

DENTAL TRIBUNE

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

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News in brief

£7.6m centre

Scotland's public health minister carried out the official sod cutting ceremony for a £7.6m dental treatment and training centre in Perth. The site will feature 20 surgeries, a clinical skills training room, laboratory and decontamination unit. It will open towards the end of next year and it is expected that 7,000 patients will be registered. Shona Robison said: 'This facility, which the Scottish government has provided £4.5m for, is just one example of the work going on across Scotland to provide healthcare facilities that are fit for the 21st Century and I'm sure it will be warmly welcomed by the people of Perth.'

Chewing paan

Bangladeshi people in the UK could be at a higher risk of getting oral cancer due to their liking for chewing paan, a mixture of tobacco and areca nut, according to research. The habit of chewing paan may have led to an 'alarming' rise in the number of cases of oral cancer in East London, according to researchers at Barts and The London School of Medicine and Dentistry. A team from the Centre for Clinical and Diagnostic Oral Sciences used a mobile dental unit to tour areas of East London, targeting the Bangladeshi community, especially those who rarely visited a dentist.

Oral cancer

Oral cancer rates for both men and women of all ages, have increased by more than 45 per cent since records began in 1975, according to Cancer Research UK. The charity revealed that oral cancer rates in the UK for men in their 40s have gone up by 28 per cent since the mid 1990s, and rates for women in their 40s have increased by 24 per cent in the same period.

Hypnotist hired

A dentist in Scotland has hired a hypnotist to help patients overcome their fear of dentists. Patients at the Edinburgh-based Lubiju can now opt to have treatment under hypnotherapy instead of having the traditional needle. Dentist Dr Biju Krishnan said: 'What the hypnotherapy offers is that it puts the person back in control of those fears, it lets them feel that they are in a safe place and in control.'

News



Oral Health Month

Oral health initiative signs up more than 85 per cent of practices - are you taking part?

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Money Matters



Quality control

You need to keep your eye on the ball if you're to get things right in business, and dentistry is no different, argues Frank Pons.

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Growth factors

Prof. Liviu Steier and Gabriela Steier discuss how growth factors are a valuable addition to regenerative dentistry.

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Handling feedback

Nikki Berryman discusses the issue of giving feedback to team members and why it is important.

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Dentists still 'poor relation' to GPs



The average income for a dentist in England and Wales is just over £89,000, according to recent figures from the NHS Information Centre.

This is still considerably below the £107,000 that the average GP earns. However the figures revealed that for some dentists, earnings can be much higher with one in 20 dentists earning more than £200,000 between 2007 and 2008 and nearly 400 earning more than £300,000.

The NHS Information Centre statistics revealed that 382 dentists - nearly two per cent of the total - earned more than £300,000 in the year.

The figures cover earnings in the second year of dentists working under the new NHS contract introduced in 2006. The earnings cover both their NHS and private work.

Dentists running their own practices, who had a contract with the local primary care organisation, to provide NHS services earned on average £126,807.

But dentists working in a practice without such a contract earned on average £65,697.

The NHS Information Centre's chief executive Tim Straughan said: 'The England and Wales report looks at earnings in the second year of the new

contractual system and reveals the average earnings of NHS dentists varies greatly depending on whether they personally held a contract with their Primary Care organisation.'

John Milne, chair of the British Dental Association's (BDA's) General Dental Practice Committee, said: 'These statistics reflect the second year of operation of the 2006 dental contract in England and Wales, a time when dentists were working hard to overcome problems with the new arrangements and make them work for their patients.'

'Many practitioners were contending with the uncertainty of potential clawback of their contract values. Dentists, almost uniquely in the NHS, carry the business risk of their surgeries and are responsible for providing premises, equipment and staff.'

'The picture the statistics paint is one of earnings settling and the expenses of NHS practitioners rising slightly.'

He added: 'What's important now is that we look forward to what we hope will be a better future for NHS dentistry in which the reforms recommended by Professor Steele's report are properly consulted on, meaningfully piloted and implemented for the good of patients and dentists alike.'

Health Minister Ann Keen claimed the report confirmed 'that NHS dentists have good levels of earnings'.

She said: 'Access to NHS dentistry is continuing to improve, following record investment, an expanding workforce and a con-

tinuing increase in the amount of services being bought by the NHS.'

