Ethical dilemmas continue

Too much target-setting contradicts a more patient-centered approach said Steve Gates, managing director of Denplan last week. His response follows the news that the Health Select Committee Report is calling for the removal of child-only contracts from NHS provision.

He said: “Putting targets ahead of patient needs presents a growing ethical dilemma for dentists. If the heart of the new contract lies an approach which is at odds with the patient-focused approach that is the foundation of professional training. At worst the new contract encourages dentists to not ask which is the best way to treat a patient, but rather what is the fastest and most UDA-efficient way to treat them.”

Any dentist deciding to stop treating children under the NHS will be concerned about the response from families registered with the practice, but those who have introduced Plans for Children report a positive response from most families, most of whom simply want to continue bringing their children to the family dentist.

Bristol-based Dr Peter Redfern, who instigated children’s dental plans in his surgery, said: “We have been offering children’s plans for over two years now, since our PCT confirmed that it was unlikely to offer child-only contracts. In the run up to the end of our old NHS contract we spoke to parents about problems colleagues are experiencing with the new contract. I only wish I’d converted the children at the same time as their parents.”

Many practices set the fees for their children’s plan to cover check-ups, x-rays and scale and polish twice a year, and then charge any restorative treatment at a discounted private rate. Some charge fees hours according to the child’s age or disease risk; others have a single fee band for all children.

Another option is Denplan’s Excel for Children – a quality programme developed with general practitioners, but those who have introduced Plans for Children report a positive response from most families, most of whom simply want to continue bringing their children to the family dentist.

A coup for Morris & Co

Dental specialist chartered accountant firm, Morris & Co, has strengthened its capability further by recruiting Bob Cummings – one of the country’s foremost experts on dental taxation - to its specialist dental team.

His appointment as an associate represents a significant coup for the North-based firm, Morris & Co, which has a staff of 16 who are dedicated to the dental profession. Mr Cummings will be directly responsible for looking after a portfolio of dentists and in particular for advising on complex tax matters, such as incorporation.

A former tax inspector, he has spent 20 years working in dental accountancy. Over this period he has given many lectures to dentists and vocational trainees and has written articles and letters for the dental and national press. Mr Cummings is also National Tax Advisor to the National Association of Specialist Dental Accountants. (NADA)

Nick Ledingham, the Morris & Co partner responsible for dental clients, who is also chairman of NADA, commented: “We are all delighted to have Bob as part of the team. He is liked and respected by his clients and we know he will help to strengthen further Morris & Co’s standing in the dental world.”

DDU advises the expert witnesses

The Dental Defence Union (DDU), the specialist dental division of the Medical Defence Union (MDU), has issued advice to dentists who write expert reports or give evidence in court to help them avoid common pitfalls. Common allegations against expert witnesses are failure to be impartial, not examining papers or patients properly, giving misleading advice and not declaring conflicts of interest.

The DDU’s tips for dental professionals who act as expert witnesses are to ensure that intelligible instructions are given, to understand legal and civil procedure rules, to keep up-to-date in specialist areas of practice and be aware of ethical codes, to avoid acting as both an expert and factual witness on the same case, to inform the court with regard to any conflict of interest, not to give opinions on things little known about. Also, expert dental witnesses should not disclose confidential information, except to those in- structing them, without consent.

Rupert Hoppenbrouwers, DDU head, said: “While the General Medical Council (GMC) has recently published, Acting as an Expert Witness, which sets out the role and duties of expert practitioners who act as expert witnesses, there is no equivalent for dental professionals. The DDU often instructs experts in a wide range of dental specialties when we are defending our members. They are needed to provide evidence in a variety of legal proceedings, including negligence claims and GDC disciplinary actions, and we are very aware of the qualities necessary to do the job. We also assist members with ethical dilemmas, complaints and claims arising from their own expert witness work and know there are quite a few pitfalls awaiting an unsuspecting dental professional.

The expert witness is a key player in many dental cases, as the court continues to explore the patient-centered approach and dental treatment. McCann’s stand in the context of past dental treatment. In many trials and hearings, both kinds of dental witness give evidence.

The DDU has published a briefing document – Dental Reports and Court Appearances – for dental professionals asked to act in legal proceedings. DDU members can phone 0800 385 9014 for a copy or advice.

