A dentist described as the ‘worst in Scotland’ has been struck off from the profession. Andrew Boyd, who practised at the Barassie Street Dental Practice in Troon, Ayrshire, left one man looking ‘like the Elephant Man’.

While another patient was forced to spend £17,000 on private treatment to repair the damage caused by Mr Boyd.

Health campaigners have called him the ‘the worst dentist in Scotland’.

Mr Boyd was accused of not examining patients properly, failing to take x-rays and not recording treatment.

The General Dental Council (GDC) chairwoman, Marilyn Green, said: ‘He omitted to take proper care of his patients on a large number of occasions, and failed to provide the basic diagnosis and treatment of common oral disease which would be expected of a competent dental practitioner. This amounted to the supervised neglect of his patients.’

She added: ‘The committee has to protect the public and maintain its confidence in the profession. Therefore the committee has decided that erasure from the Dentists’ Register is the only appropriate and proportionate sanction in this case.’

Margaret Watt, chairwoman of Scotland Patients Association, said: ‘This dentist is the worst I’ve ever heard about in Scotland. It’s shocking that it took so long for his behaviour to be exposed when he was very clearly endangering patients’ lives.

Bad oral hygiene can cause all sorts of health problems especially if the patient has an underlying health condition such as a heart problem.’

The hearing heard that around a hundred of Mr Boyd’s patients needed ‘immediate treatment’ after going to see him.

Dozens of them suffered from problems with gum tissue and tooth pulp.

Dental experts discovered other patients’ fillings had not stopped their teeth rotting because Boyd had failed to remove decay.

Boyd was removed from the NHS practitioners’ list after a misconduct hearing in 2006.

In 2007, he admitted a series of misconduct charges involving sub-standard dental care and was suspended for five months.

He failed to attend a review hearing in June 2008 and was banned from working for another 12 months.

Mr Boyd did not attend his hearing at the GDC.

Scottish dentist struck off

Rochdale sees NHS boost

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For better dentistry
Patient left to suffer ‘extreme pain’

A dentist has been accused of leaving a woman to suffer months of ‘extreme pain’, according to a misconduct hearing at the General Dental Council.

Simon Rudland, of Falgrave Road surgery in Scarborough, installed bridges to the patient’s upper and lower mouth between 2005 and 2006.

The woman told the hearing at the General Dental Council (GDC) that the pain was so bad she was unable to sleep at night.

She had a number of further appointments with Mr Rudland but he failed to correct the problem.

Dental expert Anthony Lynn told the hearing that some pain was to be expected because installing bridges was a ‘severe process for the teeth’.

However, he said Mr Rudland was under a duty to investigate the problem, particularly as the patient returned for further consultations.

He said that he thought Mr Rudland did not carry out enough investigations into the cause of pain as there were no radiographs.

The GDC heard that Mr Rudland sold his practice in 2006 and moved to Spain where he is thought to be living in Marbella with his wife.

He has not been present at the hearing.

If found guilty, he could be struck off.

The hearing continues.

UDA system ‘bad’

Over 90 per cent of dentists disagree with using units of dental activity as a way of measuring the work they do, according to a recent survey.

The survey carried out by Challenge, a pressure group for dentists, found that 91 per cent of respondents believe that the introduction of units of dental activity (UDAs) to measure activity, has had a damaging influence on diagnosis and treatment planning for patients.

While 89 per cent felt that the new contract did not make it easier for them to give preventive advice and treatment for their patients than before.

A spokesman for Challenge said that the findings showed that ‘dentists working within the GDS feel that UDAs are a bad system, damage treatment planning and do nothing to encourage prevention’.

He added: ‘They also feel that the contract makes providing appropriate care more difficult, produces more financial risk, alters the management of disease and that patients are less happy.

Newly qualified dentists don’t find the contract easy to manage, don’t feel their education and skills are fully used or that UDAs measure work effectively.

While dentists outside the GDS withdrew from the GDS because of the introduction of the contract, they found more untreated disease on new patients than before.’

Smile-on helps deliver better oral health

Smile-on, the learning resource provider, has come up with an innovative e-learning solution to help dental practitioners implement Government guidance on improving patients’ oral health.

The two-hour programme, ‘Prevention in Practice: Using Delivering Better Oral Health’ was developed by Smile-on at the request of NHS Education South Central (NESC).

It has had input from members of the team that produced the Delivering Better Oral Health toolkit, which was sent to all NHS practices in England in 2007, by the Department of Health.

Dr Gill Davies, specialist in dental public health for Manchester Primary Care Trust, who wrote some of the educational material on the DVD said: ‘It deals with issues such as the best ways of communicating with patients and overcoming opposition within the practice and the perceived barriers to integrating preventive activity for every patient’.

She added: ‘A variety of teaching methods are used, including short film sequences, illustrations of key points and indications of the sources of the evidence on which the prevention toolkit is based. It is interactive in that it asks questions about attitudes at the start of each topic and then checks on knowledge gained at the end.

