session to a full mentoring programme which supports dentists from their first implant placement through to becoming an independent implant surgeon.

"There are several excellent courses in implant dentistry in the UK, and our aim is to provide additional support to help the practitioner gain experience and confidence in their own practice environment with the supervision and guidance of a clinician experienced in the field," said Fadi Barrak, Director of VSS and one of the VSS Mentors.

"By providing support in this way we can help dentists to develop their implant service more quickly and effectively, and build their practice's profile and goodwill, which is especially important in the current economic climate."

To find out more please contact 0845 6585737. DT

20 years of service for BADN's Pam

BADN Chief Exec Pam Swain completes 20 years of service with the Association this year, making her the longest-serving Chief Executive of a dental professional association.

Pam, (*pictured*), started working for the ABDSA, as it was then, in August 1992 when the Association head office was a small room above a bank in Fleetwood. "There was one desk which I shared with the two part time staff, a phone on the wall, a very primitive word editor (a sort of pre-computer) and a manual typewriter," said Pam.

"We only had a few hundred members, which is just as well, because we sent out mailings by hand - folding, stuffing and licking stamps - after we'd typed out the envelopes! But this was already a huge advance - until the late 80s, the Association, the Exam Board and the Voluntary Register had all been run out of the same office by two ladies with three different coloured pens - blue for the Association, red for the Exam Board, green for the Register - and a box of index cards!"

Paula Sleight, who joined Council earlier in 1992, and who was President 1995-1997, remembers it well: "At Council meetings, we all had to squeeze around a table in this tiny little meeting room. Those at the top of the table couldn't get out again until those at the bottom had left the room!

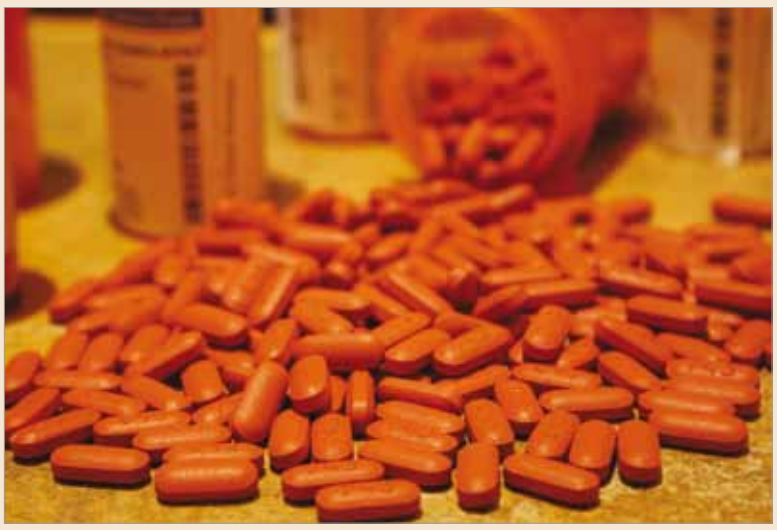
"Pam's appointment made a huge difference to the Association. She dragged us screaming, somewhat belatedly, into the 20th century and put the Association onto a much more business-like footing, introducing a computer system, including a professional customised database management system; functional equipment like a franking machine and a proper telephone system; a proper membership benefits scheme; she reorganised Council meetings so that they ran much more efficiently; and revamped the Journal into the professional publication it is today. That's without mentioning what she did for Conferences!"

Joan Hatchard, BADN's Finance Officer and a Conference attendee since the late 80s agrees: "Pam's efficiency and organisation really made a difference to Conference. Pam runs a very tight ship - everything is planned out to the last minute and smallest detail with contingency plans for almost everything. In addition, her networking skills soon meant that she had persuaded top class speakers to appear at Conference and dental trade companies to sponsor it, making the BADN Conference a major event in dentistry."