One of the reasons it is thought that dentists are seeing their earnings grow is that they are taking on more private work and diversifying into cosmetic dentistry. This is a growth industry with the number of people seeking cosmetic treatments for their teeth increasing up by to 40 per cent year, according to the British Academy of Cosmetic Dentistry (BACD).

The richest dentist in Britain is thought to be James Hull, who opened his first surgery in 1987 in Newport, Wales and now has 48 dental practices in the UK,

most of which specialise in cosmetic dentistry. The chain has become a leader in cosmetic dentistry, which includes teeth whitening, veneers and implants. It has also expanded into osteopathy, chiropractic and Botox treatments

Earlier this year, the dental chain was valued at £230m, when it looked at selling a 50 per cent stake in the business to a private equity firm, in order to expand into continental Europe and the Middle East.

The Sunday Times Rich List claims Dr Hull is personally worth about £54m and said he has a £6m collection of vintage Jaguars. **DT**



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Dental Protection takes Horizons programme to Scotland

The indemnity organisation, Dental Protection, is set to take its Horizons programme, on how to manage difficult people, to Scotland.

Dental Protection has run its Horizons series of events in England and Northern Ireland and will now be running it in Scotland.

The programme will be held in four cities in Scotland this year, and two more next year, to allow more dental professionals the opportunity to attend.

The team-focused, evening events will see renowned speak-

ers talk on relevant and practical subjects that will be useful for all members of the practice team.

During October, Horizons will visit Inverness, Aberdeen, Stirling and Dumfries, with events in Glasgow and Edinburgh following in April 2010.

Speakers, including Hugh Harvie, Kevin Lewis (Inverness and Aberdeen) and John Tiernan (Stirling and Dumfries), will be talking at the sessions, entitled *The Good, The Bad and The Ugly*, which will explore the management of difficult people and difficult situations that arise through-

out the practice - from chairside to reception.

Kevin Lewis, director of Dental Protection, said: "We were overwhelmed by the response to last year's Horizons event, and are pleased to be running another series."

"Our aim is to bring quality programmes closer to home for more of our members, and in that spirit this same programme

has recently been taken to our members in 17 cities all over Australia."

The evening includes 2.5 hours of verifiable Continuing Professional Development (CPD) (pending) for all members of the dental team who are GDC-registered.

Tickets cost £60 for members and £75 for non-members. Tickets for DPL Xtra Practices and

their staff are priced at £50 per person.

Further information and tickets can be obtained by contacting Sarah Garry on 020 7399 1339 or email sarah.garry@mps.org.uk.

Further information is available on the Dental Protection website, <http://www.dental-protection.org/uk/news-events/events/horizonsscotland>

Over 85 per cent of dental practices take part in Colgate Oral Health Month




tice waiting room poster, to be included in the Colgate Oral Health Month 2010 practice pack.

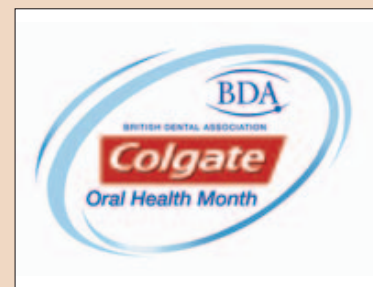
This CPD programme offers everyone in the dental team the opportunity to participate and provides four hours of verifiable CPD.

The CPD programme can be downloaded from www.colgate-uteohm.co.uk

A road show is also travelling around the UK this month visiting major retailers at selected venues and dental professionals will be in attendance at mobile toothbrushing units giving advice on oral health and demonstrating appropriate toothbrushing techniques.

More than 85 per cent of UK dental practices have registered to take part in this year's event.

They have each received a practice pack containing educational materials, patient samples, motivational stickers and materials to enable dental teams to create their own display to drive awareness of oral health within their practices. 



More than 85 per cent of dental practices in the UK are taking part in this year's Colgate Oral Health Month, an oral health initiative run by Colgate in partnership with the British Dental Association.

The aim of the campaign is to educate the general public about the importance of oral health and promote communication between dental professionals and their patients.

This year it is focusing on the theme of delivering prevention in practice.

Colgate is offering dental professionals the chance to take part in its 2009 Colgate Oral Health Month CPD (continuing professional development) programme, which utilises 'Delivering Better Oral Health' - a toolkit for prevention published by the Department of Health.