It can be watched from start to finish or the user can dip in and out of topics as they choose – the screen is very user friendly and constantly shows the stage the viewer has reached.’

The e-learning package can either be downloaded online or bought as a CD-ROM.

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

Each DVD provides two hours of CPD.

For more information on the programme, call 020 7400 9890 or email info@smile-on.com.

Army dentist treats Kenyan villagers

A dentist with the Royal Army Dental Corps is currently visiting remote villages in Kenya, providing ‘once in a lifetime’ dental care for the villagers.

Captain James Scott, a dentist with the Royal Army Dental Corps, is one of 151 British Army medics, on exercise in Kenya, giving dental treatment, primary health care and inoculations to people in remote locations across Kenya.

Captain Scott has spent four weeks out there setting up temporary mobile dental clinics which provide villagers with often their only chance of dental care in their lifetime.

There is such a demand for the treatment that some villagers have walked more than 50 kilometres to be seen in the clinics which open at 8am and close when it gets dark.

Captain Scott said: ‘Most teeth we have been looking at have tooth decay, so if there is imminent pain, we suggest taking it out because the patients are unlikely to see dental care soon.

In some cases, we are providing the first and last dental care some of our patients will see.’
An NHS study is looking at treatment options, after research found that filling baby teeth may have ‘no significant benefit’. Around 40 per cent of five-year-olds in the UK have tooth decay and at least one in 10 of these is treated with fillings.

Researchers from Manchester looked at case notes of 50 dentists, which suggests that filling baby teeth may achieve nothing but expose children to the discomfort of an injection and the sound of the drill.

Children receive a wide variation of care on the NHS with some dentists choosing to give a filling with another opting to extract it.

Professor Martin Tickle, of the University of Manchester, found no difference in the numbers of extractions for pain or infection whether baby teeth had been filled or not.

He also carried out a survey of the parents of all five-year-olds living in Ellesmere Port and Chester in 2005, and found only six per cent would want their child to have a filling if they had symptomless decay in a baby tooth.

While a third would want the dentist to monitor the tooth but provide no treatment.

Kamini Shah, honorary secretary of the British Association for the Study of Community Dentistry, said: ‘There are two schools of thought, one being that baby teeth can cause pain and sleepless nights and so dentists should fill.

The other is that actually the evidence around filling baby teeth is questionable.’

Advisers to the NHS are now beginning a study on treatment options to provide dentists with clear evidence-based guidelines.

Experts working for the Health Technology Assessment Programme want to recruit over 1,000 children from across the UK to take part in a study that will compare the outcomes of three treatment options.

They are drilling and filling, no fillings or a painless paint-on tooth treatment that merely seals and contains the decay.

The trial will run for four years from 2011 across England, Scotland and Wales.

Charity appeals for donations

The Dentists’ Health Support Programme made an appeal for more donations at the Local Dental Committee’s annual conference in London.

The charity gives support to dentists suffering from alcohol and drug addiction. It is estimated that one in 10 dentists suffer from an alcohol or drug-related problem.

Brian Westbury, chairman of the Dentists’ Health Support Trust which runs the programme, said: ‘We save the professional and personal lives of these people and every year we take on about 70 new cases.

We inevitably have a growing caseload. Many of these colleagues are helped to a stable condition. None however are truly cured and they may need access to our help and support at any time they feel vulnerable.’

The Trust enables the programme to run a 24-hour service with access to its co-ordinators and UK-wide network of voluntary special referees. The Trust pays for the co-ordinators and their expenses but not for the dentists’ treatment, which must be funded privately or through the NHS.

Any donations should be sent to the Trust’s treasurer Michael Stern, 48 Pollard Road, Whetstone, London N20 OUD.
Scotland gets advanced treatment

Two dentists in Scotland have opened one of the country’s most advanced treatment centres combining dental treatment and alternative therapies.

Biju Krishnan and Lubino do Rego have opened Lubiju in Edinburgh, which offers some of the most hi-tech treatment techniques and equipment available in cosmetic dentistry.

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Recession hits BDA Fund

The British Dental Association Benevolent Fund is struggling financially in the current economic climate with more and more people appealing for help.

Ian McIntyre from the Fund said: ‘One of the problems is that beneficiaries are getting younger so they will be dependent on the Fund for considerably longer. The youngest applicant we have had was 24. We are currently helping the twins of a 55-year-old female dentist who recently died. Her husband is a tenant farmer and he has financial problems so we are helping them to get back on their feet.’

Applications to the Fund are up 50 per cent on the year before and nearly a quarter of these applicants were below the age of 40.

The Fund operates by giving loans of up to £250,000 to dentists and their families.

However, the recession has hit the amount of money the Fund has tied up in bank dividends and it is ‘facing a reduced income stream combined with an increased demand for help’.

