T
to much target-setting contradicts a more pa-
tient-centered approach said Steve Gates, managing di-
rector of Denplan last week.

His response follows the news that the Health Select Committee Report is calling for
the removal of child-only con-
tacts from NHS provision.

He said: ‘Putting targets ahead of patient needs presents a growing ethical dilemma for
dentists. If the heart of the Denplan
contract lies an approach which is at odds with the patient-fo-
cus, then surely that is the foundation of professional training. At worst the new con-
tact encourages dentists to not
see which is the best way to treat a patient, but rather what is the fastest and most UDA-ef-
cient way to treat them.’

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

Bristol-based Dr Peter Red-
fern, who instigated children’s
dentals plans in his surgery, said: ‘We have been offering chil-
dren’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 con-
tact we spoke to parents about
our decision, explaining that lack of time to provide quality
care and the number crunching approach was at odds with our
professional training. It was very successful with most par-
tners accepting the change and signing that it was the
right way for us and we are pleased we walked away from the NHS, es-
pecially as we continually read about problems colleagues are
experiencing with the new con-
tact. 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 create fee bands according
to the child’s age or disease risk;
others have a single fee band for
all children.

Another option is Denplan’s
Excell for Children – a quality
programme developed with
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dren to the family dentist.

Steve Gates, ‘What is the fastest way to treat patients?’

A coup for Morris & Co

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

His appointment as an associ-
ate represents a significant coup
for the North-based
NHS, Morris
& Co, which has a staff of 16 who are
dedicated to the dental pro-
fession. Mr Cummings will be di-
rectly responsible for looking af-
ter a portfolio of dentists and in
particular for advising on com-
tplex tax matters, such as incor-
poration.

A former tax inspector, he has
spent 20 years working in
taxation. Over this period he has
given many lectures to dentists and voca-
tional trainees and has written arti-
cles and letters for the dental
and national press. Mr Cum-
mings is also National Tax Advi-
sor to the National Association of Specialist Dental Account-
ants. (NASSA)

‘We have developed a method for Filling without Drilling, which uses a low viscosity pro-
tein 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 min-
eral, bringing about a natural re-
pair, without the pain or discom-
fort usually associated with a tra-
ditional drilling procedure.’

A £1.5 million investment by
the University of Leeds is set to
bring the new Drilling and Transla-
tional 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 In-
stitute in January 2009. 

Leeds Dental Institute
fights the fear factor

L
eeds Dental Institute,
ranked the top school in
the UK for dentistry is cur-
rently looking at better ways to
improve dental treatment and
take the fear factor out of the pa-
tient experience for good.

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

She said: ‘We see patients in the
clinic who are not able to brush ef-
effectively because the shape of the
mouth may not allow sufficient ac-
cess, 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, us-
ing photo dynamic therapy (PDT). The patient uses a mouth
wash containing an anti-bacte-
rial 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 fur-
ther modifications are needed.

‘The principle of working from bench to clinic and back to
bench will see a circle of constant improvement between
thought and practice 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.

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DDU advises the expert witnesses

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deale Dental Union (DDU), the specialist den-
tal division of the Medical
Defence Union (MDU), has is-
sured advice to dentists who write
expert reports or give evidence in
court to help them avoid common
pitfalls. Common allegations
against expert witnesses are fail-
ure to be impartial, not examin-
ing papers or patients properly,
giving misleading advice and not
declaring conflicts of interest.

The DDU’s tips for dental pro-
fessionals who act as expert wit-
nesses are to ensure that intelligi-
bable instructions are given, to un-
derstand legal and civil procedure
rules, to keep up-to-date in spe-
cialist areas of practice and be
aware of ethical codes, to avoid
acting as both an expert and fact-
tual witness on the same case, to
inform the court of a case if there
is a conflict of interest, to not give opin-
ions 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 Gen-
eral Medical Council (GMC)
has recently published, Acting as an
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role and duties of legal practitio-
ners who act as expert wit-
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They are needed to provide evi-
dence in a variety of legal proceed-
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and GMC disciplinary actions, and
so we are very aware of the quali-
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The expert witness is a key player
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of past dental treatment. In many
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dental witness give evidence.

The DDU has published a
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in legal proceedings. DDU mem-
bers can phone 0800 085 8914 for
a copy or advice.

DDU advises the expert witnesses

Ethical dilemmas continue

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 of a case if there is a conflict of interest, to not give opinions on things little known about. Also, expert dental witnesses should not disclose confidential information, except to those instructing 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 legal 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 GMC disciplinary actions, and so 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 or tribunal will want to hear the opinion of an experienced, impartial dental professional to assist in making a decision about the case.”

Expert dental witnesses can be confused with the professional dental witness. The expert dental witness is instructed by lawyers to provide the court with an opinion, whereas the professional dental witness is a witness to fact, specifically in the context of past dental treatment. In many trials and hearings, both kinds of dental witness give evidence.

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To say hearing good news for the dental profession is ‘refreshing’ is a massive understate-ment. It is certainly well overdue—sure—but good 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 hooyay. Other PCT’s 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 PCT’s to wake up and smell the innovation. Like cattle, they are bound to follow.

Growing services

And even more good news via the BD TA! Apparently there were more than one million units of dental activity commissioned by PCT’s last year with ‘many new practices opening.’ But how much of this is via the NHS remains a mystery. Obvi-ously, 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 laborato-ries 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.

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

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Quality innovation – part one

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Systemic debate

So the search for systemic disease link with periodontitis is con-firmed at last at a day-long conference, The im-pact 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 lis-ten and take action. Let’s hope they do.