"A spokeswoman for the campaign said: 'This toolkit provides

the dental team with simple, evidence-based advice to promote oral health to their patients."

"In order to bring its advice to life, and to engage patients, the CPD programme will show some practical examples of how to deliver prevention in clinical practice."

"We want dentists to speak to patients in a manner that patients will understand readily, so that they are better able to follow a route to improved oral health care."

"Focusing on one key preventive theme and working together as a team, practices are asked to develop accessible, easy to understand oral health messages they can communicate to their patients to help them implement a good oral hygiene routine."

Practices are invited to submit the messages they've conveyed and these will be reviewed by a panel of judges. The winning entry will be developed into a prac-

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Editorial comment

Please allow me to introduce myself

“Hi, I’m Troy McClure. You may remember me from such films as...”

For those who aren’t fans of *The Simpsons*, that was just a cheeky little way to get you into the introductory mood. I’m actually Lisa Townshend, previously Editor of a well known monthly publication in the dental press and now Editor of *Dental Tribune UK*.

First of all, thanks to the many people who have wished me well in my new role. I’m looking forward to continuing the good work of previous Editor Penny Palmer, and ensuring that *Dental Tribune*

remains the must read newspaper in the dental profession.

With this in mind, in this issue I have spoken with Prof Jimmy Steele, who discussed with me the Review, its implications and

life beyond the Review as the new head of Newcastle Dental School.

Of course, although I am not new to the dental profession, I am still new to the *Dental Tribune* family. This is where you come in. Please get

in touch and let me know what you think about the newspaper; what you like, what you don’t and anything in between!

E-mail me at lisa@dentaltribuneuk.com



BDA calls for action on Steele Report

The British Dental Association (BDA) is urging the Department of Health to take action and start consulting on the proposals put forward by Prof Jimmy Steele in his report on NHS dentistry.

The BDA’s call comes after the NHS Information Centre revealed there has been a small increase in the number of patients accessing NHS dentistry in the six months up to 30 June 2009 and a fall in the number of complex dental treatments carried out between 2003/04 and 2008/09.

John Milne, chair of the BDA’s General Dental Practice Committee, called the continued increase in the number of patients able to access NHS dental care ‘good news for those who are benefiting from it’.

He added: “These reports also highlight a change in the treatment patterns of care provided by NHS dentists, with decreases in the amount of many more complicated treatments compared to 2003–2004. This change is in line with the aim of the reforms to reduce the amount of complex treatments being provided.”

“What’s important now is that the conclusions of the review of dentistry led by Professor Steele are properly consulted on. For the good of dentists and patients alike, the reforms arising from them must be piloted to deliver an NHS dental service that assesses dentistry in terms of the health outcomes it delivers and provides a quality service to all who use it.”

Shadow health minister, Mike Penning, called the fall in the number of complex treatments ‘a failure for the profession, for patients, and for the wider NHS’.



A thumbs up to your oral health.
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The entire dental team can get involved in the 2009 campaign focusing on Delivering Prevention in Practice.

Practice packs contain educational materials, motivational stickers, patient samples and materials to enable dental teams to create their own display to drive awareness of oral health within their practices.

The 2009 interactive **CPD programme Delivering Prevention in Practice**, providing 4 hours verifiable CPD is available to download by visiting www.colgateohm.co.uk

If your practice has not previously been involved in Colgate Oral Health Month, please call 0845 257 3468 to register.

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The Steele behind the Steele Review

Interview: Lisa Townshend speaks to Prof Steele

For the last nine months, the name on the lips of anyone interested in NHS dentistry has been Professor James Steele. Since the announcement of the independent Review into NHS dentistry in December 2008, Prof Steele has been at the forefront of the dental agenda as the lead in the Review process.

Prof Steele graduated in dentistry from the University of Dundee in 1985 and was awarded his PhD in 1994. His research is around oral health in populations and oral health services research. He has been awarded the International Association for Dental Research Distinguished Scientists Award for geriatric oral research. He is also a clinician, working as a consultant in Restorative Dentistry for the Newcastle Hospitals NHS Trusts. Formerly chair in Oral Health Services Research at Newcastle University, he has recently taken up his new post of head of Newcastle Dental School.

