FDI closes Annual World Dental Congress in Singapore
World Dental Federation appoints new president and invites to Brazil

Singapore: Singapore has a long and successful relationship with the dental profession. Not only does the city state host the oldest running dental school in Asia; first implants were placed here by Dr Henry Lee almost 20 years ago. Nowadays, the island boasts a workforce of 1000 dentists that are both educated internationally and make use of the latest state-of-the-art equipment. Large international manufacturers such as 3M ESPE and Straumann have taken advantage of Singapore’s position as a trading hub and serve most of their customers in the Asia Pacific region from here. With IDEM Singapore, the city also hosts a dental trade show every two years that not only attracts dental professionals from Singapore but also from other countries in South East Asia.

It was no surprise that the FDI World Dental Federation, who represents the interests of dentists globally, decided to organise yet another one of their Annual World Dental Congresses (AWDC) in Singapore. An AWDC was held here before in 1994 and the FDI has been cooperating with the Singapore Dental Association (SDA) in organising IDEM Singapore’s scientific programme for almost four years.

This year’s congress was held in conjunction with Singapore’s Oral Health Month, an annual campaign that aims to improve oral health by offering free dental screenings to every Singaporean. According to the latest Adult Oral Health Survey conducted island-wide in 2005, almost half (46 per cent) of the respondents indicated that they visit the dentist at least once a year; the average mean DMFT was 8.1 and about 10 per cent of the respondents were caries free. The respondents were asked about their oral health status and the majority believed they could improve it. Though official numbers were not yet released, exhibitors speaking to Dental Tribune Asia Pacific said that visitor’s numbers clearly did not meet their expectations. In spite of this, most exhibitors also reported increased numbers in sales and business deals. Plently of new products and processes were introduced, for example surgical instruments and hand-pieces that now come with built-in and long-lasting LED lights. Nobel Biocare introduced their newest product NobelProcera for the first time to Singaporean dentists during an official launch dinner held at the Charlot Hotel. The system aims to combine industrialisation production processes with versatile and individualised aesthetics for dental restorations.

In addition, continuing education was offered to trade show visitors through Dental Tribune in collaboration with the DT Study Club, who held their first online symposia outside the United States.

Members of the 2010 Local Organising Committee invited to next year’s congress in Salvador da Bahia in Brazil, home country of the newly appointed FDI president Dr Roberto Vianna. Dr Vianna, who took over the presidency from Dr Burton Conrad, Canada, received his DDS from the Federal University of Rio de Janeiro in 1965. Since then, he has been serving for many national and international health organisations, including the World Health Organization and the Latin America Association of Dental Schools.

“I am very happy to lead the FDI as president over the next two years. The organisation is, of course, the voice of dentistry, but more so, it is a means of empowering dentists to think about oral health on another level, for the benefit of the greater population,” Dr Vianna said. “I would like to contribute and help spread the FDI message; to accomplish the objectives expressed in our mission. The FDI is a strong organisation that continues to improve.”

“I’d like to see us focus on developing our relationships and networks, both across the organisation and outside. I am very happy with the direction we are moving in. Since I became part of the Executive Committee there have been a lot of positive changes—new staff members, new relocation of head office, our Executive Director—and important projects, like the Global Caries Initiative (GCI),” he added.

The GCI is a collaborative project led by the FDI with the long-term goal of eradicating dental caries. In July 2009, the Rio Caries Conference was held in Brazil to launch the initiative and a series of follow-up events are expected over the next ten years. Dr Vianna also announced that he will support the GCI throughout his term as president.

Another important advocacy tool during his term will be the new Oral Health Atlas, which was released at the FDI congress in Singapore and will be available at Amazon UK after the FDI congress. According to Dr Vianna, this will be a landmark publication that will strengthen the FDI’s mission as a world leader for the promotion of oral health information by demonstrating the state of world oral health in easy language, for everybody (from dentists to government delegates to the general public).

Speaking about the 2010 FDI Annual World Dental Congress in his home country Brazil, Dr Vianna borrowed a phrase from France’s national anthem, “le jour de gloire est arrivé” (now is our glorious day): “I am very excited to see the AWDC come back to South America, for only the third time in FDI’s history. There has been a lot of breakthrough research and development in Brazil in recent years. Hosting the annual congress will further strengthen oral health promotion across the region.”
Change to complaints procedure triggers more queries

The new two-stage NHS complaints procedure has led to more dental professionals seeking advice from the Dental Defence Union on how best to respond to patients’ complaints.