Leeds Dental Institute fights the fear factor

Leeds Dental Institute, ranked the top school in the UK for dentistry is currently looking at better ways to improve dental treatment and take the fear factor out of the patient experience for good.

Professor Jennifer Kirkham, research director of Leeds Dental Institute said the laboratory was looking for safe new ways to control plaque and do not rely on toothpaste.

She said: “We see patients in the clinic who are not able to brush effectively because the shape of the mouth may not allow sufficient access, the patient could be disabled or just not a proficient brusher.

‘One of the new treatments makes use of a readily available compound in an innovative way to control plaque formation, using photo dynamic therapy (PDT). The patient uses a mouth wash containing an anti-bacterial agent which is activated by bright light and results in plaque destruction. This is trialled in the clinic and patient feedback helps researchers identify where further modifications are needed.

‘The principle of working from bench to clinic to back to bench will see a circle of constant improvement in health and dental care and it is this partnership with patients which ensures research has an impact.’

Another research project could transform the approach to filling teeth forever, Professor Kirkham explains.

‘We have developed a method for Filling without Drilling, which uses a low viscosity protein based fluid which is painted onto the teeth where it infiltrates into the pores. Once inside the pores, the fluid solidifies, to become a gel which then attracts calcium to rebuild the tooth mineral, bringing about a natural repair, without the pain or discomfort usually associated with a traditional drilling procedure.’

A £1.5 million investment by the University of Leeds is set to bring the new Dental, Clinical and Translational Research Unit to the forefront of global research and development in oral health by linking the laboratory activity directly to the needs of patients treated in the clinic.

The flagship centre for world class dental research and clinical practice, the first of its kind in the UK, opens at the Leeds Dental Institute in January 2009.

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Editorial comment

Quality innovation – part one

To say hearing good news for the dental profession is ‘refreshing’ is a massive understatement. It is certainly well overdue—sure—but news that a Northern PCT is leading the way with initiatives on how to reward dentists for quality work is ground-breaking. The newly commissioned tenders for three dental practices in Bradford are certainly unique, and possibly the envy of many. For how can three lucky practices still get paid if they haven’t met their UDA targets, when others don’t get anything? It’s the luck of the draw when it comes to what PCT you have, but clearly Bradford is the best of the bunch so far. Quite how the ‘quality of work’ will be measured remains a mystery, but you can be sure it will be reported here first in Dental Tribune.

But that’s not all the good news. For if new time-limited General Dental Service contracts mean it is more unlikely that a contract would be terminated after five years without ‘a very good reason’ then hup, hip hurrah. Other PCTs should watch and learn. London PCT staff are turning up unannounced at practices demanding to know where and if there are emergency drugs kits and the like. But isn’t the provider the responsible person for the contract? At least some dentists can feel rest assured that there is security and a living to be made post 2009. All we need now is for the other PCTs to wake up and smell the innovation. Like cattle, they are bound to follow.

Growing services

And even more good news via the BDTA! Apparently there were more than one million units of dental activity commissioned by PCTs last year with ‘many new practices opening.’ But how much of this is via the NHS remains a mystery. Obviously, single-use endodontic instruments and oral hygiene and headpieces account for half the increase. This means no more than a rising trend towards cross-infection prevention and control, and fits in nicely with NHS aspirations.

Nevertheless, it is no surprise to hear that growth of the private sector is the biggest trend. With half the population visiting a dentist under the NHS, a quarter of these visits are attributed to private dentistry. The repercussions continue, with dental laboratories reporting big shifts. They lost a whopping 50 per cent of NHS work compared to pre-new contract days, with private work growing to 54 per cent from 50 per cent.

Systemic debate

So the search for systemic disease link with periodontitis is confirmed at last at a day-long conference, *The impact of oral disease on systemic health: What is the evidence and how big is the problem?* With more people than ever before contracting Diabetes Mellitus, Dr Philip Preshaw is resolute with his links to periodontitis, as are other prestigious professors armed now with the scientific facts to back up their views. So now it’s over the medical world to listen and take action. Let’s hope they do.

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

If so don’t hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1N 8BA.

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