Speaking with Prof Steele, he looked back to the beginning of the Review and explained how he had become involved: “I was contacted in November of last year to ask if I might be interested in the Review, and I think there was a shortlist of people at that time. I’m really not sure how I ended up on that shortlist to be honest. I like to think it was a combination of things – I hadn’t been involved in everything that had gone before, so I think that made it a bit easier as I was coming from a neutral position and I had no ‘baggage’ attached. I had made various comments and observations over the initial reform period, which had been reasonably balanced. In addition, I think an academic background helps when producing documents, writing and analysing etc – so I probably had the right sort of skills. But as to how I was selected is actually a mystery.”

He was keen to praise the support the University of Newcastle had given him during the Review process: “It’s not really something you can turn down – it was a really big task and a really difficult task. It was a quite important thing to do in

a sense I was less concerned about the dental school more concerned to make sure that the university understood what it was I had been asked to do and they were broadly supportive.

“Sometimes your natural modesty takes over and you think ‘can I really do this?’ and I looked at it and thought ‘well yes I think I probably can do this’. There are a lot of things I can’t do but this was one I could.”

One of the first tasks for Prof Steele was appointing the Review team. “I had a lot of input into the rest of the Review team. There were some really difficult decisions to make because this had to be done quite quickly – this was my decision. There was a certain amount of momentum coming off the back of the Health Select Committee report and I wanted to maintain that. I wanted to keep the momentum; I wanted to do it relatively quickly. And I wanted to engage widely, but I didn’t want a huge team with dozens of people because we would never have gotten the job done. I was keen to keep the team quite small and compact and have on board people that I knew could deliver.”

Deciding on a team of him and three others, Prof Steele then felt he had all the bases covered. The Review team finally consisted of himself, Janet Clarke (clinical director, Salaried Dental services, Birmingham; and deputy director, Provider services, Heart of Birmingham teaching PCT), Eric Rooney (consultant, Dental Public Health, Cumbria and Lancashire PCTs) and Tom Wilson (director of Contracting and Performance, NHS Tameside and Glossop).

He added: “One of the areas where there had been a bit of an issue was whether I should have a practising dentist on the team, and I had to give that a lot of thought. Initially I was quite keen to do that, but then the more I considered it and thought through the implications, for the team and the individual concerned, I thought that it was not in the best interest of the Review, largely because it would put in-

credible pressure on the one who was doing it. And then the accusation would be that I had only gotten one view and there was such diversity of views about the way forward that in order to do the process fairly I would have had to have about ten or 20 practitioners on the team and that would have made the whole thing difficult. However, the engagement events were focussed towards practitioners and I think in retrospect that they actually gave us a much better opportunity for people to have an input, which we could then take control of and implement in the writing of the Review.”

Prof Steele has admitted that he did have a couple of fixed ideas about how the Review was going to pan out – and he says that he was proved almost completely wrong. “I did have a few preconceived ideas and whatever I had they were all wrong. Well not all wrong – I knew I’d find quite a lot of anger amongst the profession. Amongst patients we weren’t really sure what we would find to be honest, because quite a lot you see comes through the media and that tends to have its own agenda. So I wasn’t really sure what we would find there and I wasn’t really sure what I would find in the commissioning world and people’s responses. I didn’t find exactly what I expected from the profession – I think there was a fantastic willingness to engage with the process, a real interest in getting it right and a lot of dentists who were really interested in doing good dentistry. That didn’t surprise me but what perhaps did was the real willingness to engage with the process and to really want to try to improve the system for everybody – not just for dentists but for patients and everybody else as well. And that was good – because if I had got to the end and finished the job in a way I had been expecting to finish it back in December it wouldn’t have been much of a Review!”

Discussing the biggest issues which came out of the Review Prof Steele did state that UDAs weren’t the actual problem. “The UDA ends up as a focus of all evil. But it’s not the concept of being paid for a unit

of treatment, we always had that. It’s just that in the past we had different sizes of units. The biggest issue is actually the variability of the UDA and one that does concern me. And the way it is grouped together – the banding across the system – came up as a bit of a problem.

“Clearly some dentists have done much better than others and some have benefitted because of the reforms and others not. However, some of the cases that concern me are the really honest guys who are trying to do a thoroughly good job and who it hasn’t really worked for – because of the way their UDAs ended up or their patients or whatever it was and I have a lot of sympathy there. So the UDA was one thing, but actually there was much more.