The Dental Defence Union (DDU) saw a 20 per cent increase in members notifying them of patients’ complaints in 2008. Rupert Hoppenbrouwers, head of the DDU said: “We don’t believe that the increase reflects a decline in standards but that members are sensibly contacting us for advice about the new two-stage NHS complaints procedure which came into effect on 1 April 2009 in order to ensure they meet its requirements.

“In addition, our experience is that members want to respond appropriately to a complaint in order to maintain a good professional relationship with the patient, because it is their ethical duty and to prevent the complaint from escalating into a General Dental Council (GDC) complaint or a claim for compensation.”

He added: “As I explain in my Dental Review in the 2008 MDU Annual Report, the emphasis of the new NHS procedure is local resolution, and we are encouraging members to comply closely with regulations that require careful planning of investigations and responses, as well as evidence for complainants that, if appropriate, lessons have been learned and changes made.”

The DDU has extensive experience of assisting members with complaints. It can help members draft initial responses to complaints and, on the rare occasions that complaints are referred to the Ombudsman or the Dental Complaints Service, it can also support members with this procedure.

The DDU’s Continuing Professional Development courses also provide specific practical advice on complaints handling.

Scottish dental centre up for design award

Dumfries Dental Centre in Scotland has been nominated for the Roses Design Awards.

The £2.7m Dumfries Dental Centre and Outreach Teaching Facility in Dumfries is a multi-functional dental centre incorporating eight general practitioner surgeries, six outreach training surgeries and four primary care dentistry training surgeries.

The centre is situated within the grounds of Dumfries Royal Infirmary located between the infirmary campus and the Crichton campus.

The building, designed by Archial Architects is long and linear in plan, culminating in a semi-circular form at its southern point.

A spokesman for the centre said: “A palette of bright, bold colours has been used to enliven the internal environment and make it visually stimulating. It is hoped that this has the benefit of helping dentally anxious patients by making the visit to the dentist less daunting.

“Views over the Nith Valley towards the Dumfriesshire hills have been exploited by maximising glazed areas to the waiting area and from the dental surgeries on the Southern and Western facades.”

The Roses Awards is an annual competition open to design and architecture companies outside the M25 boundary. The results of the 2009 Roses Design Awards will be announced at the awards ceremony which is taking place on Friday 23 October in Nottingham.

Dumfries Dental Centre won the NHS Scotland Environment, Estates and Facilities Annual Design Award in 2007.

The World’s First Online
MSc in Restorative & Aesthetic Dentistry

Master of Science in
Restorative & Aesthetic Dentistry

“The Best of Everything”

Two of the UK’s most respected education and academic organisations have joined forces to provide an innovative, technology driven MSc in Restorative and Aesthetic Dentistry. Smile-on, the UK’s pre-eminent healthcare education provider and the University of Manchester, one of the top twenty-five universities in the world, have had the prescience to collaborate in providing students with the best of everything — lecturers, online technology, live sessions and support.

Convenience
Ownership
Community
Opportunity

Call Smile-on to find out more:
tel: 020 7400 8989 | email: info@smile-on.com
web: www.smile-on.com/msc
Dental Access contract – read the small print

By Tony Jacobs BDS

The name of Dr Mike Warbuton, a medical practitioner working for the Department of Health was one which had been coming up more frequently, and over the summer there was talk of the development of a new contract for dentistry, devised and pushed forward by this man and his team. Rumours were transmitted which suggested this contract would include some of the components from the Steele Review, which had been warmly received, but minus the piloting aspect that Steele had insisted upon. In fact Prof Steele had insisted on a long pilot with proper evaluation, and events now show us this “Warbuton” contract was being pushed to the front without any semblance of piloting. Dr Warbuton headed a “dental access team” and used the expertise of the DHP’s commercial division in composing this complex document.

Through GDPUK, more whispers emerged, and a copy of this document arrived mysteriously in my inbox. More whispers followed and it transpired one of the draft contract arrived mysteriously in my inbox. More whispers followed and it transpired one of the large corporate dental companies, who are very experienced in negotiating dental contracts, had walked away from any further discussions with Dr Warbuton. Furthermore, it also emerged that the BDA had been discussing this contract simultaneously, and they too had a showdown meeting with the BDA, and were also poised to cease discussions too.

