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—but news that a Northern PCT is leading the way with initiatives 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, while 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 hooray. 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 BDPA! 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. 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 recommercials 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. [1]

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 to the medical world to listen and take action. Let’s hope they do.

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Mixed views for Scotland’s Action Plan

The Scottish Dental Action Plan has received a mixed review from dentists across Scotland, since its launch three years ago. A survey by the British Dental Association (BDA) found that only 37 per cent - a third of high street dentists in Scotland - believe that the Action Plan has changed dentistry for the better, since it was introduced by the then Scottish Executive in April 2005.

Although nearly a fifth of dental practitioners (17 per cent) are of the opinion that the dental action plan has actually made things better, just under half of those surveyed (46 per cent) said they did not think the scheme had made either a positive or negative impact.

Andrew Lamb, BDA director for Scotland, said: ‘The results of this survey highlight ongoing concerns about the future of dentistry in Scotland. It is clear that the Scottish Government still has a number of issues to address if access to NHS dentistry for patients across Scotland is to be improved. It is only through constructive dialogue between the profession and the Scottish Government that these matters can be addressed. The Minister for Public Health has demonstrated a willingness to discuss these issues with representatives of the BDA’s Scottish dental practice committee. This must continue.’

The survey also investigated other issues facing dentistry in Scotland. For example, despite dentists investing heavily in private practices facilities in recent years, 24 per cent of respondents said their practices were not allowed to comply with the decontamination guidelines currently being consulted on by the Scottish Government, which raises the spectre of possible forced practice closures. The potential impact of practitioners retiring, with regard to the accessibility of patients to NHS care, was also highlighted by the survey. It revealed that practitioners aged 50 and over had larger NHS patient lists than their younger colleagues.

Conference confirms perio and systemic disease link

A prestigious panel addressed an audience of dentists, doctors and scientists at a day-long conference on: ‘The impact of oral disease on systemic health: what is the evidence and how big is the problem?’

The event at the QE11 Conference Centre in London on Tuesday, September 9, was organised by the Oral and Dental Research Trust (ODRT). Its chairman, Professor Iain Chapple, introduced the first speaker, Professor Michael Lewis, from Cardiff University and vice-president of the Royal College of Physicians and Surgeons at Glasgow, who spoke about the mouth as a window on the body.

He was followed by Professor Rhys Williams, from Swansea Medical School, who reported on the increasing numbers of people of all ages around the world who are contracting Diabetes Mellitus. Dr Philip Preshaw, from the School of Dental Surgery in Newcastle, drew out the causal link between Periodontitis and Diabetes, while Dr Christine Bickie from the University of Alabama in Birmingham USA, explained the scientific back-up for the mechanistic links between the two conditions. Three more distinguished speakers followed: Professor Paul Mendlesohn continued: ‘It is clear whether dentists would receive non-surgical skin treatments form a qualified doctor, dentist or nurse. In the light of that, if qualified professionals cannot advertise their status clearly, the public could find it extremely difficult to know which practitioner has the most appropriate skills. This must include skills in surgery and infection-control, as well as knowing how to deal with medical emergencies, in order to provide the safest and most effective and appropriate treatment.

The GDC decided at its September meeting that it would review the statement it had previously released, limiting the advertising of cosmetic procedures by dentists.

New managers for IDH

Matt Jackson has also been recruited to the new role of director of private and specialist division.

The division’s aim is to create a new business model for acquiring dental practices in a way which allows the principal dentist to retain a share of the capital value and continue to benefit financially from the development of their business.

Practice owners can therefore effectively hand over the daily responsibility of running their business while aiming to create long-term financial growth over and above that which would be achieved as an independent outfit.

IDH is setting in place a range of business solutions to private dentistry which include financial modelling, marketing, sales and operational systems.

The IDH teams including Mr Barrow and Mr Jackson will be attending the 2008 Dental Showcase in October where they will be unveiling the new division.

CODE backs guidance review

News that the General Dental Council (GDC) is to review its guidance on non-surgical cosmetic procedures has been welcomed by dental and private practice management association, CODE.

The organisation, which runs the membership services for the Association for Facial Aesthetics (AFA) represents business owners in the dental and cosmetic fields and is committed to developing and maintaining high standards.

Paul Mendlesohn, chief executive of CODE, wrote to the GDC calling for a constructive dialogue, after the council ruled that ‘non-surgical cosmetic procedures should not be considered as legitimate additions to dentistry and they must be advertised separately to a dentist’s practice of dentistry’.

He commented: ‘We appreciate that the GDC was trying to clarify the situation on non-surgical cosmetic procedures. However, the impact of its statement was just in to add to the confusion. So we are absolutely delighted that the GDC is going to have a re-think about dentists advertising cosmetic procedures.’

Dr Mendlesohn continued: ‘It is the AFA’s view that it is far safer for a member of the public to receive non-surgical skin treatments from a qualified doctor, dentist or nurse. In the light of that, if qualified professionals cannot advertise their status clearly, the public could find it extremely difficult to know which practitioner has the most appropriate skills. This must include skills in surgery and infection-control, as well as knowing how to deal with medical emergencies, in order to provide the safest and most effective and appropriate treatment.

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CODE believes advertisements for facial treatments should state that the provider is a dentist. This would be in the public interest because the public could then discriminate between medically qualified and non-medically qualified providers.

It also thinks the GDC’s previous guidelines could be unworkable. For example, it is unclear whether dentists would be allowed to advertise for aesthetic treatment immediately alongside adverts for dentistry or if they could place separate adverts in the same publication.

Dr Mendlesohn is campaigning for dentists to advertise cosmetic procedures alongside dentistry.

Mendlesohn and the chairwoman of CODE AFA, Dr Reg O’Neill, will be meeting GDC representatives in the coming weeks.