“There was an awful lot about the relationship between the dentists and the commissioners and how good or bad that relationship was. In some areas the relationship was absolutely fantastic – there was really good commissioning and it was imaginatively well done. We heard a lot about that; naturally people were very keen to tell us how well it was working in their area. This included dentists who didn’t like the contract but who thought that commissioners were doing a really good job and who were working with them. Equally, there were lots of complaints about the commissioning process. This included that they [commissioners] didn’t know what they were doing and were junior so couldn’t be expected to get their head round dentistry because they had so many other things to do at the same time. And so dentists felt short-changed by not getting the quality of commissioning they felt they should deserve. And I think a lot of commissioners felt the same way!

Of course cynicism about the Review was something Prof Steele was expecting – and got! “I did come across a lot of cynicism about what we were doing and I still come across it. And I think to some extent that’s understandable. We have been through a number of Reviews before and nothing has come of it.

But I think we are in a different place now we are running out of chances to get it right; so I can understand the cynicism and we really have to get it right now.

“The circumstances in which we have to do this – we are in the middle of a recession, there’s not much money and there is a cut in public spending, so it is all well understood that now is not the easiest time to be doing it. In a sense though, if you understand that nobody is going to get a lot of money then it makes it a bit easier – not to deliver but it does make it easier to say ‘right, this is the situation we are in’. We are in a battle now to maintain our position to be appropriately resourced. We have to use what we have maybe a little bit better. From the point of view of the profession it must make sure that it does maintain what we’ve got because eroding it further could cost dear. And I think we can do a lot with the resource we have if we use it better than we do.”

Prof Steele added: “The feedback we’ve had has been pretty positive, but there has been the kind of cynicism that you might expect. I’ve had the accusation that the Department of Health (DH) was all over this, that it was a DH document – I can assure you they weren’t. What I negotiated with DH at the beginning was for total editorial control of the Review and that was respected. It’s the words of the Review team and I stand by everything that’s in the document – nothing has been altered.

“There have been a lot of questions about implementation; I think there is perhaps some frustration that there isn’t more detail of implementation in the Review. I thought it was more important to get the principles clearly set out then the principles clearly agreed by all parties – then the details can be worked on the back of that. In addition, our terms of reference didn’t include implementation; they were to make suggestions about how we were going to do various things. For these things to work they have to be on firm foundations; sensible, clinical and theoretical foundations for what might work and what might not. Let’s Review theoretically what patients want and what dentists can deliver and it was done on that sort

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of basis. For that there will be all sorts of detail and the devil is in the detail - detail about set up about the contracts and how they operate and that's fine detail that frankly I don't want to be involved in! But it has to be done and there are people who will do that."

Discussing the recommendations the Review has made, Prof Steele detailed what he thought

would be the hardest to implement. "The most difficult for DH is always going to be the thing that implies most resource, so I think the most difficult for them will be the IT; actually I think it could be one of the most important recommendations in the whole thing so that we get our data collection systems and IT properly set up. The one that I think has been most controversial amongst practitioners is the idea of warranties. The point I was trying to make is that this is a principle because it is something

that patients say 'well, why not?' and we have to ask the question 'if we can't do that, then why can't we do that?' - there would have to be a very good answer to that. There are situations where you can't guarantee it and there are many situations where we already do because there is a free replacement for some treatment within 12 months. That one will be the hardest to get agreement on, and the hardest to implement will be the one that costs money, so I think that will probably be the IT.

Looking to the future, Prof Steele was clearly excited about his recent appointment to head of Newcastle Dental School, a position that he took over at the beginning of August. "It's been a revelation. The Review now seems years away. I feel like I finished it months and months ago when in reality I only finished six weeks ago. So much happened during the period of the Review and it was so intense that it really occupied every minute of my life just about for six months. Then it tailed down a little

bit with the presentations and that's all done now. So I've been trying to clear an awful lot of backlog and the new role has already been really challenging!

"As head of the dental school I have to make the decisions about how we are run. I have to make big strategic decisions about research direction, our teaching 'manifesto' and our role in the NHS. There's some quite big decisions I've got - I have to manage our budget properly which is quite substantial I've got dealings with the local trusts which we are part of. Many millions of pounds come into the system every year and I've got to try to make sure that is used fairly. I think we've got a fantastic school here and a fantastic workforce and I've got to make sure that we use everybody to the best of their ability. It's a reasonably big school and it is obviously very expensive to train dentists so I have to think pretty carefully about how we do that."

