Don’t miss CIC!

New e-learning solution showing dentists how to give good oral dental advice to their patients has been unveiled.

The two-hour programme, Prevention in Practice: Using Delivering Better Oral Health, was launched by Smile-on at the British Association for the Study of Community Dentistry (BASCD) conference in Manchester.

Janelle Montgomery, project manager at Smile-on, said: ‘The e-learning package can either be downloaded online or bought as a CD-ROM. It supports dentists in implementing the Delivering Better Oral Health toolkit, which was sent to all NHS practices in England in 2007, by the Department of Health.

The programme aims to improve knowledge and understanding, and help consistent and effective delivery of evidence-based health messages by the dental team.

With the programme, dental professionals will be able to provide evidence-based health care interventions that impact on oral and general health and promote behaviour change in patients to improve self-care.

The programme is for all dental professionals from dentists to orthodontists to hygienists.

For more information on the programme, call 020 7400 8989 or email info@smile-on.com.

GDC calls for views

The General Dental Council (GDC) has launched a new ‘Specialist Lists covering fields such as orthodontics and paediatric dentistry.

Patients, as well as dentists wishing to refer patients, can check its website to see whether or not a dentist is a specialist.

The Specialist Lists indicate registered dentists who meet certain conditions and are entitled to use a specialist title. A dentist does not have to be entered onto a Specialist List to carry out the practice of any particular specialty; but may only use the title ‘specialist’ if they are on the list.

To ensure standards have been achieved, anyone on the lists must have had appropriate training and experience – and they are the only dentists who are entitled to call themselves specialists.

A spokeswoman for the GDC said: ‘Our goal is to provide guidance to training providers on allowing flexible opportunities for those wishing to train as specialists. So, we want to find out whether you agree in principle to making training more flexible. How could we do this? What limits are there? We would like to hear from as wide a range of people as possible, including professionals wanting to undertake training and those who will deliver it.’

The consultation opened on 18 March and will run until 10 June.

The consultation can be downloaded online or bought as a CD-ROM.

A copy of the consultation document and questions can be requested from Amanda Little on 020 7887 5812.

You can also email: allittle@gdc-uk.org or write to: Amanda Little, Consultation on Specialist Lists, General Dental Council, 57 Wimpole Street, London, W1G 8QD.

More money for Wiltshire

In Wiltshire, NHS patients will increase from 26 per cent to 55 per cent while in Devizes the number will rise from 59 per cent to 44 per cent.

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In Calne it will rise from 78 per cent to 84 per cent.

Janelle Stobhart, manager of The Market Place Dental Practice and the High Street Dental Practice in Devizes, expressed her delight at the extra funding and said: ‘Wiltshire NHS patients is closed but we are being asked on a daily basis by members of the public if they can join the practice.’
Guest comment

The way forward

Despite en masse criticism and anger about the new contract the government have described this transitional phase as merely ‘turbulent times’. Recent access data showing a 0.4 per cent (99,000) increase in access have been seized upon by the DH as a sign that the reforms are working, even though the number of patients seen was still 1.1 million (3.9 per cent) fewer than the 28.1 million seen in the two-year period immediately prior to the introduction of the new NHS contract in March 2006.

We all know the NHS is a budgeted system and that if we want to provide work outside of the NHS it must fall under the umbrella of commercial necessity, because surely if it is needed the NHS will provide it. DH literature aimed at both patients and dentists is filled with unspecific phrases such as; ‘In April 2006 the NHS introduced new rules which mean that orthodontic treatment is only given to people who need it for clinical reasons’ and my personal favourite is the term ‘clinically necessary’.

The words ‘clinically necessary’ and ‘clinical reasons’ seem to be an interpretation for working within a budget, so why is the DH reluctant to talk to patients and dentists about the reality of working within a budget? Are we now as a profession surely to believe that children who fall outside of the NPT requirements do not clinically need orthodontic treatment, unless their parents have the means to go private? Whilst I agree that funding needs to be rationed so that the optimum number of people can benefit from the NHS, where is the honesty about the real financial reasons behind why these decisions have been made?

In my recent interview with CDO Barry Cockcroft I asked him what NHS dentistry is aiming to provide. I was given a barrage of friendly sounding words such as clinical effectiveness and evidence and outcome-based treatment. But after probing a little bit further I was told ‘It’s about clinical and cost effectiveness, and that’s a judgment dentists have to make’. Initially this sounds like a nice non-specific phrase which with simple treatment makes a lot of sense; why should the NHS provide white fillings on back teeth when silver metal ones will suffice at a fraction of the cost? But what about more complicated treatments? Can we really have a situation where all treatments are both clinically and cost effective?

In many cases certain treatment options such as large span fixed bridges or implants can be very clinically effective but a removable partial denture may be the most cost effective option. So surely now is the time the DH opens a proper dialogue about how the NHS can provide more complex treatments or are we stealthily moving to a basic core system where the emphasis on seeing more and more patients to improve statistics is given priority over providing high level care to the whole population? Whatever the case lets hope the DH starts to give clear guidance as to the direction of NHS dentistry, maybe then NHS dentistry can deliver realistic outcomes based upon realistic aims.