Mixed views for Scotland’s Action Plan

The Scottish Dental Action Plan has received a mixed reaction from dental practitioners across Scotland, since its launch three years ago. A survey by the British Dental Association (BDA) found that only 57 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 patient 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 has larger NHS patient lists than their younger colleagues.

Professor Panos Papapanou from Columbia University pointed to the increasing evidence for the link between Periodontitis and Macrovascular disease, while Professor Thomas Van Dyke highlighted how inflammation is common to both Periodontitis and Vascular disease, pointing to mechanistic links between the conditions.

Finally, a panel discussion stressed the need for collaboration between dentists and doctors and the need for all research undertaken to be multi-disciplinary.

New managers for IDH

Matt Jackson has also been recruited to the new role of director of private and specialist dental practice development from October 1. Mr Barrow has more than 12 years experience of implementing high quality and innovative systems and standards in UK practice.

Integrated Dental Holdings (IDH) is a leading UK dental practice owner, with over 140 practices providing both NHS and private dental care.

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 dental care representatives in the coming weeks.

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 to add to the confusion. So we are absolutely delighted that the GDC is going to have a rethink 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 form a qualified doctor, dentist or nurse. In the light of that, if qualified professionals cannot advertise their status clearly, the public will find it extremely difficult to know what 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, banning the advertising of cosmetic procedures by dentists.

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

It also thinks the GDC’s previous guidance would 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.
“When we opened our new practice, cashflow was a key priority for us. We operate a “just in time” ordering system so that we don’t have too much money tied up in stock and Henry Schein Minerva’s stock audit makes this much easier. We regularly order on-line and because we know we can rely on Henry Schein Minerva’s excellent service and delivery, we can maximise our cashflow and credit terms.”

Alex & Abby – Michael Dental Care, Cheltenham