Training and retaining students and young dentists within the NHS is a matter that has been coming up more often as the issue of access is raised. Prof Steele acknowledged that dental schools have an important role to play in this and commented that it had been raised within the Review. "It's come up in independent think-tanks and one of the consumer associations raise their concerns about dentists being committed for a certain time. There is an issue as the taxpayer puts an awful lot in to training dentists and they quite rightly expect something back. I think that for the most part we do get something back which is good. But I'm very keen to ensure our students recognise that actually they are working for the NHS, that they have got a role within the NHS they do - a really important role in the NHS. They provide care within the NHS and in return they have an awful lot invested in their training.

"It's interesting that the students pay fees now - £3000 a year - and I think there's a misconception that the fees cover the training. It doesn't come close and I'm not sure they get that. So I'm very keen to make sure they know that they have a huge responsibility to the NHS, that they have a real role to play. But it's been a real challenge and I've enjoyed it so far.

Looking back on the last nine months, Prof Steele wanted to show his appreciation to the people who participated in the Review process. "I would like to put on record my thanks for the people who contributed out of their own time, and there were many people who emailed in (I tried to reply to all of them but sometimes I was unable to do so because of the volume), people who came along to the engagement events, people who telephoned me or stopped me at meetings or gave me stuff that was important and I didn't have a chance to thank all of them so if they are reading *Dental Tribune* - Thanks! I tried to make sure that I read everything that I got and that it was a vast amount but I really did try to do that so I would like to thank the whole of the profession for that." DT

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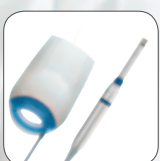
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GDPUK round-up

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

Although there hasn't been a lot of attention-grabbing news in the world of dentistry through the last few weeks, GDPUKers have still found time to air topics they feel strongly about.

One colleague was able to share a letter he had received from his dental contracts team at the PCT reminding dental colleagues that during the summer months, when the weather is warmer, they may be off work more, but reminding the colleagues that they must still provide cover for patients in pain even if not at the practice. The letter had four signatories, all dental nurses working in the dental contracting department of that PCT. This letter raised ire on the GDPUK forum, but no one ever thinks that this item is the last straw to start any revolt against the unscientific, unreasonable levels of contracting demands placed upon general dental practitioners by the Government, which claims the high moral ground yet bullies the profession.

Some other topics briefly covered at this time were questions about spontaneous pulpal haemorrhage, NTI TSS appliances, the recording of telephone calls and there was longer set of messages when a colleague reported his problems following illness and the wording of his BDA associate contract.

The arrangements should the swine flu pandemic become more serious or widespread were discussed, and there has been guidance given by the GDC

as well as other bodies. Colleagues on GDPUK are also knowledgeable about the bird flu and other pandemic arrangements too.

A question was asked about saliva substitutes. Some patients have situations whereby there is no saliva being produced, and as sometimes happens when ex-

perts are asked, there are several varying answers, but the overall consensus was that this is a major problem, there is no real substitute, and patients clearly suffer if they have this condition.

There was some discussion about a future course, and perhaps there will be a report in due course on GDPUK, on the role of the state in dentistry. Perhaps this could be the subject of a future textbook, or PhD paper. [\[1\]](#)



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Speaker: Baldeesh Chana and Sarah Murray
Date: 30th November 2009

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.



Call for boys to have HPV vaccine

The British Dental Health Foundation has backed calls by leading cancer researchers for boys to be given the HPV vaccine to prevent them getting mouth cancer.

Leading academics have pointed to the links between the cancer causing human papilloma virus (HPV) in mouth can-

cer cases, particularly amongst young men contracting the virus via oral sex.

Currently the gardasil vaccine preventing HPV is only given to girls to combat cervical cancer cases.

The British Dental Health Foundation is backing these calls.

Foundation chief executive Dr Nigel Carter said: "Mouth cancer hits some 5,000 people each year in the UK, killing one person every five hours.

"It is time we took action to prevent this hidden killer, which is beginning to affect more and more young people. Expert studies suggest HPV could become a

leading cause of mouth cancer so let us be proactive and plan against this threat."

The government sensibly rose above controversy to give young girls anti-HPV jab to young girls to curb cervical cancer. Mouth cancer affects far more people than cervical cancer, so surely it is time to widen the programme to boys."