Any donations are much appreciated. For more information, go to www.bdbenevolentfund.org.uk.
T here has been a surge in the number of dental professionals using the General Dental Council’s website, since its relaunch.

Over 2,600 dental care professionals (DCPs) have created accounts on the General Dental Council’s (GDC) website, eGDC, since it was re-launched in April this year, according to figures from the GDC.

This brings the total number of dental professionals who are using the site, first launched last November, to over 5,200.

The eGDC site is designed to make things as easy as possible for registrants to keep on top of registration requirements at the click of a mouse.

It allows users to update their contact details, pay their annual retention fee and, in the future, submit continuing professional development returns.

A spokeswoman for the GDC said: ‘We have made changes to the login in procedure on eGDC after listening to feedback from site users.

Registering on the site can now be done instantly, meaning there’s no wait for a password let-ter, providing you have an ID ver-fi-cation code.

If you don’t have your code you can request one on the site, from now on.

The deadline for dentists to pay their fee will still be 31 De-cember each year.

For more information, contact the GDC customer advice and in-for-mation team on 0845 222 4141 or email CAIT@gdc-uk.org.

There will also be informa-tion on handling practice sales and retirements, referral man-age-ment, the benefits of local managed clinical networks and dealing with orthodontic ten-ders and re-commissioning.

Registration for the meeting is free, but places must be booked in advance.

Lunch and refreshments will also be provided free by the British Orthodontic Society.

More information and a book-ing form is available from www.bos.org.uk.

BOS Education Day

T he British Orthodontic Society is organising the UK’s first National Orthodontic Commissioning Education Day.

The event will be held this September and the day is aimed at individuals or organisations who are directly or indirectly in-volved in commissioning NHS orthodontic services.

A spokeswoman for the British Orthodontic Society (BOS) said: ‘Whilst the new con-tractional arrangements of 2006 in England and Wales brought about a number of positive changes, there are still many is-sues that would benefit from fur-ther clarification and guidance.

With this in mind, there is no doubt that shared knowledge be-tween strategic health authori-ties, primary care trusts (PCTs), orthodontic managed clinical networks and providers is of huge benefit.

After discussion with both commissioners and the Depart-ment of Health, the British Ortho-dontic Society is keen to help facilit-ate this process and so is organis-ing the day-long event as a parallel session at its annual conference which takes place on Tuesday 15 September in Edinburgh.’

The BOS has already run a number of education days at a lo-cal level in the last year and these will form the blueprint for the first national event.

During the day, delegates will learn at first hand about several examples of commissioners and providers successfully working together as part of local clinical networks and there will be good practice to share with those in-volved with commissioning.

The BOS wants this day to be as inclusive as possible and, with that in mind, has an-nounced that representatives from PCTs, the BSA, the De-partment of Health, as well as the British Orthodontic Soci-ety will give presentations.

The topics to be covered during the day include justifi-ca-tion and scope of orthodonti-cs, background and princi-ples of the PDS contract and or-thodontic monitoring and BSA reports.

There will also be informa-tion on handling practice sales and retirements, referral man-age-ment, the benefits of local managed clinical networks and dealing with orthodontic ten-ders and re-commissioning.

Registration for the meeting is free, but places must be booked in advance.

Lunch and refreshments will also be provided free by the British Orthodontic Society.

More information and a book-ing form is available from www.bos.org.uk.

Bridge2Aid has a ball

T ickets are now on sale for this year’s Bridge2Aid charity ball – a UK charity offering dental and community development programmes in North West Tanzania.

The Bridge2Aid charity ball will be held on 13 November at the Hilton Metropole Hotel in Birmingham at the 2009 British Dental Trade Association (BDTA) Showcase and is being sponsored by Dentsply.

The Bridge2Aid charity runs a not-for-profit dental clinic, an inno-vative dental training programme for local health workers, and a com-munity development programme helping the poor and disabled in North West Tanzania in Africa.

A spokeswoman for Dentsply said: ‘Dentsply has provided con-tinuing support to Bridge2Aid over the years, and is delighted to assist with the organisation of such a highly anticipated event.’

Anne Gerulat, processing manager at the GDC, said: ‘We’re hoping DCPs in particular take advantage of eGDC this summer.

They’re fast approaching the 31 July deadline to pay their an-nual retention fee and eGDC has plenty of extra information about how they can do that.

Some DCPs will also be asked to complete their continuing pro-fessional development returns this August and will be able to submit this on eGDC.

The deadline for all DCPs to pay their £96 annual retention fee and to register is 31 July and will be 31 July each year from now on.

The deadline for dentists to pay their fee will still be 31 De-cember each year.

For more information, contact the GDC customer advice and in-for-mation team on 0845 222 4141 or email CAIT@gdc-uk.org.

Tickets to the ball cost £42 each.

For further information on Bridge2Aid, please visit www.bridge2aid.org.