"Having an experienced "bureaucrat" (her word, not mine) at the helm made the Association much more professional," says Paula. "Up until then, we'd had more in common with the WI or the Mothers Union than a professional association but Pam's arrival changed all that. The fact that she wasn't a dental nurse herself and had no dental baggage meant that she wasn't intimidated by dentists or by the larger institutions like the BDA and the GDC, and was prepared to say and do whatever necessary to represent dental nurses and to get their views across."

Current BADN President Nicola Docherty also recognises Pam's contribution to BADN. "I am sure all past Presidents will agree with me that the support offered by Pam and the office staff makes the Presidential term of office run much more smoothly. We all draw extensively on Pam's skills and knowledge to get us through our two years"! DT

A prescription for prescribing



Anti-biotics are fast becoming resistant

A trial programme carried out by Cardiff University could help significantly reduce the number of antibiotic prescriptions handed out by GPs.

The programme meant that the 89 Welsh GP practices that took part in the two-year trial received antibiotic prescribing and resistance data obtained from their own practices. It also meant that GPs had access to online learning materials and 'consulting skills' tools, enabling and encouraging doctors to effectively discuss treatment options with their patients.

According to a report, the researchers found that participating practices greatly reduced their numbers of antibiotic prescriptions. They also calculated that if the initiative was to be introduced throughout the UK, prescriptions could be cut by a staggering 1.6 million per year, saving the NHS money. It would also help tackle antibiotic resistance.

Lead researcher Professor Chris Butler, whose findings are published in the British Medical Journal, said: "As most antibiotics are prescribed in general practice, safely reducing the number of unnecessary prescriptions is essential.

"The STAR programme helped Welsh GPs gain new skills derived from motivational interviewing so they could achieve evidence-based treatment while taking patient perspectives into account." DT

Team honour for LonDEC

LonDEC, a joint enterprise between King's College London Dental Institute and the NHS London Deanery, is celebrating after winning a prestigious award at the 2011 Elisabeth Paice Awards for Educational Excellence in Medical and Dental Education. The team behind running the education and training centre was nominated as winner in the category of Best Postgraduate Education Centre Team.

The annual Elisabeth Paice Awards identify and reward those making outstanding commitment and contributions to postgraduate medical and dental education and are judged by a panel from the NHS London Deanery.

The LonDEC team was honoured with the title Best Postgraduate Education Centre Team 2011 at the awards presentation evening held at the De Vere Holborn Bars Hotel.

After receiving the award Bill Sharpling, Director of LonDEC and Senior Clinical Teacher at the Dental Institute and Dental Tutor for the London Deanery, said: "I am extremely proud of the LonDEC staff and vast team of teachers that contribute to the success of the Centre. The contribution from Perry Tatman, Tara Owen, Victoria Hegarty and Tom Laine has been a significant factor in receiving this team award, as has the committed weekly teaching of Raj Majithia and Sandra Smith.

"The courses we arrange include events for 10 to more than 300 delegates, with a range of programmes from two-hour evening seminars, half day and one day courses and three day master classes. Additionally, we host the nine-day residential programmes, which form part of King's College London Dental Institute's blended learning master's degree programme training. Our high quality London Deanery CPD programmes continue to receive excellent feedback and during the last year the team have overseen 471 courses, of which 316 were dedicated Deanery courses."

Prof Nairn Wilson, Dean and Head of the Dental Institute, said: "The Elisabeth Paice Award is a richly deserved honour for LonDEC. Building on such success,it is hoped that LonDEC will continue to grow and develop as a groundbreaking centre of excellence.

LonDEC was shortlisted for an Elisabeth Paice Award in November. This in itself is a great accolade and is a significant achievement for a centre that is just over two years old to be considered for such an award against well-established postgraduate medical education centres. The winning centre in 2010 was the Postgraduate Medical Education Department at Great Ormond Street Hospital. DT

Robert Kinloch re-elected as Chair of SDPC

Dr Robert Kinloch has been re-elected as Chair of the British Dental Association (BDA) Scottish Dental Practice Committee (SDPC). His re-election was unopposed.