Speaking at a cancer conference in Melbourne in Australia, British expert Prof. Margaret Stanley of Cambridge University said: "These HPVs don't just cause cancer in women. They cause it in men as well. Cancer in the mouth, cancer in the anus and those cancers are very hard to treat."

"As an anti-cancer prevention strategy, I would have thought immunising boys was a sensible way to go." [DH](#)

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PANADENT
NEXT GENERATION

Lemonchase now sole UK distributor

UK distributor Lemonchase is now the sole UK distributor for EC Dental Solutions products.

The company, established in April 2005, aims to offer surgeons and dentists expert advice and the finest in magnification, lighting and ancillary equipment. It is headed up by two faces well known to the surgical and dental communities, Nick Lemon and Mark Chase, who have long specialised in magnification and lighting. They offer a one-stop shop for surgeons needing magnifying loupes and for dentists interested in dental loupes and dental microscopes.

Commenting on the news, Nick said, "We've been on the lookout for high quality, sensibly priced consumable products to create a repeat business division of the company. EC Dental Solution's products fit that brief perfectly and are proving very popular with existing customers and dentists nationwide."

The range currently consists of premium diamond and carbide burs, high-speed handpieces both fibre and non fibre optic and hygienist prophylaxis paste in disposable cups. The diamond burs are individually packed, pre-sterilised and can be treated as single use. The high-speeds are compatible with the big handpiece brands such as KAVO, W&H, Bien Air, NSK, Star etc., and due to the move to dental dishwashers and central sterilisation are proving an economic alternative.

Over the next six months the range will be extended to include the following products: -

1. Fiber post
2. Dental instruments
3. Fluoride varnish
4. Nano-composite
5. Hygiene scalers and composite instruments

For information on how you can purchase these, go to the industry news pages 26-29. [DH](#)

Dedicated dental solutions

If you join the ASPD, you'll find no shortage of trustworthy advice on running your practice. Here, some members share their experiences

The success of any dental practice ultimately depends on the decisions taken by the principal, but the everyday dilemmas facing a small business often need more than clinical expertise. Of course, there is no shortage of 'expert' guidance on offer, but how can you tell whose advice can be trusted and who has genuine experience of the dental industry?

Maintaining high standards

Professions engaged in services such as accountancy, banking, financial advice, insurance, equipment leasing and vehicle rental, legal and litigation advice, valuations and estate agency have their own professional associations. The multi-discipline Association of Specialist Providers to Dentists (ASPD) moves a step further by offering the highest standards of service across the whole spectrum of business activity. Membership to the ASPD is open only to individuals within companies that have been vetted, can demonstrate substantial experience of the dental environment and are familiar with the latest developments within the dental sector.

Mike Hughes of Dental Practice Consultancy Service (DPCS) and current chairman of the ASPD finds it difficult to over-emphasise the benefits of membership. 'The ability to communicate regularly with other professionals whose interest in serving the dental profession is paramount, is of enormous benefit,' he says, 'whether those individuals are involved in the provision of similar advice or in a complimentary field. One objective is to ensure that advice is as broadly consistent as possible and secondly, I have total confidence in recommending clients to seek advice from fellow members as appropriate.'

'Accreditation to the ASPD demonstrates that we are a professional firm specialising in the provision of services for dentists,'

says Beverly Mills of Smart & Cook, an insurance broker, which also provides risk management and financial advice. 'The dental sector is continually evolving and to maintain our specialist status we must keep up to date with all areas affecting the profession.'

An ideal solution

Another advantage to the client of engaging an ASPD member is co-operation – member firms are happy to recommend each other or will work together to provide the dentist with the ideal solution. Members are familiar with colleague companies' expertise; as George Manolescu of Dental Business Solutions remarks, 'We know each others' strengths and specialties, and so can recommend other professionals with suitable experience and commitment.'

Financial services and advice

A hot topic for dentists today is identifying a safe haven for investment, particularly for those with pensions in view, as well as advice on surviving the credit crunch. This is the stamping ground of the dentist's independent financial adviser (IFA), who has access to the latest global information as well as an understanding of the specifics of the UK dental market. 'Being an ASPD member allows us to keep up to date with changes in dentistry,' says Essential Money's Sarah Gwilt. 'It also offers good networking opportunities and helps us better understand the needs of clients.'