GDPUK.com was able to publish this draft contract and a spreadsheet showing the application of the targets in the contract, and their bearing on the contract value, this is available to download at www.gdpuk.com/news and makes interesting reading for dentists concerned about the future of NHS dental contracting.

The contract is weighted differently to the present one, so the subtraction
not base all the payments on achievement of UDAs, merely 51 per cent. This might sound like a good starting premise, but the remaining part of the contract value can be achieved by reaching other targets. 19 per cent of the contract value is made up of giving value for money plus good response from patient questionnaires about waiting times, the practice and treatment received, plus a further 50 per cent is based on reaching Key Performance Indicators, which are outlined in the spreadsheet named above.

An example is the prescribing of antibiotics, and if a practitioner prescribes these at a rate lower than the average for the local PCT, then this reaches the target for that KPI. Inevitably, this number would therefore fall each year, making a serious effect on practitioners’ prescribing patterns, and clearly affecting so-called “clinical freedom”. Other targets include reducing the number of regular patients seen each six months, and gives more pay for seeing them yearly. Each of these requirements is listed and weighted, but nothing of all of them is necessary to earn that 30 per cent of the contract value.

An example in the value for money category is to reduce the number of patients who have more than 24 UDAs of treatment in a 12-month rolling period. In other words, gaming the contract will be squashed, and genuine patients who need antibiotics, or who genuinely break teeth three times in 12 months will find it difficult to have a third lab item if the dentist is to meet targets. This is an example of the DHP trying to ensure that previous suspected gaming by practitioners is not unpunished.

The KPIs are split into three weighted 10 per cent categories, access, effective care and health promotion. Under the contract, every patient must be asked about smoking, and then 90 per cent are to be “signposted” to cessation services to meet the next target. This might help oral health, but is not what has been seen as dentistry. This is only a selective summary and the detail is available to download.

In addition, the contract is composed of many schedules. This seems to give ownership of the practice to the PCT in the event of termination of the contract, imposes many requirements on the contractor on terms of who is employed and how, and more akin to a contract of employment than one between an independent contractor and a health commissioner.

Publication of the draft produced a cascade of responses. The following day, the BDA issued a press release, and wrote to GDPMC members. The BDA’s summary was clear, they saw the contract as initiating micromanagement of dental practices, with a vast array of detailed requirements. The contract would be managed as family practices, and would leave them at constant risk of breach if they did not take it on. GDPMC had met with the DH on this matter, but had made no progress in making it even slightly suitable. The GDPMC Executive had decided to continue with discussions rather than walking away. Their advice went on to tell members that the naming of the contract as it is unsuitable, and open to lengthy and complex litigation if the KPIs was not evidence based, just invented to fit with the spreadsheet.

Advice from all sides is not to enter into this arrangement – the corporates have led the way with their commercial nous – if they will not attempt to make this work, it has to be a poor substitute for any practitioner.

About the author

Tony Jacobs, BDS, is a GDP in the suburbs of Manchester, in practice with partner Steve Lazurak at 668 Dental (www.tbhiddentoon.com). He has had roles in the LDC, local dental protection and with the annual conference of LDCs, and is currently a member of the Dental Protection. Nowadays, he concentrates on GDPUK, the web forum for all dental practitioners and its statistical and hot news resource, www.gdpuk.com.

Dr Roger Matthews on A/C

In the past four years, the cost to the taxpayer of NHS dental primary care has virtually doubled, from just over £1.2bn to nearly £2.3bn. What do we have to show for this? Despite a small uptick in attendance figures from June 2008 to March 2009, there are still over 600,000 fewer NHS patients being seen.

Given this situation, and faced with criticism from politicians, the profession, patient groups and from within the NHS itself, clearly something had to be done. Professor Jimmy Steele’s review – with which we have all been preoccupied for the past two months – was the result.

But behind the scenes a much greater policy initiative has been underway. A grand concept: to unite all primary care contractors under one contractual formula. And only now do we see the result – the Warburton Dental Access Contract. The framework calls for a five year contract – into the relativity unknown of post-election public spending uncertainties. So is there funding for those five years, earmarked in advance? If yes, that suggests that dentistry still enjoys a unique position as a ring-fenced NHS budget (until the election). If not, then it is doubly unwise to consider accepting these onerous terms would say punitive terms.