Dr Kinloch is a general dental practitioner who practises at Alexandria, near Loch Lomond. He graduated from Glasgow Dental School in 1977 and has been in general practice since then, initially working as an associate before establishing his own practice in 1981.

In addition to serving as Chair of SDPC, he also chairs the BDA's Scottish Council and the UK Healthcare Policy Group. He has served as SDPC Chair since January 2010.

Thanking his committee members for electing him, Dr Kinloch said:

"It is a huge privilege to be re-elected as Chair of SDPC. I'd like to thank my committee members for their continued support. Although we have seen some very positive developments in general practice in Scotland in recent years, there are many challenges still ahead of us. I look forward to leading SDPC as we debate and address them."

Dr Gerard Boyle, a general dental practitioner in Glasgow, was elected as Vice Chair. Also elected to serve on the SDPC Executive were Drs Robert Donald, John Glen, Derek Harper and David McColl. DT

Managing CQC the Genghis Khan way

Michael Young on registration, regulation and regulators

Dental receptionists have a lot to handle

When I graduated in the late 70s I could have literally walked out of dental school and set up a new National Health Service (NHS) practice in the back room of my house, if I had one. All I needed was a Family Practitioner Committee (FPC) number, a quick chat with the local Planning Department (or I could have kept quiet, as the chap who owned the practice I bought in the early 1980s had done in the 1950s), some professional indemnity insurance, oh, and a nurse and a receptionist. Maybe the privately educated but not too bright daughter of the local farmer fancies trying her hand at nursing. Finding a receptionist shouldn't be too much of a problem, after all what can be so hard about answering the telephone, making appointments and taking a bit of money from the patients? The Dental Practice Board (DPB) will send one of their Dental Officers around to give the place the once over, make sure I've got enough of everything, and that the surgery and waiting room (the hallway at the back of the house) are nicely decorated. Hopefully the NHS, the FPC and the DPB wouldn't bother me again. As long as I kept out of trouble and stayed on the General Dental Council (GDC) dental register, I would never have to open another dental book or journal ever again. My nicely spoken nurse would never have to trouble herself with keeping up-to-date or passing exams. Yes, the next 35-40 years until I retired were going to be just dandy, or so I thought.

That's how it was for dentists a generation ago, but oh my, how things have changed: bit-by-bit, dentistry has slowly been coming under the 'control' of various regulatory bodies. Health and safety legislation, disability discrimination, clinical governance, and the annual complaints audit all crept in. Initially, only dentists, hygienists and therapists had to be on the GDC register, but now dental nurses and technicians (DCPs) also have to be registered. Everyone now has to undertake continuing professional development (CPD). And so it went on; more regulations, more accountability, more paperwork, and inevitably, more cost.

Now it seems that dentists and their practices have the daddy of all regulations and regulators watching over their every move, namely the Care Quality Commission (CQC). As I am no longer in practice I don't have to dance to CQC's tune, but curiosity has got the better of me, and so I read *'Essential standards of Quality and Safety'*, which made me think about how I would have 'managed' CQC in my practice.

I think at the outset it is important to separate what CQC is trying to achieve from how it is going about it. The improvement in the quality of dental practices, both NHS and private, and the safety of patients are central to what CQC is trying to achieve. I don't think anyone can argue against CQC's goals.

The first stage in the CQC process is that practices have to register with CQC and declare that they comply with a number of items. My practice was a British Dental Association (BDA) Good Practice so I think we would have been well placed to comply with CQC. As the BDA itself states:

The Care Quality Commission (CQC) has accepted that membership of the Scheme is a reliable indication that the practice is using a QA framework. Practices meeting the Scheme standard should be well positioned for meeting CQC compliance.

If we were not a BDA Good Practice or a member of any other compliance scheme, then I think that my practice manager and myself, and the team would have our work cut out.