Richard Lishman of money4dentists agrees. 'Our clients can be confident they are receiving reliable advice from the best service providers in the market.'

The value of the ASPD to both its members and their clients is acknowledged by high-street banks, some of who are members them-

selves. 'When I meet a prospective client,' says Alan Springett of Lloyds TSB, 'I explain I am a member and recommend a visit to the association's website. Clients often find a member offering exactly the skills they are seeking.'

Member David Brewer, healthcare manager at RBS, confirms that his dentist clients have instant access to a 'one stop shop' of the best financial service providers.

Legal services and advice

At intervals throughout their careers, all dentists need legal support – when forming a limited company, for example, or a partnership, or when transferring practice ownership – and to avoid industry specific pitfalls it is vital to engage a solicitor with detailed knowledge of modern dentistry. The ASPD encourages its members to network their experience to benefit their clients.

'We meet three or four times a year to share knowledge and discuss problems,' says Mark Santa-Olla of Gordon's Solicitors. Andrew Lockhart, of Lockhart's Solicitors says: 'I enjoy talking to fellow professionals working in the dental sector and find the meetings and contacts to be very valuable.'

'It's extremely useful being able to discuss problems and developments with other members,' says Edwin Ross of Edwin Ross & Co solicitors, a benefit also acknowledged by Chris Pomfret of solicitors Howell-Jones LLP.

A recent recruit to the ASPD (September 2008), Sinton's Solicitors enjoyed almost instantaneous benefit. 'We have already received instructions on two matters through the ASPD,' reports Amanda Maskery, 'and I would recommend membership to colleagues working in the same area.'

David Griffiths of Maxwell Hodge Solicitors believes that ASPD membership helps persuade potential dentist clients to choose his company rather than a non-member, while Graeme Burn of Burn & Co acknowledges the benefits of extra mural discussions and appreciates being part of a multi-disciplinary organisation. 'We can confidently refer clients to members from other disciplines.'

An accountancy package

A good accountant offers much more than a tax and auditing service and will also provide valuations, cashflow forecasts and commercial asset value management advice. As dental equipment becomes more sophisticated and expensive, an industry-aware accountant can compare the merits of leasing against those of outright purchase as well as offering informed advice on debt/capital ratios. Specialist knowledge of how the health sector operates is vital.

'ASPD membership has broadened our network of professional contacts around the country,' says Greg Penfold of Humphrey & Co accountants, referring to introductions effected at the quarterly meetings, which help members keep up with legislation. Andrew Chuen of FKST Accountants, a member of the ASPD for five years, is impressed by how useful these meetings have been. 'I have found the quarterly meeting extremely useful as this gives me the opportunity to talk to the other accountants and professionals, and keep up to date with new developments and legislation affecting dentistry.'

'In my everyday professional life, I refer to people all around the country from a wide range of professions,' says Cathy Tew of Cathy Tew Associates. 'Each ASPD member contributes their own experience and knowledge to the group, which helps to keep every member up to date with legisla-

tive and other changes affecting the dental arena.' Longden and Cook's Henry Brownson and John Minford of Minford's agree; 'We can keep our fingers on the pulse.'

Only the best

Lyndsey Lococq of Libran Management, which offers practice management and consultancy solutions, was pleased to feel instantly welcome when she joined. 'I have gained general information about the NHS and specific information about the dental market which it would be hard to find elsewhere,' she says. 'I feel my clients benefit as I now have access to other professionals I know I can trust.'

'I have a large referral base of dental experts,' adds Robert Miller of dental practice business sales experts Henry Perlow Group. 'I can call fellow members for advice, and my clients are comforted that I am a member of a known trade body.'

Having been a member since 2000, ASPD Chairman Mike Hughes is delighted with how the Association has developed. 'I have seen the organisation grow and strengthen enormously and become more defined in its role,' he concludes. 'While the core values have remained unchanged, the membership is now more diverse covering a wider range of professional disciplines. It has been a privilege over the last 12 months to have served as Chairman of an organisation so committed to ensuring that members of the dental profession receive the highest quality of help and advice.'

The ASPD is the leading association of dental service providers, and is always keen to attract new members with a proven track record of exceptional service to the industry.

For more information on the ASPD, call 0800 458 6773 or visit www.aspd.co.uk.



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