So is this a development of the process which started in 2005 with the New Contract? The CDO has claimed that the 2006 reforms were just a start, or this is a family practice form, cooked up by lawyers and the Health Department’s commercial arm?

It seems incredible that the currently circulating sixth draft has so far escaped the attention of anyone (professional, or governmental) who knows anything about dental practice. Or so it would seem. For not only is this contract way too complex, over managed and overwhelmingly one sized, it contains multiple references to activities that are alien to dental care (but commonplace in GP practice).

Maybe when policy is decided as a grand sweep of reform, such niceties get pushed aside. Or maybe no-one thought to ask the dentists themselves. Or maybe the administration is so far removed from everyday experience that it really doesn’t know or care.
The next step

The role of the specialist ac-
countant is to completely evaluate a dentist’s business and personal circumstances to work out whether incorporation is the best step forward. Skilled at identifying tax savings and other benefits to the client, a good accountant should provide a balanced view on incorporation, detailing what the dentist can expect after becoming a limited company. Taking into ac-
count the ultimate sale value to third party and if the total net bene-
fit is worth the process, the ac-
countant will then create a unique incorporation blueprint for the practice.

Brokers who have consider-
able experience in gaining the proper valuation of a business, as well as providing a goodwill valuation well supported by comparable sales of similar practices should be approached when ‘going limited’. Gaining such a valuation is key in the event that the transaction is examined by HM Revenue and Cust-
oms, ensuring the dentist has a justified explanation of methodol-
dy used for valuations to support the true practice value.

Solicitors assist in the sale of the business agreement from sole trader to limited company; their skills are needed to set out a legally enforceable sale agreement that is appropriate for everyone’s needs. Flexible enough to not create any restrictions pertaining to the agreement by taking into account the close association between ven-
dor and purchaser, the solicitor will protect the interests of both parties. Dentists can also benefit from the solicitor aiding any possi-
ble conveyancing process, for ex-
ample, property sale and rental agreements back to the limited company.

Ask for advice

Consulting an Independent Fi-
ancial Adviser (IFA) is useful when assessing whether the rules will allow the transfer of a freehold property into a Self Invested Per-
sonal Pension (SIPP).

They will also give advice on pension investments, and deal with additional contributions from sav-
ings generated by incorporation, to in-
crease the size of pension pots. This kind of expert team will guide a dental professional through a suc-
cessful incorporation, provided each member works to their strengths, as there are potential problems that might occur if spe-
cialist’s roles are confused.

Although trained in valuation techniques, accountants are not open to the same information on comparable practice sales and prices as brokers. Brokers will be able to provide an accurate, justified goodwill value that will be sustain-
able under HMRC scrutiny.

Accountants are involved in lia-
ising with the solicitor and coordi-
inating the incorporation, however they should avoid attempting legal advice such as negotiating with a for contract transfer as it might cause problems. A solicitor should always be involved when documenting the terms of sale between the sole trader and limited company in a genuine arm’s length sale.

Defining roles

Keeping roles clarified throughout the incorporation process will ensure the dentist re-
ceives advice tailored to his spe-
cific circumstances. Approaching a solicitor for accounting or tax ad-
vice on incorporation might prove problematic, a conclusive answer will be provided by an accountant skilled in calculating whether be-
coming limited would be a net ben-
efit or net cost to the dentist. By as-
sessing the potential savings against financial downsides, in-
 corporating fees and potential risks, the accountant will advise whether the business will be strengthened by incorporation.

For the right practitioner, there are numerous advantages to becoming a limited company, and with expert advisers, it can be an uncomplicated course to take. Working with an interdisci-
plinary team that knows their strengths and limits can make the incorporation process effort-
less, and with clear boundaries of responsibility dental profession-
als will know what to expect from their respective advisers.

About the author

Michael Lansdell

was brought up in South Africa, re-
ceiving his honours degree there in 1991. He completed his training with international accounting firm Deloitte in 1994, and went on to be-
come a founding partner at Lansdell & Rose Chartered Accountants (SA) a year later. Based in Kensington, London, Lansdell & Rose deal only on a long-term retained basis, ex-
clusively with owner-managed clients, general dentists and doc-
tors, and specialising in the incorpo-
ration of dental practices. To contact Lansdell & Rose, call 020 7737 8555.