CQC compliance involves the whole team, and so everyone at my practice would be made aware of CQC from the outset, and would then be expected to help the practice comply. There has been a great deal of negativity from dentists about CQC, but when either my practice manager or myself talked to the rest of the team about CQC, we would always be very positive about it.

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There is no point undermining people's confidence in something if you then expect them to help you.

Assuming that your practice is compliant then the next stage of the CQC process should hold no fears for you or your team. A CQC inspection, or a 'Review of Compliance' as they are correctly termed, is the next thing that will happen. I have heard of practices that have only been given a couple of days' notice by the CQC prior to one of these reviews. If your practice is compliant then this should not be a problem, because apart from a quick check to make sure that you have everything you should have to hand, you will be prepared. I would have prepared my team well in advance, well ahead of receiving notice of a review, talking through the purpose of the review, how it is going to be conducted, and what should be said if anyone were asked a question by the inspector. This is not cheating;

this is planning.

It does not matter how well you prepare, an inspection is going to be a stressful event. You imagine that the practice manager won't be able to find that one bit of paper that you both saw yesterday; or that they will ask the youngest and newest member of the team a question to which they give totally the wrong reply; or that the one patient they ask about the practice is the one you didn't want them to ask! There is always the thought that you have overlooked something or

'Improving the overall quality of dental care and treatment must surely make sense to everyone working in dentistry'

that unbeknown to you, the nurse has been doing her own thing regarding the decontamination and sterilisation of instruments. I think it is fair to say that the inspector is not there to catch you out, but if the practice is failing in any of the outcomes, then it is their job to tell you. I would see an inspection as a positive thing, an opportunity for me to find out from someone who should know, how my practice could improve.

The 'Review of Compliance' report arrives. I would not expect the practice to have satisfied everything that the inspector was inspecting. I'd be very happy if we had, but not too disappointed if we hadn't, unless it was something really serious. I'd then go through the report line-by-line and work out exactly what had to be done by the practice to fully comply. I would then hold a special team meeting in which all the concerns arising from the report would be discussed and an action plan for each one discussed and agreed. Written objectives would be given to each team member so that I know that what must be done is done and that it is done on time. The CQC would then be informed in writing when any compliance actions had been completed.

Dentistry has come a long way from the scenario I outlined at the start of this article. The safety of patients, you and your team through stringent cross infection control measures is a good thing. Criminal record checks on employees are sadly a reflection of our modern risk aversion psyche. Improving the overall quality of dental care and treatment must surely make sense to everyone working in dentistry. Isn't it about time that private practices were brought into line and that they too were inspected alongside NHS practices? Some dentists might resent outside interference, but the fact is that CQC is here, and it is better to work with it than against it. Practices that are professionally and progressively managed, and who take a very positive attitude towards managing change, should have no or very little problem with CQC. I don't think Genghis Khan would have shied away from the challenge, nor do I think he would have thought of CQC as a bad thing. DT

About the author

Michael Young is the author of the Diagram Prize winning Managing a Dental Practice the Genghis Khan way. He has over 20 years' experience of managing a dental practice. He taught clinical dentistry at two dental hospitals. He was forced to retire from clinical dentistry because of ill health. He is now a writer and business consultant. During his dental career he was a member of the Chartered Institute of Management, the Chartered Institute of Marketing, and was the Secretary of the North East Region Committee of the Institute of Management Consultancy. Michael is a former Young Enterprise Business Adviser. He was also a member of the Expert Witness Institute. His practice was one of the first in the UK to be awarded the British Dental Association's (BDA) Good Practice. He was also an Assessor for the Good Practice scheme. Over the years he has published a large number of articles on various aspects of practice management and marketing in the dental press, and an article on report writing in the legal press. He is the author of How to be an effective expert witness, which is available on Amazon Kindle. Away from dentistry, Michael's interests include archaeology, history and the arts. Apart from his undergraduate and postgraduate dental degrees, he also holds a BA from the Open University. Visit Michael's web page www.thegenghiskhanway.com