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Dental Tribune United Kingdom Edition · September 29–October 5, 2008

Drop-ins for fluoridation consultation

Residents and workers in those areas of Southamp-
ton which might receive fluoridated water can attend a series of drop-in events during the official public consultation period. The sessions are organised by South Central Strategic Health Authority (SHA) and began in Bitterne on Thursday, September 18. Interested parties are invited to talk to experts and give feedback on the controver-
sial proposal. There are display boards with detailed information, as well as the consultation documents and other explanatory literature.

The SHA claims it is inde-
pendingly overseeing the con-
sultation to help people under-
stand the arguments for and
against fluoride. However, anti-
fluoride campaigners are not al-
lowed to give their own presenta-
tions at the sessions leading to
claims of bias against the health
authority.

Chairman of Hampshire against Fluoridation John Spottiswoode said the outright refusal by the SHA to let his or-
ganisation make their own present-
atations at the drop-in events gave weight to the no-
tion that the consultation was a
’sham’.

He said the material pro-
duced to date by the health au-
thorities was one-sided and a false picture about the
true effects of fluoride. It did not take into account other
research which showed that fluoride could cause serious
and negative side-effects on health.

Dental crisis in Lincoln improves

All patients living within a 20-mile radius of Lincoln can now be seen by an NHS dentist, according to the county’s dental service. Since the new contracts were introduced in April 2006, 60,000 county patients have registered with an NHS dent-

tist with new practices recently opened in North East Lincolnshire and Gainsborough.

The only ar-

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Six figure salaries for dentists revealed

The number of people seen by NHS dental practices has dropped by about one million since the contract was introduced.

In July, the Commons Select Committee on Health said that the Department of Health (DoH) had gone back on its words by not bringing about improved ac-
to dentists, because the amount of complex treatments such as crowns, bridges and dentures had fallen by 57 per cent since the contract’s intro-
duction. The number of root canal treatments fell by 45 per cent in England and Wales, al-
though it rose in Scotland, where the contract was not

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Toxic burden

Is it not enough that we have MBAs and other superbugs which have been bred by abuse of chemicals on the back of hy-
genic deficiency? Do we need to add to the toxic burden of people when there is a much simpler and healthier alternative?

The notion that dental decay is somehow a ‘fluoride defi-
cency’ is one of the greatest lies ever invented in the name of industry hell-bent on Toxic burden.

Adding fluoride to the water does nothing bar increase the

Dentists have received a 13 per cent pay rise

Word count: 108

The scientific evidence on the benefits of fluoride is flawed, being biased and funded by industrialist benefactors. It is long documented that some ‘opt-
imately fluoridated’ areas even have higher incidents of dental decay than non fluoridated areas.

I do not agree that water fluoridation has any benefit other than to rid the fertilizer in-

Most importantly, Oral health is attainable through a com-

The ‘nanny state’ is overlook-

They believe the target-based contracts encourage profits rather than patient-centred care and it is easier and quicker to take out a tooth than do painstaking root canal surgery.

The working hours of an av-

Highly analysed

Highly paid

Highly publicised

Highly scrutinised
Editorial comment
Off with his head...

Yet again we have another ‘misguided’ decision this week only this time it’s to axe the Standing Dental Advisory Committee (SDAC). The BDA has done its bit by writing to Alan Johnson, MP, but whether it will make a difference remains a mystery. But the fact that there was an ‘overwhelming’ support to keep SDAC, says it all. The profession’s respect for the Committee is apparent – but armed with the knowledge of its commitment to patient care and quality service is – ironically - disconcerting to say the least. For why, oh why would the government want to eliminate this professional authority, which has been a political stalwart in such uncertain times? If quality dentistry is key for the government, would it not make more sense to work more closely with SDAC instead of pushing it out the door? Or is the plan to weaken the profession further all part and parcel of a much bigger, bleaker picture? We hope not.

Okay, so we all know the old saying – the contract was rolled out without consultation...blah, blah, blah but then ‘ding!’ Let’s get rid of SDAC – for who needs a body that not only draws togetherness from dentists who have failed’ to meet the treatment targets set for them, these earnings are way, way over exaggerated. And as the chief executive of the NHS Information Centre says: ‘The report reveals the pay of NHS dentists varies GREATLY depending on their contractual arrangements.’ Erm, the government maybe? Oh and also the ‘second-best’ profession please sir. It doesn’t make sense - but never mind - let’s rest assured that there must be good reasons why. England’s CDO has got a new consultant adviser to complement the skills of his team already, and apparently a ‘specialist’ from secondary care dentistry. Let’s wait and see what the Secretary of State is going to say in reply.

Big fat wallets?

If dentists are earning 15 per cent more under the new contract we should be happy right? (Who wouldn’t be happy with an overall income of MORE than £100,000?) Only there appears to be a few discrepancies here. Firstly – assuming the figures are accurate – is this a result of resorting to ‘simple’ work to accumulate this extra cash or not? ‘The evidence of less complex work is the talk of the profession. Crowns and bridges, and dentures have fallen by 57 per cent, while root canal treatments have decreased by 45 per cent. Should we be worried? These are not small changes by any means – so how are dentists earning more money than ever if they are doing less complex work?’ Or could it be that this is total rubbish? For by the time the money has been ‘clawed’ back from dentists who have ‘failed’ to meet the treatment targets set for them, these earnings are way, way over exaggerated. And as the chief executive of the NHS Information Centre says: ‘The report reveals the pay of NHS dentists varies GREATLY depending on their contractual arrangements.’